



## Confederated Tribes of the Umatilla Indian Reservation

Office of Child Support Enforcement  
 46411 Ti'mine Way  
 Pendleton, Oregon 97801  
 Phone / Fax: 541-429-7025

### Application for Child Support Services

Office Use Only
Date Requested: _____
Date Received: _____
File # _____

**Applicant's Name:** \_\_\_\_\_

- This is my first application for support services with any agency  
 This is not my first application for support services with any agency

**Requested Services** (Please mark all that apply):

- I am applying for child support services, which may include, but is not limited to:
- Establishment of a child support order
  - Enforcement of a child support order by:
    - Income withholding
    - Dividend garnishment
    - In-kind child support payments
  - Modification of a child support order
- I am applying for paternity establishment services  
 I am applying for post-secondary educational support  
 I am applying for other services not listed: \_\_\_\_\_

**Applicant Information:**

Full Legal Name:		Other Names Used:	
I am the: <input type="checkbox"/> Custodial parent <input type="checkbox"/> Non-custodial parent <input type="checkbox"/> Caretaker or guardian <input type="checkbox"/> Child Attending School <input type="checkbox"/> Other (specify):			
What is your relationship to the child(ren)? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (specify):			
Date of Birth:	Social Security Number:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary	Race:
Tribal Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Tribe: Enrollment Number:	Preferred language (if correspondence needed in other than English):	
Address:		County of Residence:	<input type="checkbox"/> Address Located within Reservation Boundaries
Phone: Text? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email:	Preferred Method of Contact: <input type="checkbox"/> Phone <input type="checkbox"/> Text <input type="checkbox"/> Email	
Employer Name and Address:			Occupation:
Are you currently or have you previously been a member of the armed services? <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch:	Dates of Service:

**Responding Party:**

Full Legal Name:		Other Names Used:	
Party is: <input type="checkbox"/> Custodial parent <input type="checkbox"/> Non-custodial parent <input type="checkbox"/> Caretaker or guardian <input type="checkbox"/> Child Attending School <input type="checkbox"/> Other (specify):			
What is their relationship to the child(ren)? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (specify):			
Date of Birth:	Social Security Number:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary	Race:
Tribal Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Tribe: Enrollment Number:	Preferred language:	
Address:		County of Residence:	<input type="checkbox"/> Address Located within Reservation Boundaries
Phone: Text? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email:	List any other addresses the party is known to frequent:	
Height:	Weight:	Hair Color:	Eye Color:
Identifying Marks (tattoos, scars, etc.):			
Employer Name and Address:			Occupation:
Are you currently or have you previously been a member of the armed services? <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch:	Dates of Service:

**Other Necessary Party:**

Full Legal Name:		Other Names Used:	
Party is: <input type="checkbox"/> Custodial parent <input type="checkbox"/> Non-custodial parent <input type="checkbox"/> Caretaker or guardian <input type="checkbox"/> Child Attending School <input type="checkbox"/> Other (specify):			
What is their relationship to the child(ren)? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other (specify):			
Date of Birth:	Social Security Number:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary	Race:
Tribal Member: <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of Tribe: Enrollment Number:	Preferred language:	
Address:		County of Residence:	<input type="checkbox"/> Address Located within Reservation Boundaries
Phone: Text? <input type="checkbox"/> Yes <input type="checkbox"/> No	Email:	List any other addresses the party is known to frequent:	
Height:	Weight:	Hair Color:	Eye Color:
Identifying Marks (tattoos, scars, etc.):			
Employer Name and Address:			Occupation:
Are you currently or have you previously been a member of the armed services? <input type="checkbox"/> Yes <input type="checkbox"/> No		Branch:	Dates of Service:

