



CCTHITA Tribal Child Support Unit

Child Support Information (NTANF)

You Are the: Custodial Parent Non-Custodial Parent
 Third Party (fill out applications for each parent Mother Father)
Third Party's Relationship to the Child: _____

Please answer each question as fully as possible. Print or type all answers. If you do not know an answer, put "UNK" or if a question is not applicable put N/A. If you need more space, use a separate sheet and attach it to this form. Complete a new application for each parent that is out of the household.

Important Information: If you receive NTANF, TCSU will continue to enforce child support for you even after the NTANF grant has closed until you submit a withdrawal from services form to our office. If you are denied NTANF, TCSU will NOT open a child support case on your behalf.

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	

Are you enrolled or eligible to be enrolled with CCTHITA? Yes No
 If enrolled with another tribe indicate name: _____

Are the children enrolled or eligible to be enrolled with CCTHITA? Yes No
 If enrolled with another tribe indicate name: _____

Are you receiving or have you ever received TANF/Cash Assistance? Yes No If yes, When? _____

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: _____

Information about the Children (add pages if necessary):

Attach a copy of each child's birth certificate to the application.

Is father listed on **each** birth certificate of **each** child? Yes No

If No, complete the appropriate paternity witness statement. Paternity witness statements are attached.

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

Child Support Information (attach documentation)

Is there split custody? Yes No *If Yes what % do you have the child(ren)* _____.

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

Who issued the order(s): State court (any state) Tribal court State administrative agency (e.g. CSSD)

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 CCTHITA? <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? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know			
Did this parent used to work in Alaska? <input type="checkbox"/> Yes <input type="checkbox"/> 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: <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Both <input type="checkbox"/> Other _____
If yes, name of Insurance Company or IHS _____	
Phone number of Insurance Company or IHS _____	

Other Parent's Income or Assets

Does this Parent have other income? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Type of Income: <input type="checkbox"/> Retirement <input type="checkbox"/> Veterans <input type="checkbox"/> Social Security <input type="checkbox"/> Other _____
Does this Parent have Native Shares/Dividends? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Where: _____
Do the children receive benefits based on a disability from this Parent ? <input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, Source of Disability Benefit: _____ Monthly amount _____
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 the Parents (attach documentation)

<input type="checkbox"/> Divorced	Date of Separation _____ Date of Divorce _____ Court Case # _____ City/State _____
<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 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 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
<input type="checkbox"/> Other (explain)	_____

- Check here if you **paid** child support for any of the children listed in this application.
- Check here if you have **received** child support for any of the children listed in this application.
- Check here if you have **not received** any child support for any of the children listed in this application.

ASSIGNMENT OF SUPPORT

When you receive NTANF you must sign over to the Tribe any child support or spousal support payments owed to you for any month in which you receive assistance. If the non-custodial parent pays child support while you are receiving NTANF, you **MUST** turn the support payments over to **TCSU**. This is true even if there is no child support order in effect.

If TCSU sends a child support payment to you in error, they will contact you to arrange repayment of that money. If you want to repay the overpayment gradually out of future child support payments, instead of immediately in a lump sum, check this box.

I understand that by signing below, I assign to the tribe any child support payments owed for any month in which I receive assistance. 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.

I declare under penalty of perjury, under the laws and ordinances of this Tribe that the foregoing is true and correct.

Signature

Date

SUPPLYING INFORMATION TO TCSU – SAFETY CONCERNS

You are required by law to give TCSU information to get child support for a child receiving NTANF. This means you will be asked to identify the non-custodial parent and where he or she lives and works. You must help TCSU establish paternity if the child has no legal father, whether or not you are an intact family. ***If you are receiving NTANF, any money you receive from the non-custodial parent for child support must be given to the Tribe through TCSU.***

If you believe that enforcing child support will bring harm to you or your children, and you can provide support for your belief, you may claim good cause by marking the 2nd option below. You will be asked by your Tribal TANF caseworker to provide documentation to support your “Good Cause” Claim.

- 1. I agree to cooperate with TCSU (sign below and complete the rest of this form)
- 2. I believe I have good cause to not cooperate with TCSU (sign below and provide documentation; court order, police reports, medical reports, etc.)

