



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 #

Please mark all that apply

- This is my first application for support services from any agency.
- I am or the child(ren) is receiving public assistance (TANF/Welfare) from the State of Oregon.
- There is a case under enforcement elsewhere and I am seeking the assistance of the CTUIR Office of Child Support Enforcement in transferring my case.

Where filed: _____

Case #: _____

Custodial Parent: This section is about the person with whom the child (ren) actually lives.

Full Legal Name: Last		First	Middle	Other names used:
Date of Birth:	Social Security Number:		Sex: M / F	
Race:	If Native American, what Tribe and enrollment number:			
What is the relationship of the custodian to the child? (I.e. father, mother, grandmother, etc.)				
Mailing Address:	City	State	Zip Code	
Physical address:	City	State	Zip Code	
County of Residence:	Home Phone:	Work Phone:		
Mobile Phone	Message:	E-mail:		

LIST BELOW ALL EMPLOYMENT PRESENT AND PAST, starting with most recent work experience and continuing back for the past 5 years. Include any military service, self-employment, un-employment, and all paid experience.

Name of company	Address	Start date	End date	Occupation	Hours Per week	Hourly Income

Information About the Non-Custodial Parent

A. Non Custodial Parent you are seeking support from:

Full Legal Name: Last		First	Middle	Other names used:
Date of Birth:	Social Security Number:			Sex: M / F
Race:	If Native American, what Tribe and enrollment number:			
What is the relationship of the custodian to the child? (I.e. father, mother, grandmother, etc.)				
Mailing Address:	City	State	Zip Code	
Physical address:	City	State	Zip Code	
County of Residence:	Home Phone:	Mobile Phone		

Please list identifying information:

Height	Weight	Hair Color	Eye color
Identifying Marks (tattoos, scars, etc)			

B. List the addresses of the Non-Custodial parent for the last two years

Address	County	From	To

C. List the last five years of known employment for the Non-Custodial Parent:

Name of company	Address	Start date	End date	Occupation	Hours per week	Hourly Income

D. Does the Non-Custodial family acknowledge the child as his/hers (i.e. spend money or time with the child)

E. Child Support Information

1. Does the non-custodial Parent have any of his/her children in his/her household? Yes No

If yes, please list the children _____

2. Does the non-custodial Parent have other children in his/her household? Yes No

If yes, please list the children _____

Information about the child/children or supported person:

	Child 1 (Last, First Middle)	Child 2 (Last, First Middle)	Child 3 (Last, First Middle)
Children's Name			
Social Security #	— —	— —	— —
Birth date (Mo/Day/Yr)			
Sex	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Enrolled Tribal Member? Name of Tribe	<input type="checkbox"/> Yes <input type="checkbox"/> No Tribe: _____ Enrollment # _____ State: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Tribe: _____ Enrollment # _____ State: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Tribe: _____ Enrollment # _____ State: _____
Reside on a Reservation? Name of Reservation State Resided in	<input type="checkbox"/> Yes <input type="checkbox"/> No Rez: _____ State: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Rez: _____ State: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Rez: _____ State: _____
Were Parents Married? Date (Mo/Day/Yr)	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____
Was Paternity Established? How?	<input type="checkbox"/> Yes <input type="checkbox"/> No Type: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Paternity Affidavit <input type="checkbox"/> Court Ordered <input type="checkbox"/> Genetic Test <input type="checkbox"/> Mutually Agreed <input type="checkbox"/> Default <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Type: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Paternity Affidavit <input type="checkbox"/> Court Ordered <input type="checkbox"/> Genetic Test <input type="checkbox"/> Mutually Agreed <input type="checkbox"/> Default <input type="checkbox"/> Other _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Type: <input type="checkbox"/> Birth Certificate <input type="checkbox"/> Paternity Affidavit <input type="checkbox"/> Court Ordered <input type="checkbox"/> Genetic Test <input type="checkbox"/> Mutually Agreed <input type="checkbox"/> Default <input type="checkbox"/> Other _____
Is there a Child Support order for this child? Date (Mo/Day/Yr) Place Filed (City, State) Case No.	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Place: _____ Amount: _____ Case No. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Place: _____ Amount: _____ Case No. _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Place: _____ Amount: _____ Case No. _____
Has Custody been established? Date (Mo/Day/Yr) Place Filed (City, State)	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Place: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Place: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Date: _____ Place: _____
Does your Children have Health Insurance? Type of Insurance	<input type="checkbox"/> Yes <input type="checkbox"/> No Insurance: _____ Covered by: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Insurance: _____ Covered by: _____	<input type="checkbox"/> Yes <input type="checkbox"/> No Insurance: _____ Covered by: _____

If more children, attach supplemental information sheet.

Military Service:

Is the non-custodial parent currently or previously a member of the armed services? Y/N _____

If the non-custodial parent was/is a member of the armed services which branch? _____

What dates was the non-custodial parent enlisted in the armed services? _____

Additional Information:

Check here if you have been a victim of domestic violence and you want your address to be kept confidential.

