the Chickasaw Nation

Chris Anoatubby
Governor

Department of Family Services** / **Family Support Division
Child Support Services
730 Colony Drive / Ada, OK 74820 / (866) 431-3419 / Fax: (580) 272-5512

Dear Applicant:

Thank you for the opportunity to help you and your children**.** Attached is the application necessary to initiate child support services with the Chickasaw Nation Child Support Services (CSS) program. Please complete the application and attach all of the documentation requested and mail it to 730 Colony Drive, Ada, Oklahoma 74820. Please print and use black or blue ink. Separate applications must be completed for children who do not have the **same** mother **and** father. **There is NO APPLICATION/MONTHLY FEE.**

Please provide the following documentation with your application:

- Your child(ren)'s birth certificate.
- Certificate of Degree of Indian Blood (CDIB) for each individual listed on the application.
- Social Security cards for each individual listed on the application.
- Divorce decree, guardianship orders, or any orders associated with your case.

FAILURE TO SUBMIT DOCUMENTATION WILL RESULT IN A DELAY IN OPENING YOUR CASE.

IMPORTANT INFORMATION: Please read Section VIII: **STATEMENT OF UNDERSTANDING** carefully. You will need to sign and date at the bottom of that page. If you have any questions, please contact the CSS office.

Please understand that state and/or tribal laws will apply to your case, depending on where it is filed. You have the option to hire an attorney at your own expense, but please be aware that once you obtain a private attorney, our office will no longer correspond with you directly; ONLY your attorney can contact the CSS attorney directly.

Sincerely,

The Staff of the Chickasaw Nation
Child Support Services

Office Use Only:

Date requested: _____ Date received: _____ FGN: _____

Form no. 06579 FS-CSS Rev. 1/2023

the Chickasaw Nation

Chris Anoatubby
Governor

Department of Family Services / Family Support Division
Child Support Services
730 Colony Drive / Ada, OK 74820 / (866) 431-3419 / Fax: (580) 272-5512

Application for Child Support Services

Applications without a signature will be returned.

Applicant Information:

Name: _____
First Middle Last Suffix

Other names known by: _____

Birth date: _____ Social Security no.: _____

Ethnicity: (Check all that apply.)
☐ First American
(If yes, enrolled tribe: _____) **Please provide copy of Certificate of Degree of Indian Blood (CDIB)/citizenship card.**
☐ Black ☐ White ☐ Hispanic

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Home phone no.: (___) _____ Cell phone no.: (___) _____ Message phone no.: (___) _____

Email address: _____

I am the: ☐ Mother ☐ Father ☐ Legal guardian ☐ Other: _____

Do the child(ren) live with you? ☐ Yes ☐ No

I seek support from the: (Select one.) ☐ Mother ☐ Father ☐ Both parents**
If you are asking for support from both parents, you must complete the mother and father section of this application.

Family violence: ☐ **IS** ☐ **IS NOT** a risk to me or the child(ren).

*Separate applications **must** be completed for children who do not have the **same** mother **and** father.*

Mother of Child(ren) Information: (If different than applicant.)

Name: _____
First Middle Last Suffix

Other names known by: _____

Birth date: _____ Social Security no.: _____

Ethnicity: (Check all that apply.)
☐ First American
(If yes, enrolled tribe: _____) **Please provide copy of Certificate of Degree of Indian Blood (CDIB)/citizenship card.**
☐ Black ☐ White ☐ Hispanic

Mailing address: _____
☐ Current Street City State ZIP
☐ Last known

Physical address: _____
Street City State ZIP

Home phone no.: (___) _____ Cell phone no.: (___) _____ Message phone no.: (___) _____

Email address: _____

Employer name: _____

Address: _____
Street City State ZIP

Employer's phone no.: (___) _____

Is the mother currently residing with other parties? ☐ Yes ☐ No
If yes, with whom? _____

Distinguishing marks: (Tattoos, scars, etc.) _____

Vehicle information: _____

Provide additional information about the mother's parents:

Names: _____

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Home phone no.: (___) _____ Cell phone no.: (___) _____ Message phone no.: (___) _____

Father of Child(ren) Information: (If different than applicant.)

