



2828 Mission Hill Rd, Tulalip, WA 98271
 For Mailing: 8825 34th Ave NE, Suite L-545, Tulalip, WA 98271
 P: 360-716-4556 | F: 360-716-0309

Application for Child Support Services

Custodial Parent: This section is about the person who *has custody* of the child(ren).

Legal Name: (Last, First, MI)			Alias or Maiden Name:	
Date of Birth:	Place of Birth: (City, State or Country)	Social Security Number:	Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	
Race:	If Native American, which tribe?	Tribal ID#:		
What is the relationship of the children to the custodial parent?				
Mailing Address: (City, State, ZIP Code)				
Home Address: (If different from mailing)				
Phone:		Alternate Contact:		
Employer Name:			Employer Phone Number:	
Employer Address: (County, City, State, ZIP Code)				
Income: \$ _____ Hourly OR \$ _____ Monthly OR \$ _____ Annually				
Is the family receiving TANF? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, State or Tribal TANF? <input type="checkbox"/> State <input type="checkbox"/> Tribal		
Is the family receiving Medicaid? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is the family receiving medical coupons? <input type="checkbox"/> Yes <input type="checkbox"/> No		
How long since you have received any service?				
Is a private attorney currently working on your child support case? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, attorney's phone number: _____				
Do you have a Child Support order? <input type="checkbox"/> Yes <input type="checkbox"/> No				



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Non-Custodial Parent: This section is about the person who *does not have custody* of the child(ren).

Legal Name: (Last, First, MI)			Alias or Maiden Name:		
Date of Birth:	Place of Birth: (City, State or Country)	Social Security Number:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	
Race:	If Native American, which tribe?		Tribal ID#:		
Height:	Eye Color:	Hair Color:			
Identifying Marks:					
Mailing Address: (City, State, ZIP Code)					
Phone:			Alternate Phone:		
Email:					
Is non-custodial parent currently remarried? <input type="checkbox"/> Yes <input type="checkbox"/> No			Total number of children non-custodial parent is responsible for?		
Employer Name:			Employer Phone Number:		
Employer Address: (County, City, State, ZIP Code)					
Income: \$ _____ Hourly OR \$ _____ Monthly OR \$ _____ Annually					
Does non-custodial have an occupational license?			If yes, what kind? (Drivers License, Tribal Gaming, CDL)		
Does the non-custodial belong to a union? Which one?			Does the non-custodial have a second job? If so, where?		
Has the non-custodial ever been in jail?		If yes/presently, for how long? Release date:		Where? County/City/State	
Is the non-custodial retired? <input type="checkbox"/> Yes <input type="checkbox"/> No From what kind of work? _____			Is non-custodial on disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type of disability? _____		
Does the non-custodial receive or pay child support payments on any other case? If yes, for how many children?				<input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$	



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Non-Custodial Parent 2: This section is about the person who *does not have custody* of the child(ren).

Legal Name: (Last, First, MI)			Alias or Maiden Name:		
Date of Birth:	Place of Birth: (City, State or Country)	Social Security Number:		Gender: <input type="checkbox"/> M <input type="checkbox"/> F <input type="checkbox"/> Other	
Race:	If Native American, which tribe?		Tribal ID#:		
Height:	Eye Color:	Hair Color:			
Identifying Marks:					
Mailing Address: (City, State, ZIP Code)					
Phone:			Alternate Phone:		
Email:					
Is non-custodial parent currently remarried? <input type="checkbox"/> Yes <input type="checkbox"/> No			Total number of children non-custodial parent is responsible for?		
Employer Name:			Employer Phone Number:		
Employer Address: (County, City, State, ZIP Code)					
Income: \$ _____ Hourly OR \$ _____ Monthly OR \$ _____ Annually					
Does non-custodial have an occupational license?			If yes, what kind? (Drivers License, Tribal Gaming, CDL)		
Does the non-custodial belong to a union? Which one?			Does the non-custodial have a second job? If so, where?		
Has the non-custodial ever been in jail?		If yes/presently, for how long? Release date:		Where? County/City/State	
Is the non-custodial retired? <input type="checkbox"/> Yes <input type="checkbox"/> No From what kind of work? _____			Is non-custodial on disability? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type of disability? _____		
Does the non-custodial receive or pay child support payments on any other case? If yes, for how many children?				<input type="checkbox"/> Yes <input type="checkbox"/> No Amount \$	



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Child 1 and 2 Information Form

Please list only children having the same mother and father on this one application. If there are more than two children, fill out a separate "Additional Child Information Form" for other child.

Legal Name of Child: (Last, First, MI)		Social Security Number:
Date of Birth:	If Native American, what tribe?	
Tribal ID#:	Gender:	

Legal Name of Child: (Last, First, MI)		Social Security Number:
Date of Birth:	If Native American, what tribe?	
Tribal ID#:	Gender:	
Does the child(ren) live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are they currently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of school: Must provide verification of enrollment.
Paternity established? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how was it established?	Date established?
<input type="checkbox"/> No Child Support Order has been established Type: _____	<input type="checkbox"/> Order of Support has been established Date established: _____	
If paternity of the child is in question, who is/are the alleged father(s)? Provide first and last names of individuals:		

Child's Health Insurance Coverage (Please attach a copy of insurance)

Is the child(ren) enrolled in a health insurance plan?

Yes No

Name and Identifying number of insurance plan:

Who is the provider of health insurance?

Cost per month to cover only the child(ren)

\$ _____

Child(ren) eligible for Indian Health Services (IHS)?

