



Title IV-D Child Support Services Program
Tribal Justice Center, 2nd Floor
56 Agency Road
P. O. Box 306
Fort Hall, ID 83203
Phone (208) 236-1068 * Fax (208) 236-1154



APPLICATION INSTRUCTIONS

Attached is the application necessary to initiate child support services with the Shoshone-Bannock Title IV-D Child Support Services Program. Our services are not mandatory, but highly recommended. There is no application filing fee.

Please note that a child support case opened with our program is SEPARATE FROM A COURT CASE filed with Tribal Court.

WHAT YOU NEED TO DO:

1. Complete and sign the application. Note: Applications with incomplete information will take longer to process.
2. Sign all forms.
3. Call our office if you need assistance with the application.
4. Mail or deliver the documents to the address that appears at the top of this form.
5. If you plan to file a petition, motion, or response with the Court, please wait until after you have returned the application to our office.

WHAT HAPPENS NEXT:

We need you to bring or mail the following documents, depending on the type of services you request:

- The applicant's driver's license or identification card, Tribal enrollment card or Certificate of Degree of Indian Blood (CDIB) and Social Security card.
Copy of recent utility bill to verify residency (unless you submit a blue tribal ID).
- For your **child(ren)** bring their Tribal enrollment card(s) or Certificate of Degree of Indian Blood (CDIB) for your child(ren) (if not enrolled) and Social Security card(s)
A copy of your child's certified state birth certificate with the official state seal visible.
- All pending or concluded court orders pertaining to the child such as paternity, divorce decree, child custody, legal guardianship, domestic violence protection, and child support orders.
- Pay stubs and federal income tax filings for the past two (2) years for income verification, unless you are a guardian filing for child support. We will request this information from the biological parent(s).
- Signed affidavit acknowledging paternity for the child.
- Child support payment records.
- Information and/or child support orders associated with the mother or father for children outside of this application.

You have the option to hire Legal Counsel of your choice at your own expense, provided your Legal Counsel is admitted to practice in the Shoshone-Bannock Tribal Court.

B. INFORMATION ABOUT BIOLOGICAL <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER					
Full legal name: Last First Middle			Alias/Maiden Name:		
Date of birth:		Social Security Number:		American Indian/Alaska Native? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tribal affiliation:			Enrollment #:		
Mailing address:			City/State:		Zip code:
Physical address:			City/State:		Zip code:
Located on Fort Hall Reservation <input type="checkbox"/>					
County of residence:		Country of residence:		Phone number:	
Eye color:	Hair color:	Height:	Weight:	Body markings (tattoos, scars, etc):	
Does this parent currently receive or formerly received Worker's Compensation, SSDI, Military or Veteran's benefits, TANF/TAFI benefits, Medicaid, SCHIP, commodities, food stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, list all that apply.					
Does this parent have an attorney/advocate representing them on any matter related to the other parent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, Name: _____ Phone: _____					
Is this parent currently residing with other parties? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, with whom? _____ Relationship: _____					
Has this parent ever been or are they currently incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, dates of incarceration: _____ City and State: _____ DOC#: _____					
Parent's Vehicle Information:	Year:	Make:	Model:	Color:	License/State:
Is/Was this parent in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, dates of service: _____					
Branch of service (check): <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard <input type="checkbox"/> National Guard <input type="checkbox"/> Unknown					
Is this parent enlisted in the reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
ANY CHILD RELATIVE THAT CAN PROVIDE THIS PARENT'S WHEREABOUTS					
Name:				Phone number:	
Address:		City:		State:	
				Zip code:	
Parent's Employer:		Address:		Wages per hour:	
				Hours worked per week:	
Does this parent have assets or income from any of the following? <i>(check all that apply)</i>					
<input type="checkbox"/> Bonds		<input type="checkbox"/> 401k			
<input type="checkbox"/> Checking and savings accounts		<input type="checkbox"/> Individual Indian Monies (IIM) account			
<input type="checkbox"/> Stocks		<input type="checkbox"/> Per capita distribution			
<input type="checkbox"/> Bonds		<input type="checkbox"/> Winnings (gaming, pow wow, drumming, etc)			
<input type="checkbox"/> Mutual funds		<input type="checkbox"/> Other _____			