**Child(ren):**

<b>Child 1</b>		<b>Child 2</b>	
Full Legal Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary	Full Legal Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary
Social Security Number:		Social Security Number:	
Place of Birth:	DOB:	Place of Birth:	DOB:
Tribal Member: <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Tribe: Enrollment Number:		Tribal Member: <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Tribe: Enrollment Number:	
Resides with: <input type="checkbox"/> Applicant <input type="checkbox"/> Responding Party <input type="checkbox"/> Other: _____	Address: <input type="checkbox"/> Address Located within Reservation Boundaries	Resides with: <input type="checkbox"/> Applicant <input type="checkbox"/> Responding Party <input type="checkbox"/> Other: _____	Address: <input type="checkbox"/> Address Located within Reservation Boundaries
Parent 1: _____ <input type="checkbox"/> Mother <input type="checkbox"/> Father Parent 2: _____ <input type="checkbox"/> Mother <input type="checkbox"/> Father Were parents married at time of birth? <input type="checkbox"/> Yes <input type="checkbox"/> No Has paternity been established? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  How was paternity established? <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Paternity Affidavit <input type="checkbox"/> Court Ordered <input type="checkbox"/> Genetic Test <input type="checkbox"/> Mutual Agreement <input type="checkbox"/> Other: _____	Parent 1: _____ <input type="checkbox"/> Mother <input type="checkbox"/> Father Parent 2: _____ <input type="checkbox"/> Mother <input type="checkbox"/> Father Were parents married at time of birth? <input type="checkbox"/> Yes <input type="checkbox"/> No Has paternity been established? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  How was paternity established? <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Paternity Affidavit <input type="checkbox"/> Court Ordered <input type="checkbox"/> Genetic Test <input type="checkbox"/> Mutual Agreement <input type="checkbox"/> Other: _____		
Has custody been established? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has custody been established? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the child have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the child eligible for Indian Health Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the child have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the child eligible for Indian Health Services? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>Child 3</b>		<b>Child 4</b>	
Full Legal Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary	Full Legal Name:	<input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Non-binary
Social Security Number:		Social Security Number:	
Place of Birth:	DOB:	Place of Birth:	DOB:
Tribal Member: <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Tribe: Enrollment Number:		Tribal Member: <input type="checkbox"/> Yes <input type="checkbox"/> No Name of Tribe: Enrollment Number:	
Resides with: <input type="checkbox"/> Applicant <input type="checkbox"/> Responding Party <input type="checkbox"/> Other: _____	Address: <input type="checkbox"/> Address Located within Reservation Boundaries	Resides with: <input type="checkbox"/> Applicant <input type="checkbox"/> Responding Party <input type="checkbox"/> Other: _____	Address: <input type="checkbox"/> Address Located within Reservation Boundaries
Parent 1: _____ <input type="checkbox"/> Mother <input type="checkbox"/> Father Parent 2: _____ <input type="checkbox"/> Mother <input type="checkbox"/> Father Were parents married at time of birth? <input type="checkbox"/> Yes <input type="checkbox"/> No Has paternity been established? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  How was paternity established? <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Paternity Affidavit <input type="checkbox"/> Court Ordered <input type="checkbox"/> Genetic Test <input type="checkbox"/> Mutual Agreement <input type="checkbox"/> Other: _____	Parent 1: _____ <input type="checkbox"/> Mother <input type="checkbox"/> Father Parent 2: _____ <input type="checkbox"/> Mother <input type="checkbox"/> Father Were parents married at time of birth? <input type="checkbox"/> Yes <input type="checkbox"/> No Has paternity been established? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown  How was paternity established? <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Paternity Affidavit <input type="checkbox"/> Court Ordered <input type="checkbox"/> Genetic Test <input type="checkbox"/> Mutual Agreement <input type="checkbox"/> Other: _____		
Has custody been established? <input type="checkbox"/> Yes <input type="checkbox"/> No		Has custody been established? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does the child have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the child eligible for Indian Health Services? <input type="checkbox"/> Yes <input type="checkbox"/> No	Does the child have health insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is the child eligible for Indian Health Services? <input type="checkbox"/> Yes <input type="checkbox"/> No

Please attach supplemental information sheet for additional children

**Additional Information** *(Please mark all that apply):*

- There is an existing child support order: Court Case # \_\_\_\_\_ County \_\_\_\_\_ State/Tribe \_\_\_\_\_  
 There are arrears owed under the existing order  
 There are no arrears owed under the existing order
- There is a pending legal action for child support: Court Case # \_\_\_\_\_ County \_\_\_\_\_ State/Tribe \_\_\_\_\_

Are there any other support, custody, divorce, or juvenile court orders about the child(ren) or about you or the other parties?  Yes  No If yes, Court Case # \_\_\_\_\_ County \_\_\_\_\_ State/Tribe \_\_\_\_\_  
Has the custodial parent or the child(ren) ever received cash public assistance in any state/tribe?  Yes  No  
If yes, which state/tribe? \_\_\_\_\_

- I have received direct child support payments from the responding party  
 I have not received any direct child support payments from the responding party  
 I have received goods or services from the responding party in exchange for child support

