



**CENTRAL COUNCIL**  
*Tlingit and Haida Indian Tribes of Alaska*

Tribal Child Support Unit • Andrew Hope Building  
 320 West Willoughby Avenue, Suite 300 • Juneau, Alaska 99801

## Tlingit & Haida Tribal Child Support Application

**Please indicate which service you want. You must provide all information necessary for these services. Attach complete copies of orders or documents relating to custody, support and paternity. DO NOT SEND ORIGINALS. Incomplete applications may be returned.**

- Support Order Establishment**       **Paternity Establishment (Complete Paternity Witness Affidavit)**  
 **Location Services**                       **Medical Support Order Establishment**  
 **Modification & Enforcement of an Existing Order**     **Foster Care**

Please answer each question as fully as possible (*incomplete information may delay your application process*). Print or type all answers. Complete one form for each Corresponding Parent on behalf of the concerned child(ren). If you do not know an answer, put "UNK" or if it not applicable put N/A in the space. If you need more space, use a separated sheet and attach it to this from.

Check here if you are a victim of domestic violence and you want your address kept confidential from the other party. Please submit an "Affidavit and Request for Address Confidentiality" in order to petition your address confidential. TCSU will respond in writing with a decision.

**You Are the:**     **Custodial Parent**     **Non-Custodial Parent**  
 **Third Party - fill out applications for each parent**     **Mother**     **Father**

**Information about You:**

Name (Last, First, Middle)		Previous Names	SSN	Date of Birth
Mailing Address		City	State/Zip	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Physical Address		City	State/Zip	
Telephone (Home)	(Work)	(Message or Cell)	Email Address	

Enrolled Member or eligible to be enrolled with Tlingit & Haida?     Yes     No    If no, enrolled with what tribe: \_\_\_\_\_

Are the children enrolled or eligible to be enrolled with Tlingit & Haida?     Yes     No    If no, enrolled with another tribe: \_\_\_\_\_

Are you currently receiving TANF/Cash Assistance?     Yes     No    If yes, Where? \_\_\_\_\_

Have you ever received TANF/Cash Assistance?     Yes     No    If yes, When? \_\_\_\_\_  
 Where? \_\_\_\_\_

Does an attorney represent you in any matters related to the child or the parents?     Yes     No    If yes, provide attorney's name address, and phone: \_\_\_\_\_

Your Driver's License Issued State \_\_\_\_\_ and License # \_\_\_\_\_

Are you currently employed?     Yes     No    If yes, Where? \_\_\_\_\_ Employer Phone# \_\_\_\_\_

## Children concerned with Child Support for (add pages if necessary)

Complete the following information for each child. Attach Birth Certificate to Application

You are the:  Mother  Father  Relative \_\_\_\_\_  Legal Custodian by court order \_\_\_\_\_

SSN	Child Full Name	Sex	DOB	Place of Birth	Mother's Name	Father's Name

Is there split custody?  Yes  No If Yes what % do you have the child(ren) \_\_\_\_\_

### Information on Other Parent- Mother Father:

Name (Last, First, Middle)		Previous/Other Names		SSN		Date of Birth	
Address (PO or Street)- Residential		City		State/Zip		Current Address? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (PO or Street)- Mailing		City		State/Zip		Last Known as of _____	
Telephone (Home)		(Work)		(Message or Cell)		Email Address	
Enrolled Member of Tlingit & Haida? <input type="checkbox"/> Yes <input type="checkbox"/> No If enrolled with another tribe indicate name: _____							
Place of Birth		Race		Sex <input type="checkbox"/> M <input type="checkbox"/> F		Color of Eyes	
						Color of Hair	
						Height	
						Weight	
Does this person have relatives in Alaska? Who and where _____							
Does this person have an attorney regarding child support? <input type="checkbox"/> Yes <input type="checkbox"/> No Who? _____ Phone # _____							

Is this Parent Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, Date of Death _____		City/State _____	
Is estate in probate? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, who is Trustee? _____		Phone # _____	

### Other Parent's Employer

Usual occupation \_\_\_\_\_ Are they a Union Member? \_\_\_\_\_

Does this person work in Alaska currently?  Yes  No  I don't know

Did this parent used to work in Alaska?  Yes  No If Yes, when did they leave Alaska? \_\_\_\_\_