Name: _____
First Middle Last Suffix

Other names known by: _____

Birth date: _____ Social Security no.: _____

Ethnicity: (Check all that apply.)
☐ First American
(If yes, enrolled tribe: _____) **Please provide copy of Certificate of Degree of Indian Blood (CDIB)/citizenship card.**
☐ Black ☐ White ☐ Hispanic

Mailing address: _____
☐ Current Street City State ZIP
☐ Last known

Physical address: _____
Street City State ZIP

Home phone no.: (___) _____ Cell phone no.: (___) _____ Message phone no.: (___) _____

Email address: _____

Employer name: _____

Address: _____
Street City State ZIP

Employer's phone no.: (___) _____

Is the father currently residing with other parties? ☐ Yes ☐ No
If yes, with whom? _____

Distinguishing marks: (Tattoos, scars, etc.) _____

Vehicle information: _____

Provide additional information about the father's parents:

Names: _____

Mailing address: _____
Street City State ZIP

Physical address: _____
Street City State ZIP

Home phone no.: (___) _____ Cell phone no.: (___) _____ Message phone no.: (___) _____

Child(ren)'s Information: (To add more children, please make copies of this page and attach.)

Child no. 1 name: _____
First Middle Last Suffix

Gender: ☐ Male ☐ Female Birth date: _____ Social Security no.: _____

Ethnicity: (Check all that apply.)
☐ First American
(If yes, enrolled tribe: _____) **Please provide copy of Certificate of Degree of Indian Blood (CDIB)/citizenship card.**
☐ Black ☐ White ☐ Hispanic

If the child is over 18 years old, when will they graduate from high school? _____

Has child support been ordered for this child? ☐ Yes ☐ No (If yes, please provide a copy of the order.)

Has an acknowledgment of paternity form been signed? ☐ Yes ☐ No (If yes, please provide a copy.)

Was the mother married at the time of conception or birth of the child? ☐ Yes ☐ No
If yes, provide the husband's name: _____

Child no. 2 name: _____
First Middle Last Suffix

Gender: ☐ Male ☐ Female Birth date: _____ Social Security no.: _____

Ethnicity: (Check all that apply.)
☐ First American
(If yes, enrolled tribe: _____) **Please provide copy of Certificate of Degree of Indian Blood (CDIB)/citizenship card.**
☐ Black ☐ White ☐ Hispanic

If the child is over 18 years old, when will they graduate from high school? _____

Has child support been ordered for this child? ☐ Yes ☐ No (If yes, please provide a copy of the order.)

Has an acknowledgment of paternity form been signed? ☐ Yes ☐ No (If yes, please provide a copy.)

Was the mother married at the time of conception or birth of the child? ☐ Yes ☐ No
If yes, provide the husband's name: _____

Child no. 3 name: _____
First Middle Last Suffix

Gender: ☐ Male ☐ Female Birth date: _____ Social Security no.: _____

Ethnicity: (Check all that apply.)
☐ First American
(If yes, enrolled tribe: _____) **Please provide copy of Certificate of Degree of Indian Blood (CDIB)/citizenship card.**
☐ Black ☐ White ☐ Hispanic

If the child is over 18 years old, when will they graduate from high school? _____

Has child support been ordered for this child? ☐ Yes ☐ No (If yes, please provide a copy of the order.)

Has an acknowledgment of paternity form been signed? ☐ Yes ☐ No (If yes, please provide a copy.)

Was the mother married at the time of conception or birth of the child? ☐ Yes ☐ No
If yes, provide the husband's name: _____

Legal Status:
What is the current status between the mother and father of the child(ren)?
☐ Married ☐ Married, but living apart ☐ Divorced ☐ Never married, lived together
☐ Never married, did not live together

Date of marriage	Date living apart	Date of divorce decree	Dates lived together

Attach complete copies of any court orders involving the child(ren), such as divorce, paternity, legal guardianship, or any other orders pertaining to child support.

Date of court order	Court case number	County/tribal	State	Court

Are there any legal actions pending that affect the child(ren)? ☐ Yes ☐ No
If **yes**, check all that apply: ☐ Visitation ☐ Custody ☐ Indian Child Welfare/Department of Human Services
☐ Other: _____

Is another person or agency currently working on your child support case? ☐ Yes ☐ No

Name of person or agency: _____

Address: _____
Street City State ZIP

Phone no.: (___) _____

Do you currently have a private attorney for matters concerning the child(ren)? ☐ Yes ☐ No

Attorney name: _____

Address: _____
Street City State ZIP

Phone no.: (___) _____

Child Support Received: (Directly paid to you.)
Use one form for payments RECEIVED from one parent.
1. If you have not received any child support payments from the non-custodial parent, please complete section A. **Do not forget to sign and date**.
2. If you have received child support from the non-custodial parent, complete sections A, and B. In Section B, start with the most current year and work back. **Do not forget to sign and date.**

Section A:

I, _____, state the following to be records of any/all direct payments from _____.
☐ I have not received any child support payments from the non-custodial parent.
☐ I have received child support payments from the non-custodial parent. These payments were made directly to me, for the following children:

Child's name	Birth date

<u>Section B</u>: Include only payments received for child support.
Indicate by an (X) any time children were not in your care for 30 days or more.