Has the child(ren) ever lived with the responding party?  Yes  No  
Does the responding party acknowledge the child(ren) as theirs?  Yes  No  
Does the immediate family of the responding party acknowledge the child(ren)?  Yes  No  
Does the responding party have other child(ren) under the age of 18 in their household?  Yes  No

- Check here if you have safety concerns for yourself  
 Check here if you have safety concerns for your child(ren)  
 Check here if you would like your address to be kept confidential *(Please attach Affidavit and Request for Nondisclosure)*

**Agreement Regarding Services**

I understand that the CTUIR OCSE attorney does not represent me as a private attorney would, and does not have the same confidentiality relationship with me that a private attorney would. I understand that confidential information will not be released to the general public, but instead will be used to gather support from the other parent. I consent to the CTUIR OCSE releasing any necessary information in the effort to collect support.

I understand that CTUIR OCSE is providing a service in regards to child support and/or paternity for my child(ren) or myself, and CTUIR OCSE cannot give me legal advice. For legal advice I need to consult an attorney on my own accord.

I agree and understand that the CTUIR OCSE will make diligent efforts to collect all support, but they cannot guarantee that they will be able to collect all the support owed.

If I should receive an overpayment, I agree to reimburse it promptly. I understand that if I do not, it will be collected from me by all legal means available.

I agree that I will inform CTUIR OCSE of any payments paid directly to me; failure to do so may result in my case being closed.

I understand that a violation of the above agreements or a failure to cooperate fully can result in the closure of my case. I swear and affirm that the information contained in this Application for Child Support Services is true to the best of my knowledge.

**I agree that for purposes of collection, CTUIR OCSE has the right to refer my case and send any necessary information to another state/tribe for enforcement services not available to CTUIR OCSE.**

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_



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Office of Child Support Enforcement  
 46411 Timine way  
 Pendleton, OR 97801  
 Phone / Fax: 541-429-7025

### Release of Information

Consent to Release of the Records of:

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Date of Birth*

\_\_\_\_\_  
*Name*

\_\_\_\_\_  
*Date of Birth*

I authorize the Office of Child Support Enforcement (OCSE) to exchange/obtain information with:

- |  |   |
|--|---|
| <input type="checkbox"/> State Agencies/Programs/Departments           | <input type="checkbox"/> County, State, Tribal & Other Court Systems  |
| <input type="checkbox"/> Social Security Administration                | <input type="checkbox"/> Federal offices and departments  |
| <input type="checkbox"/> CTUIR Departments & Programs                  | <input type="checkbox"/> Other Tribal Departments & Programs  |
| <input type="checkbox"/> Attorney/Legal Representatives<br>Name: _____ | <input type="checkbox"/> Other: _____<br><small>(Must specify, i.e. Name of person or organization)</small> |

Information/Documents to be Released: (be as specific as possible)

\_\_\_\_\_  
 Medical

\_\_\_\_\_  
 Child Support related items

\_\_\_\_\_  
 Accounting Records

I Consent To Release the Information to the Following, but Not Limited to:

**Chamaneka Mkinya, Attorney/Manager**

**Lori Picard, Secretary**

**Angela Hummingbird-Johnson, Lead CS Specialist**

**Other OCSE Staff Not Listed**

\_\_\_\_\_  
*Name of Individual/Title*

\_\_\_\_\_  
*Program/Organization*

\_\_\_\_\_  
 46411 Timine Way, Pendleton, OR 97801

\_\_\_\_\_  
 541-429-7025

\_\_\_\_\_  
*Address*

\_\_\_\_\_  
*Telephone*

The recipient of this information may not release it to any other person or entity without specific written consent. The recipient is subject to the same standards and laws of confidentiality as the originating holder of the records.

This Consent Begins: (date) \_\_\_\_\_ Expires: (date) \_\_\_\_\_

I, \_\_\_\_\_, consent to the release of the information listed above to the recipient identified above. I understand that I may revoke this consent in writing at any time, but I understand that revocation will not affect any information that was already released. If I am not the person whose records are being released, I am authorized to sign because I am the: (check the appropriate box)

- Parent
- Legal Guardian (attach court order)
- Other \_\_\_\_\_

\_\_\_\_\_  
 Signature

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Telephone #

\_\_\_\_\_  
 Witness (Print & Sign)

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Title & Organization

\_\_\_\_\_  
 Telephone #