What was their last address in Alaska? \_\_\_\_\_

Current or last Known Employer	Employer Address	Employer Phone	Dates of Employment

Does this Parent have Health Insurance available through Employer, Union, or Indian Health Services (IHS)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know		If yes, Type of Coverage	
If yes, name of Insurance Company or IHS _____		<input type="checkbox"/> Medical <input type="checkbox"/> Dental	
Phone number of Insurance Company or IHS _____		<input type="checkbox"/> Both <input type="checkbox"/> Other _____	

## Other Parent's Income or Assets

Does this Parent have other income?  Yes  No

If yes, Type of Income:  Retirement  Veterans  Social Security  Other \_\_\_\_\_

Does this Parent have Native Shares/Dividends?:  Yes  No If yes, Where: \_\_\_\_\_

Do the children receive benefits based on a disability from this Parent?  Yes  No

If yes, Source of Disability Benefit: \_\_\_\_\_ Monthly amount \_\_\_\_\_

Does this Parent have a bank account?  Yes  No

If yes, Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_  
 Bank Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Does this Parent have a vehicle?  Yes  No If yes, License #: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Does this Parent have Property?  Yes  No If yes, Where: \_\_\_\_\_

List any other information that could assist TCSU to locate this Parent (Names/Addresses/phone numbers of relatives, friends, creditors and schools attended, any known arrests, etc...)

\_\_\_\_\_

\_\_\_\_\_

## Relationship Between Parents (Attach documentation)

<input type="checkbox"/> Divorced	Date of Separation _____ Date of Divorce _____ Court Case # _____ City/State _____ Attach a complete copy of the divorce decree/order
<input type="checkbox"/> Married but Separated	Marriage Date _____ City/State _____ Separation Date _____
<input type="checkbox"/> Divorce/Dissolution pending	Date filed _____ Separation Date _____ City/State _____ Court Case # _____
<input type="checkbox"/> Never Married	Separation date (if parents lived together) _____ Child: _____ Did father sign an Affidavit of Paternity <input type="checkbox"/> Yes <input type="checkbox"/> No Is the father's name on the birth certificate <input type="checkbox"/> Yes <input type="checkbox"/> No In what state was the birth certificate issued _____ Child: _____ Did father sign an Affidavit of Paternity <input type="checkbox"/> Yes <input type="checkbox"/> No Is the father's name on the birth certificate <input type="checkbox"/> Yes <input type="checkbox"/> No In what state was the birth certificate issued _____ Child: _____ Did father sign an Affidavit of Paternity <input type="checkbox"/> Yes <input type="checkbox"/> No Is the father's name on the birth certificate <input type="checkbox"/> Yes <input type="checkbox"/> No In what state was the birth certificate issued _____ Attach complete copy of the Affidavit of Paternity
<input type="checkbox"/> Other (explain) _____	

**Child Support Information (Attach Documentation)**

Is there an order that requires payment of child support?  Yes  No If yes, Order #: \_\_\_\_\_

Type:  Court Order  Paternity  Temporary Order  Administrative Order  
 Tribal  Other \_\_\_\_\_

Was child support payment made through a third party?  Yes  No

Who:  State  Tribe  Court Clerk or Prosecutor's Office  Other \_\_\_\_\_

City/Tribe/State Name: \_\_\_\_\_ Date: \_\_\_\_\_ Phone#: \_\_\_\_\_

**Additional Monthly Costs incurred on the behalf of child(ren) (Attach documentation)**

Health Ins., how much \_\_\_\_\_ paid by \_\_\_\_\_  Dental Ins., how much \_\_\_\_\_ paid by \_\_\_\_\_

Education, how much \_\_\_\_\_ paid by \_\_\_\_\_  Medical, how much \_\_\_\_\_ paid by \_\_\_\_\_

Other \_\_\_\_\_, how much \_\_\_\_\_ paid by \_\_\_\_\_

Check here if you **paid** child support and list in the table below payments made either directly or through third party

Child support received from  Mother  Father [Please check box same as Information on Other Parent]

- Check here if you have not received Child Support
- Check here if you have received child support .List in the table below the payment you have received directly.
- Check here if aren't sure how much child support you've received. List your best estimate by month and year.