Yes No

If yes, where? _____



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Child 3 and 4 Information Form

Please list only children having the same mother and father on this one application. If there are more than two children, fill out a separate "Additional Child Information Form" for other child.

Legal Name of Child: (Last, First, MI)		Social Security Number:
Date of Birth:	If Native American, what tribe?	
Tribal ID#:	Gender:	
Legal Name of Child: (Last, First, MI)		Social Security Number:
Date of Birth:	If Native American, what tribe?	
Tribal ID#:	Gender:	
Does the child(ren) live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are they currently enrolled in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	Name of school: Must provide verification of enrollment.
Paternity established? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, how was it established?	Date established?
<input type="checkbox"/> No Child Support Order has been established Type:	<input type="checkbox"/> Order of Support has been established Date established:	
If paternity of the child is in question, who is/are the alleged father(s)? Provide first and last names of individuals:		

Child's Health Insurance Coverage (Please attach a copy of insurance)

Is the child(ren) enrolled in a health insurance plan?

Yes No

Name and Identifying number of insurance plan:

Who is the provider of health insurance?

Cost per month to cover only the child(ren)

\$ _____

Child(ren) eligible for Indian Health Services (IHS)?

Yes No

If yes, where?



**CHILD SUPPORT
PROGRAM**

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Miscellaneous Information:

Parents' Marital Relationship

What was the relationship between the mother and father of the child(ren) listed?

Never Married Married, Living Apart Divorced, When: _____

Date of Marriage: _____ Date of Separation: _____

City, County, State

Parents' Marital Relationship

What was the relationship between the mother and father of the child(ren) listed?

Never Married Married, Living Apart Divorced, When: _____

Date of Marriage: _____ Date of Separation: _____

City, County, State



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Referral and Comments

Referral: Were you referred to TCSP from another agency or department? Yes No

If yes, please provide the name of referring agency/department:

Comments: Please provide any additional information that you feel could assist our office in enforcing your child support order:

Domestic Violence Information

Do you believe that you or your child(ren) may be at risk of emotional or physical harm if the other parent knows where to find you?

Yes No Why? _____

Have you ever had a protective order against you or the Non-Custodial Parent? If yes, which court issued the order? Still in effect? (if so, please attach a copy)

Yes No Date Issued: _____

Have you or your child(ren) experienced any type of abuse? Yes No

Type of abuse: Physical Verbal Sexual Mental

If yes, do you want to complete a Domestic Violence Risk Assessment form? Yes No Later

Return completed form to the TCSP office. If you decide to NOT fill out a form at this time, you may request one later.

Request for Case Transfer from Another Agency to TCSP

I am requesting that my case(s), listed below, be transferred from the listed agency(s) to the Tulalip Child Support Program. I understand that by making this request that all future actions on my cases will stop with above named agency and a new case(s) will be initiated with the TCSP. I also understand that this document is my official request for the TCSP to manage all future child support activities related to my case(s) beginning on:

Date: _____

Case #1: _____ with _____
(Case number or social security number) (Name of agency case originated)

Case #2: _____ with _____
(Case number or social security number) (Name of agency case originated)

Case #3: _____ with _____
(Case number or social security number) (Name of agency case originated)



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Statement of Understanding

1. I understand that the TCSP is here to act in the public interest to protect the rights of children, the Tulalip Tribes, and to make sure that both parents financially support their children. Information I provide will not be divulged to general public, but may be used as needed to collect support from either parent. I give TCSP permission to provide any necessary information to law enforcement officers, public officials, courts, and others as is required to assist in the collection of child and/or medical support.
2. I understand that the TCSP attorney cannot act as my legal representative. The attorney has an attorney-client relationship only with the Tulalip Tribes and the TCSP. The attorney does not have an attorney-client relationship with me, or with any recipient of child support services.
3. Any communication between the TCSP 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. The TCSP attorney may speak with me and explain the services available to me through the child support program, and explain the nature of legal proceedings and legal documents. The attorney may ask me questions regarding a case. However, the TCSP attorney does not represent me. What I say will not remain a secret between me and the attorney, because the attorney will share the information with TCSP and its staff members. That information will be considered by TCSP in making its case decisions, and may be used in presenting information to the court. The TCSP attorney may ask the court to enter orders that will favor me. But this does not mean that the attorney represents me. Or the attorney may ask the court to enter an order that is not in my favor. I understand that I have the right to have my own attorney represent me, at my own expense, in any legal proceeding before the Tulalip Tribal Court.
4. I understand if I accept child support payments that I am not entitled because the non-custodial parent paid me directly for support assigned to the tribe or state, or because payments were sent to me in error, TCSP will recover the overpayment from me. Furthermore, TCSP may recover any such overpayment by withholding amounts from my child support payments. I understand it is required that TCSP collect money owed to the tribe or state for any TANF my children received in the past or are currently receiving.
5. I agree to cooperate fully with TCSP, law enforcement officers, and the court. I will notify TCSP of any change(s) of circumstance (including address and contact info).
6. By signing this statement, I am verifying that the information provided in this application is true and correct to the best of my knowledge. My signature also confirms that I agree to the service terms specified above. I am giving consent to the TCSP to handle my case.

Date: _____ X _____
 (Signature and Printed Name of Requesting Party)

Date: _____ X _____
 (Signature and Printed Name TCSP Employee's)

Please complete this form and return to the TCSP office via fax at 360-716-0309, or by mail/drop-off to 8825 34 Ave NE St L-545, Tulalip, WA 98271 . Do not hesitate to contact a Tulalip Child Support staff member at 360-716-4556 if you have any questions about this form or need additional forms.