D. PARENTS' LEGAL STATUS INFORMATION <input type="checkbox"/> Unknown		
What is the relationship between the Mother and Father of the child(ren)? <input type="checkbox"/> Never married <input type="checkbox"/> Married/living apart <input type="checkbox"/> Divorced <input type="checkbox"/> Lived together <input type="checkbox"/> Living together		
Date of separation:	Date living apart:	Date of Decree of Divorce:
Date of marriage:	City/County:	State or Country:
E. FAMILY VIOLENCE INFORMATION <input type="checkbox"/> Unknown		
Have the Mother or Father experienced any type of abuse from the other parent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the type of abuse: <input type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> Sexual <input type="checkbox"/> Emotional		
Has/have the child(ren) experienced any type of abuse from Mother and/or Father? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the type of abuse: <input type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> Sexual <input type="checkbox"/> Emotional		
Is there a protective or restraining order in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In process If yes, what court issued the order? _____ Date: _____		
F. COURT ORDER INFORMATION <input type="checkbox"/> In process <input type="checkbox"/> Unknown		
Date of order:	Court case number:	Name of Tribe/State court:
City/State:	County:	
Is this case a temporary guardianship? <input type="checkbox"/> Yes <input type="checkbox"/> No	If temporary guardianship, list expiration date:	
If child support was ordered, how much was it?	Per week, bi-weekly or per month?	
Amount of unpaid child support as of _____ (date): \$	Date of last payment: Amount paid:	
Are there any child support orders associated with the Mother or Father outside of this case? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide: Case #: Date of order: _____ City/State: _____	
Is an Income Withholding currently in place? <input type="checkbox"/> Yes <input type="checkbox"/> No		
G. OTHER MINOR CHILDREN		
List minor children living in household with Mother or Father whom are not of this relationship:		
Name	Date of Birth	Living with Mother or Father

By signing this application the applicant affirms that the information provided by the applicant is true and correct to the best of their knowledge. The applicant acknowledges that they may be liable for any and all false information provided in this application. All information provided by the applicant to the Title IV-D Child Support Services Program is confidential and is to be used to locate parents; establish paternity; and process, establish and/or enforce a child support case.

Date:
Applicant's Signature:



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STATEMENT OF UNDERSTANDING

1. I understand the Shoshone-Bannock Title IV-D Child Support Services Program (TCSSP) is here to act in the public interest to protect children's rights, the Tribe, and to make sure that parents financially support their children. I understand that the responsibilities of the Child Support Services Program do not allow TCSSP staff to have the same confidential relationship with me as I would have with a private Legal Counsel. Information I provide will be kept from the general public but may be used as needed to collect support from either parent.
I give TCSSP permission to give any necessary information to law enforcement officers, public officials, court or others to assist me to collect child or medical support.
2. I understand that TCSSP ensures that all personal information provided to TCSSP such as addresses, telephone numbers, employer names, etc., shall remain confidential. No personal information will be shared between the custodial and non-custodial parents without written consent.
3. I understand that TCSSP staff, counsel, and consultants do not represent me. When a General Counsel of the Shoshone-Bannock Tribes, an attorney from the Tribes' Prosecutors Office or an attorney from the Tribes' Title IV-D Child Support Services Program ("TCSSP") appears in, initiates or defends an action to establish, modify or enforce paternity or child support, that attorney represents the Tribes and acts on behalf of the child, but that attorney does *not* represent the interest of any other individual. I have the option to hire an attorney at my own expense. At the time of obtaining a Legal Counsel or advocate, TCSSP will only communicate with Legal Counsel, subject to a release of information or waiver signed by the applicant. Only my Legal Counsel or advocate will have direct contact with TCSSP staff.
4. I agree to fill out forms and affidavits as requested, to have genetic testing and attend court to give testimony. I agree to cooperate fully with TCSSP, law enforcement offices and the court. I will notify TCSSP of my new address in writing every time I move.
5. I agree to give all identifying information requested to assist in locating and collecting child support from the non-custodial parent (NCP) and/or to prove who is the biological father of the child(ren). This includes any information that I know about or any documentation that I may have.
6. I understand TCSSP cannot guarantee that it can determine who the biological father of the child is, collect money from the NCP, enforce a court order for support or obtain a support order from the court. I understand that TCSSP cannot help with issues such as

custody and property settlements. I agree to tell TCSSP if I hire a Legal Counsel to collect or modify child support or spousal support for me.

