



# Sokaogon Chippewa Community Tribal Child Support Agency

10808 Sokaogon Drive Crandon, WI 54520



## **Application for Tribal Child Support Services**

*The information you provide on this form may be shared with others for the sole purpose of administration of the tribal child support agency and other related programs.*

### **INSTRUCTIONS:**

- Please fill out this form the best you can.
- If you don't know or not sure of some of the information, you may leave that part blank.
- The more information you are able to provide on this form the better job the caseworker can do to assist you.
- If you have any questions about this form, please talk with your child support worker.

*I understand that by submitting this application to SCC-TCSA I am requesting child support services under Title IV-D of the Social Security Act. I further understand that some enforcement services, such as state or federal tax offsets, may be provided through application or referral to SCC-TCSA.*

# CUSTODIAL PARENT/GUARDIAN

**Name of Parent/Guardian Applying for Services:**

Legal Name: *Last, First, Middle:*

\_\_\_\_\_

Last Name

\_\_\_\_\_

First Name

\_\_\_\_\_

Middle Name

Relationship to child(ren):  Mother  Father  Caregiver

Relative  Agency

## **IMPORTANT**

If a child is conceived or born during a marriage, the husband is the legal father. If you believe that someone other than the husband may be the biological father, provide the information about that person below. (The information given on the rest of this form should be information about the husband and wife of the marriage not this person.)

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

**Services Requested:** Federal regulations require the Tribal Child Support Agency to provide all services appropriate for your case based on your circumstances. You may also choose "Only Locate Parent Services."

Establish Paternity

Establish Child Support Order

Enforce (Collect) Child Support

Establish Medical Support Order

Locate Absent Parent

Are you applying for services for an unborn child?  YES  NO If yes, due date \_\_\_/\_\_\_/\_\_\_

**FOR OFFICE USE ONLY:**

Date of Application: \_\_\_/\_\_\_/\_\_\_

Received by: \_\_\_\_\_

Case Number: \_\_\_\_\_

Case Manager: \_\_\_\_\_

**SECTION I- Information about YOU**

Legal Name: Last, First, Middle:

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

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

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

Maiden/Alias Name: \_\_\_\_\_

Date of Birth: \_\_\_/\_\_\_/\_\_\_ Place of Birth (city, state, country): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex:  Male  Female

Race:  American Indian/Alaska Native  Asian  Black or African American  
 Native Hawaiian or Pacific Islander  White

If Native American, what Tribe? \_\_\_\_\_ Tribal ID#: \_\_\_\_\_

What is the relationship of the children to YOU? \_\_\_\_\_

Who has legal custody? \_\_\_\_\_

Mailing Address (City, State, Zip code): \_\_\_\_\_

Home Address (if different from mailing address): \_\_\_\_\_

Telephone: Home: ( ) - Cell: ( ) - Work: ( ) -

**EMPLOYER INFORMATION:**

Employer's Name: \_\_\_\_\_ Employer's Phone Number: ( ) -

Employer's Address (City, State, Zip Code): \_\_\_\_\_

Income: \$ \_\_\_\_\_/Hour, OR \$ \_\_\_\_\_/Month, OR \$ \_\_\_\_\_/Year

Is the family receiving TANF?  YES  NO If YES, State OR Tribal TANF? How long? (month to month) \_\_\_\_\_

Is the family receiving Medicaid?  Yes  No Is the family receiving Medical Coupons?  Yes  No

**ATTORNEY INFORMATION:**

Is a private attorney currently working on your child support case?  Yes  No

Name of Attorney: \_\_\_\_\_

Contact Number: ( ) -

Address: \_\_\_\_\_

## SECTION II- Non-Custodial Parent

Legal Name: Last, First, Middle:

\_\_\_\_\_

*Last Name*

\_\_\_\_\_

*First Name*

\_\_\_\_\_

*Middle Name*

Maiden/Alias Name: \_\_\_\_\_

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_\_ **Place of Birth** (*city, state, country*): \_\_\_\_\_

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ **Sex:**  Male  Female

**Race:**  American Indian/Alaska Native  Asian  Black or African American  
 Native Hawaiian or Pacific Islander  White

If Native American, what Tribe? \_\_\_\_\_ Tribal ID#: \_\_\_\_\_

Height: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Identifying marks (tattoos, scars, etc.): \_\_\_\_\_

