

*Nez Perce Tribe
Child Support Enforcement Program*



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Application for Child Support Services

APPLICATION FOR CHILD SUPPORT SERVICES

This booklet contains important information to help you apply for child support services. Please read it carefully and fill out the forms found in the back completely. If you have any questions, call the Nez Perce Tribe Child Support Enforcement Program (CSEP) and we will be happy to help you.

Our office hours are **8:00 am to 4:30 pm**

Our phone number is **208-843-7362**

Our Location is **385 Agency Road; Lapwai, ID 83540**

You May Apply for Services if:

- You are the child's Custodial Parent (CP), legal guardian/caretaker, or Non-Custodial Parent(NCP); and
- The child for whom you are seeking child support payments is under 18 years of age or is attending high school

CSEP Will Provide the Following Services:

- Find a Non-Custodial Parent (NCP)
- Establish paternity for a child
- Establish an order for financial and/or medical support
- Collect child support payments
- Modify your present child support order

CSEP Cannot Assist With:

- Custody issues
- Visitation disputes
- Legal Advice
- Tax Deduction Disputes

Documents You Should Provide:

- Proof of benefits as discussed above
- Certified copies of any child support orders you already have, including certified copies of any modifications to those orders
- Certified copy of current custody order
- A certified copy of the birth certificate for each child.
- Signed copy of Father's Acknowledgment of Paternity
- Proof of health care coverage already in place for the children
- Record of any child support payments received
- Social security cards for you and the children
- Copy of tribal enrollment card, CIB (Certificate of Indian Blood) or any pending enrollment applications
- Any protection or restraining orders involving you and the Non-Custodial Parent (If Applicable)

Child Support Guidelines

Nez Perce Tribal Child Support Enforcement Program has an established a set of rules for determining the amount of a child support order. You may request a review of your court order every three years.

A significant change in circumstances (15% change in income and/or primary custody) is required before CSEP will conduct a review more often than once every three years.

Legal Representation

CSEP attorneys do not represent either parent, but rather the Tribe's interest in seeing that the children receive the support to which they are entitled. You are not required to hire a private attorney to apply for child support, but you may choose to do so. If you do hire an attorney CSEP will work with that person rather than directly with you.

Either parent may hire an attorney. Inform us immediately if you get letters or documents from the noncustodial parent or his attorney.

If you need assistance in searching for an attorney there is a list of attorneys available upon request from the Tribal Court Clerk.

Child Support Payments

After your case is open, the noncustodial parent or their employer must send all child support payments to CSEP. We will keep accurate records of all payments received. Either the Custodial Parent or Non-Custodial Parent may request CSEP Payment History.

Within two business days of receiving a payment, CSEP will disburse the funds as court ordered by the Income Withholding Order (IWO).

We Protect Your Privacy and Your Safety

If TANF or any other income maintenance program requires you to cooperate with child support and you have reason to believe that doing so would put you or your child in danger, you may ask to be excused by reason of "good cause." To demonstrate that you have good cause to fear for you or your child's safety, simply provide us with copies of any Protection from Abuse Orders you may have, copies of police reports indicating domestic disturbances or testimony from friends and relatives about violent incidents they have witnessed.

If you indicate on this application that domestic violence is a factor, then CSEP will not give any information about you or your contact information without your written permission. However, we may provide information about your case to other agencies, such as welfare agencies, or child support agencies in other Tribes or States.

INFORMATION ABOUT PARENT # 1 (OTHER PARENT)

Name			
Mailing Address /Physical Address		/	
City and Zip			
Temporary Address			
Phone	Home ()	Work ()	
Social Security Number*		Date of Birth	
Employer Name			
Address			
City and Zip			
Physical Description of the other parent:			
Eye Color	Hair Color	Height	Weight
Race			
Is he/she enrolled in a federally recognized Tribe? If yes, what Tribal Affiliation, enrollment # or CIB.			
Marks (tattoos, scars etc.)			
What are the names of the mother and father of the other parent (even if deceased)?			
Father's full name:			
Mother's full maiden name:			
Does the other parent currently receive SSI, SSA/SSD, VA Benefits, or Worker's Compensation or TANF? If yes, please circle all that apply.			
Has the other parent ever been in the military? If yes, what branch?		Has the other parent ever been in jail or prison? If yes, where?	
Does the other parent own a vehicle?			
Year	Make/Model	License Number	State
If the other parent is currently unemployed, please provide the information for the last known employer to the best of your knowledge:			
Company name:			
Address:		Phone:	
Is the other parent currently married or living with someone? If yes, list name of the current spouse or partner:			
Is the other parent represented by an attorney? If yes, please provide the following information about the attorney:			
Name:			
Address:		Phone:	
Please list any other information that you feel will help CSEP in working your case. For example: professional, business, or a commercial driver's license; other names he or she may use; or address where his or her parents reside:			