7. I agree that starting with the date of my application all money paid for child support will go through the Shoshone-Bannock Tribal Child Support Services Program in Fort Hall, Idaho. I give TCSSP the authority to endorse child support checks made out to me. I understand that if I do not notify TCSSP of direct payments or turn in child support paid directly to me, my case may be closed.
8. I understand if I keep child support payments to which I am not entitled because the NCP paid me directly for support assigned to the Tribe or state or because payments were sent to me in error, TCSSP will recover the overpayments from me. I understand TCSSP shall be entitled to recover the overpayment by withholding amounts from my child support payments and/or through interception of Shoshone-Bannock Tribal per capitas.
9. I understand that it is law that TCSSP will collect money owed to the Tribes or state for any TANF/AFDC my children received in the past or is/are currently receiving. Any amount of money collected that is more than what is due every month for current support will be applied to child support arrears owed to me and then will be paid to the Tribes, then to the state for any TANF/AFDC paid to my children or me in the past.
10. I understand and agree to all the terms above. I understand that if I violate any of the agreements or fail to cooperate with TCSSP, my case may be closed. The information provided in this application is true and correct to the best of my knowledge.

Date: _____

Applicant's signature

Printed Name

State of Idaho)
S.S.)
County of _____)

On this ____ day of _____, in the year of 20____, before me _____, personally appeared _____, proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is(are) subscribed to the within instrument, and acknowledged that he (she)(they) executed the same.

Notary Public
My Commission Expires on _____



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AUTHORIZATION TO RELEASE PERSONAL, FINANCIAL AND/OR CHILD SUPPORT INFORMATION

Name _____

Birth date _____ Social Security No. _____

I, _____, authorize the Shoshone-Bannock Title IV-D Child Support Services Program (TCSSP) staff and its agents to verify the accuracy of information which I have provided to the TCSSP from all Sources. I give permission to release requested information to the TCSSP.

I authorize the TCSSP staff and its agents to disclose and/or release my personal, financial and/or child support information to parties and entities for the specific purpose of carrying out program duties of the TCSSP in the normal course of business to establish paternity; to establish, modify, and enforce child support orders; and to locate parents and their assets.

I release the TCSSP staff and its agents from any and all liability for releasing information as long as the information is utilized for the purposes directly connected with the administration of child support functions or under applicable Tribal and federal statutes and regulations related to Title IV-D child support enforcement programs.

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

Signature

Date

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



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MEDIATION ACKNOWLEDGEMENT

In accordance with the Shoshone-Bannock Child Custody and Support Ordinance, Chapter IX, Section 937, parties involved in the establishment or modification of a child support order will be required to participate in mediation prior to a hearing, unless good cause exists to waive mediation. Mediation is a process recognized as a means to facilitate communication between parties using an impartial or neutral person (the mediator) to promote settlement of a dispute and to allow participants the opportunity to take ownership over their child support agreement.

The purpose of mediation is to attempt to reach a mutual agreement on a child support order that is in the best interest of the child and is the right fit for the parties. More specifically, the aim of the TCSSP mediation process is to:

1. Provide a traditional approach to dealing with child-focused topics; and
2. Provide the parties with optional methods, including receiving guidance from elders or incorporating other customs and traditions; and
3. Promote parental cooperation in the best interest of their child; and
4. Encourage agreement between the parties on matters related to child support.

_____ I understand that my information will be strictly confidential within the mediation
Initial session and within a confidential file in the TCSSP.