Mailing Address (City, State, Zip code): \_\_\_\_\_

Home Address (*if different from mailing address*): \_\_\_\_\_

Telephone: Home: ( ) - Cell: ( ) - Work: ( ) -

### EMPLOYER/INCOME INFORMATION:

Employer's Name: \_\_\_\_\_ Employer's Phone Number: ( ) -

Employer's Address (*City, State, Zip Code*): \_\_\_\_\_

Income: \$ \_\_\_\_\_/Hour, OR \$ \_\_\_\_\_/Month, OR \$ \_\_\_\_\_/Year

Does he/she have an occupational license?  YES  NO If YES, what kind? How long? \_\_\_\_\_

Does he/she have a second job?  Yes  No If YES, where? \_\_\_\_\_

Is he/she retired?  Yes  No Is he/she attempting to work?  Yes  No

Is he/she on disability?  Yes  No If YES, what type of disability? \_\_\_\_\_

Does he/she receive Veterans Benefits?  Yes  No

Does he/she own property or other assets?  Yes  No

Does he/she receive per capita income?  Yes  No What Tribe? \_\_\_\_\_

***Continued Information about Non-Custodial Parent***

Is he/she currently remarried?  Yes  No Total number of children he/she is responsible for? \_\_\_\_\_  
Does he/she receive or pay child support payments on another case?  Yes  No

If the location of this parent is NOT known: Provide information below and any other information you believe may help to find the person. Include addresses where relatives may live and type of income assets this parent may have. Include picture of parent if available.  
Has he/she ever been in jail or prison?  Yes  No  Presently incarcerated  
If YES, how long? \_\_\_\_\_ Where? County/City/State: \_\_\_\_\_  
Name of this Parent's Mother: \_\_\_\_\_  
Name of this Parent's Father: \_\_\_\_\_

## SECTION III- Information about the child you are requesting services

(These children must have the same Mother and Father, and these parents must be the parents listed on this form in sections I and II)

**Name of FIRST Child: Legal Name: Last, First, Middle:**

\_\_\_\_\_

*Last Name*

\_\_\_\_\_

*First Name*

\_\_\_\_\_

*Middle Name*

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Sex:**  Male  Female

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_\_ **Place of Birth** (*city, state, country*): \_\_\_\_\_

**Father's name on the Birth Certificate?**  Yes  No  Unknown

**Does the Child receive Social Security Benefits?**  Yes  No If YES, monthly amount received? \$ \_\_\_\_\_

**Where does the child live most of the time?**

Mother  Father  Both Equally  Not yet decided by court

**Has Child Support order been established?**  Yes  No **Date established:** \_\_\_/\_\_\_/\_\_\_\_

**Is he/she currently enrolled in school?**  Yes  No

**Name of School:** \_\_\_\_\_ **Expected Graduation Date:** \_\_\_\_\_

**School Address (City, State, Zip Code):** \_\_\_\_\_

**Paternity established?**  Yes  No **Date established:** \_\_\_/\_\_\_/\_\_\_\_

If YES, how was it established: \_\_\_\_\_

If paternity of this child is in question, who is/are the alleged father(s)? Provide last and first names of individuals.

\_\_\_\_\_  
\_\_\_\_\_

**Child's Health Insurance Coverage** (Attach copy):

**Who is the provider of health insurance?**  Public  Private

Father: \_\_\_\_\_ Mother: \_\_\_\_\_ Other: \_\_\_\_\_

Is the child enrolled in a health insurance plan?  Yes  No **Name of Insurance Plan:** \_\_\_\_\_

**Cost per month to cover only the child(ren)?** \$ \_\_\_\_\_ **Effective Date:** \_\_\_/\_\_\_/\_\_\_\_

Is the child(ren) eligible for Indian Health Services (IHS)? If YES, where? \_\_\_\_\_

**Name of SECOND Child: Legal Name: Last, First, Middle:**

\_\_\_\_\_

*Last Name*

\_\_\_\_\_

*First Name*

\_\_\_\_\_

*Middle Name*

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Sex:**  Male  Female

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_\_ **Place of Birth** (*city, state, country*): \_\_\_\_\_