Cooperation with TCSU is required or you must have good cause not to cooperate. If you do not cooperate and you do not have good cause; your NTANF assistance payment may be reduced and sent to a NTANF approved third party for your family. TCSU will continue to pursue child support against the non-custodial parent, even if you do not cooperate, unless the NTANF approves good cause. By submitting this application, I understand that I am also applying for State IV-D services for purposes of submitting arrearages for Federal tax refund offset.

Signature _____ Date _____

PLEASE DO NOT FILL OUT - TANF STAFF ONLY

IF Option 2 on page 3 was checked please fill out the following:

Good Cause **Granted** Reason: _____
Was documentation received? Yes No *If Yes, attach copies.*

Good Cause **Denied** Reason Claimed: _____

WDS/WDT Signature _____ **Date** _____

TANF Supervisor Signature _____ **Date** _____

PATERNITY WITNESS STATEMENT – Mother

INSTRUCTIONS: Complete this Statement if you are the mother of a child listed in this document and that child's birth certificate does not list a father or lists a person you believe is not that child's father. **A separate Statement is required for EACH child needing paternity established.** (Use the back of the form if additional space is needed.)

I, _____, declare under penalty of perjury that the following is true and correct: I am the natural mother of the child named below.

Child's Full Name (First, Middle, Last)	Child's Date of Birth	Child's Gender
Place of Birth, (City, County, State)		
Date Mother Got Pregnant (Month/Year)	Full Term Pregnancy Yes No (If No, explain.)	Where Mother Got Pregnant (City, 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, provide the man's name and his last known address:

- b. I was married when this child was born. Yes No If Yes, complete the following.
Provide your (then) husband's name and his last known address:

And, explain why your (then) husband is not the father of this child. Provide any relevant documentation (e.g. divorce decree, genetic test results etc.).

- c. Genetic testing has been completed on this child and the results show:

- d. I had sexual intercourse with another man (other than the man I am naming as this child's father) 30 days before or after this child was conceived. Yes No If Yes, complete the following.
Provide the name(s) and last known address(es) of the other man(men).

The other man/men are biologically related to the man I am naming as the child's father. Yes No
If Yes, state the biological relationship. _____

I do not believe the other man/men is/are the father because:

All of the information and facts contained in this PATERNITY WITNESS STATEMENT are true and correct to my best knowledge and belief. I agree to submit myself and, if I am the custodian, the child identified in this STATEMENT, to genetic testing.

DATE _____ SIGNATURE _____ (Do not sign unless you are before a witness)

Witness (Print Name) _____

Witness Signature _____ Date Signed _____

Address of Witness _____

Telephone # of Witness _____

PATERNITY WITNESS STATEMENT – Alleged Father

INSTRUCTIONS: Complete this Statement if you believe you are the father of a child listed in this document but are not listed on that child's birth certificate. **A separate Statement is required for EACH child needing paternity established.** (Use the back of the form if additional space is needed.)

I, _____, declare under penalty of perjury that the following is true and correct: I am the natural father of the child named below.

Child's Full Name (First, Middle, Last)	Child's Date of Birth	Child's Gender
Place of Birth, (City, County, State)		
Date Mother Got Pregnant (Month/Year)	Full Term Pregnancy Yes No (<i>If No, explain.</i>)	Where Mother Got Pregnant (City, State)

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

The following facts support my belief and statements that I am the father of this child:

- | | | |
|--|------------------------------|-----------------------------|
| a. The mother and I lived together. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| b. The mother told me I am the father of the child. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| c. I am named as the father on the birth certificate. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| d. I signed an acknowledgment of paternity | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| e. I was present at the birth of the child. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| f. I visited the child at the hospital following birth. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| g. I offered to pay for abortion/medical expenses. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| h. I paid for birth related expenses. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| i. I claimed the child on tax returns. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| j. I have provided food, clothing, gifts or financial support for the child. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| k. I lived with the child. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| l. I visited the child. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| m. The child resembles me. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| n. There are witnesses to my relationship with the Child's mother. | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If yes, list names and addresses and briefly describe relevant facts known by each:

All of the information and facts contained in this PATERNITY WITNESS STATEMENT are true and correct to my best knowledge and belief. I agree to submit myself and, if I am the custodian, the child identified in this STATEMENT, to genetic testing.

DATE	SIGNATURE	(Do <u>not</u> sign unless you are before a witness)
Witness (Print Name) _____	_____	
Witness Signature _____	_____	Date Signed _____
Address of Witness _____	_____	
Telephone # of Witness _____	_____	