Mo/Year	2010	2011	2012	2013	2014	2015	2016	2017	2018	2019	2020
Jan.											
Feb.											
Mar.											
Apr.											
May											
June											
July											
Aug.											
Sept.											
Oct.											
Nov.											
Dec.											
<b>TOTAL</b>											

**Certification**

I agree to tell the Tribal Child Support Unit of any new or changed information that relates to the child support case and collection/payment of child support. By submitting this application for child support, I understand that I am also applying for State IV-D services for purposes of submitting arrearages for Federal tax refund offset.  
 I declare under penalty of perjury, under the laws and ordinances of this Tribe that the foregoing is true and correct.

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

### **Instructions for Completion of Paternity Witness Statement**

The CCTHITA Tribal Child Support Unit (TCSU) will start an action to establish paternity if the father is not listed on **each** birth record. **If you are the Mother of the children, YOU MUST fill out the following Paternity Witness Statement for each child. If you are a 3<sup>rd</sup> party (not Mother or Father) and are applying for services, you DO NOT need to complete this form.**

- Read each question carefully and answer all the questions as best as you can.
- Please use ink to answer each question.

#### **After you complete the Paternity Witness Statement(s):**

- Sign the form(s) in front of a “Witness”. This would be an adult that watched you sign the form and verified your identification.
- Be sure the “Witness” completes their portion – at the bottom of the form.

PATERNITY WITNESS AFFIDAVIT

Petitioner:

TCSU Case No: \_\_\_\_\_

Central Council Tlingit & Haida Indian Tribes of Alaska
Tribal Child Support Unit

A Separate Statement is required for Each Child needing Paternity Established
(Use the back of the form if additional space is needed)

1. I, \_\_\_\_\_, on oath, under penalty of perjury depose and allege:

I am the natural mother of the child named below.

Table with 3 columns: Child's Full Name (First, Middle, Last), Child's Date of Birth, Child's Gender. Row 2: Place of Birth, (City, County, State)

Table with 3 columns: Date Mother Pregnant (Month, Date, Year), Full Term Pregnancy (Yes No (If no explain)), Where Mother Got Pregnant (City, County, State)

The child was conceived as a result of sexual intercourse between \_\_\_\_\_ and me during the time stated above.

a. A man is named as the father on the child's birth certificate. Yes No
If Yes, the man's name and address are: \_\_\_\_\_

If the child was born in another state or country, you must send TCSU a copy of the birth certificate.

b. I was married at the time of this child's birth. Yes No. (If Yes, complete the following).
A. Husband's name (first, middle, last) and last known address: \_\_\_\_\_
B. State why husband is not the father of this child and send all appropriate documents, including divorce decree, genetic test results and prior findings of non-paternity, if any. \_\_\_\_\_

c. Genetic tests were completed to determine the father of the child. Yes No
If Yes, send results, explain outcome, and list name(s) and address(es) of man/men tested: \_\_\_\_\_

2. I had sexual intercourse with another man (other than the man I am naming as the child's natural father) during the time 30 days before or 30 days after the child was conceived. Yes No (If Yes, complete the following).

- a. The name(s) and address(es) of the other man/men: \_\_\_\_\_
b. The other man/men are biologically related to the man I am naming as the child's natural father. Yes No
If Yes, state the biological relationship (e.g., brother, cousin, uncle, etc.) \_\_\_\_\_
c. I do not believe the other man/men is/are the father because: \_\_\_\_\_

All of the information and facts contained in this AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY are true and correct to my best knowledge and belief. I agree to submit myself and, if I am the custodian, my child to genetic testing as may be necessary to establish paternity.

DATE \_\_\_\_\_ SIGNATURE (Do not sign unless you are before a witness) \_\_\_\_\_
Witness (Print Name) \_\_\_\_\_ Witness Signature \_\_\_\_\_
Date Signed \_\_\_\_\_ Address of Witness \_\_\_\_\_ Telephone # of Witness \_\_\_\_\_