**Father's name on the Birth Certificate?**  Yes  No  Unknown

**Does the Child receive Social Security Benefits?**  Yes  No If YES, monthly amount received? \$ \_\_\_\_\_

**Where does the child live most of the time?**

Mother  Father  Both Equally  Not yet decided by court

**Has Child Support order been established?**  Yes  No **Date established:** \_\_\_/\_\_\_/\_\_\_\_

**Is he/she currently enrolled in school?**  Yes  No

**Name of School:** \_\_\_\_\_

**Expected Graduation Date:** \_\_\_\_\_

**School Address (City, State, Zip Code):** \_\_\_\_\_

**Paternity established?**  Yes  No **Date established:** \_\_\_/\_\_\_/\_\_\_\_

If YES, how was it established: \_\_\_\_\_

If paternity of this child is in question, who is/are the alleged father(s)? Provide last and first names of individuals.

\_\_\_\_\_  
\_\_\_\_\_

**Child's Health Insurance Coverage** (Attach copy):

**Who is the provider of health insurance?**  Public  Private

Father: \_\_\_\_\_ Mother: \_\_\_\_\_ Other: \_\_\_\_\_

Is the child enrolled in a health insurance plan?  Yes  No **Name of Insurance Plan:** \_\_\_\_\_

Cost per month to cover only the child(ren)? \$ \_\_\_\_\_ **Effective Date:** \_\_\_/\_\_\_/\_\_\_\_

Is the child(ren) eligible for Indian Health Services (IHS)? If YES, where? \_\_\_\_\_

**Name of THIRD Child: Legal Name: Last, First, Middle:**

\_\_\_\_\_

*Last Name*

\_\_\_\_\_

*First Name*

\_\_\_\_\_

*Middle Name*

**Social Security Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Sex:**  Male  Female

**Date of Birth:** \_\_\_/\_\_\_/\_\_\_\_ **Place of Birth** (*city, state, country*): \_\_\_\_\_

**Father's name on the Birth Certificate?**  Yes  No  Unknown

**Does the Child receive Social Security Benefits?**  Yes  No If YES, monthly amount received? \$ \_\_\_\_\_

**Where does the child live most of the time?**

Mother  Father  Both Equally  Not yet decided by court

**Has Child Support order been established?**  Yes  No **Date established:** \_\_\_/\_\_\_/\_\_\_\_

**Is he/she currently enrolled in school?**  Yes  No

**Name of School:** \_\_\_\_\_

**Expected Graduation Date:** \_\_\_\_\_

**School Address (City, State, Zip Code):** \_\_\_\_\_

**Paternity established?**  Yes  No **Date established:** \_\_\_/\_\_\_/\_\_\_\_

If YES, how was it established: \_\_\_\_\_

If paternity of this child is in question, who is/are the alleged father(s)? Provide last and first names of individuals.

\_\_\_\_\_  
\_\_\_\_\_

**Child's Health Insurance Coverage** (Attach copy):

**Who is the provider of health insurance?**  Public  Private

Father: \_\_\_\_\_ Mother: \_\_\_\_\_ Other: \_\_\_\_\_

Is the child enrolled in a health insurance plan?  Yes  No **Name of Insurance Plan:** \_\_\_\_\_

Cost per month to cover only the child(ren)? \$ \_\_\_\_\_ **Effective Date:** \_\_\_/\_\_\_/\_\_\_\_

Is the child(ren) eligible for Indian Health Services (IHS)? If YES, where? \_\_\_\_\_



Include any additional information here:

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I understand that by submitting this application to the SCC Tribal Child Support Agency (SCC-TCSA) I am requesting child support services under Title IV-D of the Social Security Act. I further understand that some enforcement services, such as tax offset, may be provided through a referral to the State of Wisconsin or other state IV-D agency.

**I declare that the information I provided in this application is true and accurate to the best of my knowledge and belief.**

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Applicant Signature

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Date

The SCC Tribal Child Support Agency's Attorney does not represent either party but rather represents the Sokaogon Chippewa Community Tribal Child Support Agency's interest in establishing and enforcing a support order.