_____ I understand that the mediation process will be facilitated by a certified mediator and my
Initial attorney/advocate cannot be present.

_____ I understand that mandatory mediation does not mean that I have to reach agreement by the
Initial end of the mediation session.

_____ I understand that it is my responsibility to inform my TCSSP Case Specialist of any conflicts of
Initial interest with assigned mediators.

I, _____, agree that I will exercise a good faith effort to actively participate in mediation before proceeding to my hearing.

OR

I, _____, request a waiver of the mediation process for the following reason(s): _____

Signature

Date



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**NOTICE AND ACKNOWLEDGMENT REGARDING RELATIONSHIP WITH LEGAL COUNSEL
FOR THE SHOSHONE-BANNOCK TRIBES CHILD SUPPORT SERVICES PROGRAM**

When a General Counsel of the Shoshone-Bannock Tribes, or any Legal Counsel from the Tribes' Prosecutors Office or from the Tribes' Title IV-D Child Support Services Program ("TCSSP") appears in, initiates or defends an action to establish, modify or enforce paternity or child support, that attorney represents the Tribes and acts on behalf of the child, but that attorney does *not* represent the interest of any other individual.

Legal Counsel representing the TCSSP has an attorney-client relationship only and exclusively with the Shoshone-Bannock Tribes and with the TCSSP. That Legal Counsel does *not* have an attorney-client relationship with any applicant for or any recipient of child support services. Any and all communication between the attorney and the mother, father, alleged father(s), child, or any other interested party in a paternity or child support action shall not be considered privileged or confidential, except as otherwise required by specific tribal or federal law.

Although the attorney for the TCSSP does not represent you, the attorney for TCSSP may provide assistance to you by discussing the services available through the program, discussing the nature of the legal proceedings and legal documents, and discussing evidence which may be relevant to the case. What you say will not remain a secret between you and the attorney. The Legal Counsel will share the information with TCSSP staff, and the information will be considered by the TCSSP in making its case decisions and may also be presented to the court.

The Legal Counsel for the TCSSP may ask the court to enter an order that favors you; however, such action does *not* create an attorney-client relationship with you, and the attorney may not support your position on all issues within that case. The Legal Counsel retains at all times the duty to consult with the TCSSP and to request orders that are consistent with the fair and consistent application of Tribal law.

You have the right to have your own Legal Counsel represent you, at your own expense, in any legal proceeding before the Shoshone-Bannock Tribal Court.

ACKNOWLEDGEMENT: I have read this notice and understand that my request for services does not create an attorney-client relationship between me and any attorney for the TCSSP.

Date

Signature

Printed Name



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AFFIDAVIT OF CHILD SUPPORT PAYMENTS
 (Directly paid to Custodial Parent by the Non-custodial Parent)

1. If you have **not** received any child support payments from the Non-Custodial Parent, please complete **section A only**.
2. If you have received child support from the non-custodial parent, complete sections A and B. Start with the most recent year you received child support or were given a judgment and work backward.
3. If you are the mother of children with different fathers, please complete a separate form for each father.

Section A:

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 made directly to me and not through any Child Support Receiving Program, for the following children (attach additional sheets if necessary):

Child's Name	Date of Birth

Section B:

INCLUDE ONLY PAYMENTS RECEIVED FOR CHILD SUPPORT

*Indicate by an (x) any time children were not in your care for 30 days or more.

	20__	20__	20__	20__	20__	20__			
JANUARY									
FEBRUARY									
MARCH									
APRIL									
MAY									
JUNE									
JULY									
AUGUST									
SEPTEMBER									
OCTOBER									
NOVEMBER									
DECEMBER									

SIGNATURE: _____ DATE: _____

PRINTED NAME: _____

State of Idaho)
s.s.)
County of _____)

On this ____ day of _____, in the year of 20____, before me
_____, personally appeared _____,
proved to me on the basis of satisfactory evidence to be the person(s) whose name(s)
is(are) subscribed to the within instrument, and acknowledged that he (she)
(they) executed the same.

Notary Public
My Commission Expires on _____