INFORMATION ABOUT PARENT # 2: (IF APPLICABLE)

Name			
Mailing Address /Physical Address		/	
City and Zip			
Temporary Address			
Phone	Home ()	Work ()	
Social Security Number*		Date of Birth	
Employer Name			
Address			
City and Zip			
Physical Description of the other parent:			
Eye Color	Hair Color	Height	Weight
Race			
Is he/she enrolled in a federally recognized Tribe? If yes, what Tribal Affiliation, enrollment # or CIB.			
Marks (tattoos, scars etc.)			
What are the names of the mother and father of the other parent (even if deceased)?			
Father's full name:			
Mother's full maiden name:			
Does the other parent currently receive SSI, SSA/SSD, VA Benefits, or Worker's Compensation or TANF? If yes, please circle all that apply.			
Has the other parent ever been in the military? If yes, what branch?		Has the other parent ever been in jail or prison? If yes, where?	
Does the other parent own a vehicle?			
Year	Make/Model	License Number	State
If the other parent is currently unemployed, please provide the information for the last known employer to the best of your knowledge:			
Company name:			
Address:		Phone:	
Is the other parent currently married or living with someone? If yes, list name of the current spouse or partner:			
Is the other parent represented by an attorney? If yes, please provide the following information about the attorney:			
Name:			
Address:		Phone:	
Please list any other information that you feel will help CSEP in working your case. For example: professional, business, or a commercial driver's license; other names he or she may use; or address where his or her parents reside:			

MEDICAL INSURANCE INFORMATION

Do you have health insurance that will cover the children listed above?
If yes, please provide the following information:

Name of Insurance Company:

Address, City and Zip:

Policy Number:

Subscriber Number:

(Circle one) I DO / I DO NOT want CSEP to establish and/or enforce medical support for the children listed below.

INFORMATION ABOUT THE CHILDREN

Please provide the information requested below for each child for whom you are seeking services.

Name (First, Middle, Last)	Sex	Date of Birth	Social Security Number*	Name of Tribe, Enrollment #, or CIB	Place of Birth (County and State)	Paternity Acknowledgment Signed at Hospital? Yes / No

YOUR LEGAL STATUS WITH THE OTHER PARENT

<i>(circle one)</i>		
Married	Date Married:	
Separated	Date Divorced:	Courthouse where divorce filed:
Relative	How are you related?	
No Relation		Are you living together?

Has the other parent been ordered by the Court to pay child support?
 If Yes, dollar amount _____ Weekly, monthly, bi-weekly *(circle one)*
 Amount of back support owed: _____ as of, _____ *(date)*
 Date and amount of last payment: _____

CSEP is authorized to endorse and negotiate payments related to child support, including checks and money orders, on behalf of the child/children in my case. I authorize CSEP to take legal and enforcement action related to my case. I believe that the information given and shared is true to the best of my knowledge and will cooperative with the CSEP in obtaining support for my child/children.

Signature _____ Date _____

You may bring your completed application to the local child support office located at 385 Agency Road, Lapwai, ID 83540 or mail to:

Nez Perce Tribe Child Support Enforcement Program, P.O Box 365, Lapwai, ID 83540

Be sure to attach:

- Any Court Orders, Orders of Protection and payment records
- A copy of the Acknowledgment of Paternity, if one was signed

*The disclosure of your Social Security number is mandated by Public Law 104-193 in order that the Office of Child Support Enforcement may provide services related to the establishment of paternity and the establishment, modification, and enforcement of child support obligations.





**Nez Perce Tribe
Child Support Enforcement Program
P.O. Box 365
385 Agency Road
Lapwai, Idaho 83540**

GENERAL AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____ SS# _____

Address: _____

I, _____, authorize the Child Support Enforcement Program (CSEP) to verify the accuracy of information which I have provided to the CSEP, from the following sources:

- Banks and other financial institutions
- Courts, Law Enforcement Agencies
- Credit Bureau, Credit Providers
- Landlords and Employers (Past and Present)
- NPT Social Services, TANF
- Any other agencies as listed: _____

I hereby give permission to release requested information to the Child Support Enforcement Program (CSEP). All information received by the CSEP is kept confidential.

I understand that a photocopy of this authorization form is valid and may be used in place of the original document.

SIGNED: _____ DATE: _____

**THIS AUTHORIZATION FORM IS VALID FOR A PERIOD OF ONE YEAR FROM
THE DATE NOTED ABOVE**