	20__	20__	20__	20__	20__	20__	20__	20__	20__	20__
JANUARY										
FEBRUARY										
MARCH										
APRIL										
MAY										
JUNE										
JULY										
AUGUST										
SEPTEMBER										
OCTOBER										
NOVEMBER										
DECEMBER										

Applicant signature

Date

Statement of Understanding:

1. I understand Chickasaw Nation Child Support Services (CSS) exists to act in the public interest to protect children's rights, the taxpayers, and the tribe, and to make sure that the parents financially support their children. I understand that the responsibilities of the child support program do not allow the staff of CSS to have the same confidential relationship with me as I would have with a private attorney. Information I provide will be kept from the general public but may be used as needed to collect support from either parent. I give CSS permission to give any necessary information to law enforcement officers, public officials, court, or others to assist me to collect child support.
2. I understand that CSS ensures that all personal information provided to CSS such as addresses, telephone numbers, employer names, etc., will remain confidential. No personal information will be shared between the custodial parent, the non-custodial parent (NCP), and/or the legal guardian.
3. I understand that the CSS attorneys or child support staff do not represent me. I have the option to hire an attorney at my own expense. At the time of obtaining a private attorney, CSS will no longer correspond with me directly; ONLY my attorney will contact the CSS attorney directly.
4. I agree to complete forms as requested, to have genetic testing, and attend court to give testimony. I agree to cooperate fully with CSS, law enforcement offices, and the court. I will notify CSS of my new address and provide documentation every time I move.
5. I agree to give all identifying information requested to assist in locating and collecting child support from the NCP and/or prove who is the biological father of my child(ren). This includes any information that I know about or any documentation that I have.
6. I understand CSS cannot guarantee that it can determine who the biological father of my child is, collect the money from the NCP, enforce a court order for support or obtain a support order from the court. I understand that CSS cannot help with issues such as custody, visitation, and property settlements. I agree to inform CSS if I hire a private attorney to collect or modify child support.
7. I agree CSS will decide on the best way to collect the child support. This may include intercepting the overdue support from federal and state tax refunds that are due to the NCP. I understand that money collected from federal, or state tax intercept will be applied to monies owed to the state first for funds expended on behalf of my child(ren) and myself. I understand that tax intercepts may take refunds due to both the NCP and current spouse on joint returns. I understand that CSS or the state agency will hold the intercept for up to six months. I understand that I may receive tax collections that are owed to the NCP's current spouse, and I agree that if the NCP's current spouse files an Injured Spouse claim for their portion of the tax refund collection, I will return that portion to CSS.
8. I agree that starting with the date of my application all money paid for child support will go through the State of Oklahoma Central Registry Unit in Oklahoma City. I give CSS the authority to endorse child support checks made out to me. I understand that if I do not notify CSS of direct payments, my case will be closed.
9. I understand if I keep child support payments to which I am not entitled because the NCP paid me directly for support assigned to the tribe or state or because payments were sent to me in error, CSS will recover the overpayments from me. I understand CSS will be entitled to recover the overpayment by withholding amounts from my child support payments and/or through interception of my state tax refund.
10. I understand that CSS will collect money owed to the tribe or state for any Temporary Assistance for Needy Families/Aid to Families with Dependent Children (TANF/AFDC) my child(ren) received in the past or is/are currently receiving. Any amount of money collected that is more than what is due every month for current support will be paid to the tribe or state for any TANF/AFDC paid to my child(ren) or me in the past.
11. I understand that if I violate any of the agreements or fail to cooperate with CSS, my case will be closed.
12. I understand that by opening a case with CSS if I have a child support case with the State of Oklahoma it will be closed.
13. I understand and agree to all the terms herein. The information provided in this application is true and correct to the best of my knowledge.

Applicant signature _____ Date _____