Check here if you fear for the safety of you or your children if your address is not kept confidential

* If you checked either of the above boxes please fill out the Affidavit and Request for Nondisclosure of information.

Check here if your child is eligible for health service through Indian Health services, military health service, or other health services.

Which Child? _____ Eligibility through which parent? _____

Type of Coverage? _____

Policy number? _____

Agreement Regarding Services

I understand that the Office of Child Support Enforcement 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 OCSE is providing a service in an attempt to enforce support for my child (ren), and 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 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 to the State of Oregon for collection of Federal Tax Offset. I further agree that CTUIR OCSE has the right to send all pertinent information to the State for this purpose.

Applicant's signature: _____ Date: _____

AFFIDAVIT OF CHILD SUPPORT RECEIVED (directly paid to you).

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 paid directly
To me.

Child's Name	Date of Birth

INCLUDE ONLY PAYMENTS RECEIVED FOR CHILD SUPPORT
Indicate by an (x) any time children were not in your care for 30 days or more.

Child's name										
JANUARY										
FEBRUARY										
MARCH										
APRIL										
MAY										
JUNE										
JULY										
AUGUST										
SEPTEMBER										
OCTOBER										
NOVEMBER										
DECEMBER										

Applicant's signature: _____ Date: _____

STATE OF: _____
COUNTY OF: _____

I verify that the above named person signed this affidavit before me on this _____ day of _____, 20_____.

Notary Public for the State of _____
My commission expires: _____

AFFIDAVIT OF CHILD SUPPORT RECEIVED

Affidavit and Request for Nondisclosure of Identifying Information

Complete this affidavit only if you want your address and information about your location to be kept confidential and not released to a person (such as a parent or custodian) who would otherwise be entitled to have the information.

I, _____, swear under penalty of perjury that the following information is true to the best of my knowledge.

Name of Person I do not want information released to: _____

Reason for non-disclosure of information check all that apply then list an explanation below:

The above mentions person has committed domestic violence, i.e. threatened, harassed, physically or mentally abused or committed sexual assault against me or my child(ren).

There is a current or past domestic restraining order protective order against the non-custodial parent.

Place Issued _____ Case no. _____

Date Issued _____ Date order ended, if applicable _____

Court location and Case Number if any: _____

Dated: _____ Signature: _____

SUBSCRIBED and SWORN to before me this _____ day of _____, 20__

Notary Public for the State of _____
My commission expires _____



**NOTICE REGARDING RELATIONSHIP WITH ATTORNEY
WHO REPRESENTS THE CTUIR CHILD SUPPORT PROGRAM**

Under the CTUIR Family Law Code and the Office of Child Support Enforcement (OCSE) Rules and Procedures Manual, an attorney representing the CTUIR OCSE has an attorney – client relationship only and exclusively with the CTUIR and its Office of Child Support Enforcement.

The attorney does not have an attorney – client relationship with any applicant for or recipient of child support services. The attorney also does not have an attorney-client relationship with the child support payor, obligor or non-custodial parent.

Any communication between the attorney and a mother, father, alleged father(s), child, or any other party in a paternity or child support action shall not be considered privileged or confidential except as otherwise required by a specific tribal or federal law.

What this means is that the attorney may speak with you and explain the services available through the child support program, and explain the nature of the legal proceedings and legal documents. The attorney may ask you questions regarding a case. However, the attorney does NOT represent you individually. What you say will not remain a secret between you and the attorney. The attorney will share the information with the OCSE case manager, and the information will be considered by OCSE in making its case decisions, and may be used in presenting information to the court.

The attorney may ask the court to enter orders that will favor you. However, this does not mean that the attorney represents you, or will always support your position. On another occasion or another issue, the attorney may ask the court to enter an order that is not in your favor. This is because the attorney has the duty to consult only with the child support agency, and to request orders that it believes are consistent with the duty of support under its guidelines and a fair and consistent application of the CTUIR Family Law Code.

You have the right to have your own attorney represent you, at your own expense, in any legal proceeding before the Umatilla Indian Reservation Tribal Court.

ACKNOWLEDGEMENT: I have read this notice and understand that no attorney-client relationship exists between me and the attorney for the Child Support program.

Date

Signature

Mailed / faxed / given to: _____

Date

Employee of Office of Child Support Enforcement



Confederated Tribes of the Umatilla Indian Reservation

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 | |

Name: _____

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

 Medical

 Child Support related items

 Accounting Records

I Consent To Release the Information to:

Kelly Sager, Attorney – Manager
Atana Pierre, Caseworker
Jamie Ingle, Financial Specialist
Angela Hummingbird, Secretary
Althea Huesties, Outreach Coordinator

Office of Child Support Enforcement

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 Other _____
- Legal Guardian (attach court order)

 Signature

 Date

 Address

 Telephone #

 Witness (Print & Sign)

 Date

 Title & Organization

 Telephone #