



CCTHITA Tribal Child Support Unit

CHILD SUPPORT INFORMATION (NTANF)

COMPLETE A SEPARATE FORM FOR EACH NONCUSTODIAL PARENT. PLEASE PRINT IN INK.
 The information you provide will be used to establish and/or enforce child support based on a NTANF grant opening.
 Please ask caseworker for information about CCTHITA Tribal Child Support Unit.

Your Name (Last, First, Middle)		Previous Names	SSN	Date of Birth
Address (PO or Street)		City	State/Zip	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Physical Address		City	State/ZIP	
Telephone (Home)	(Work)	(Message or Cell)	Email Address	

Are you an Enrolled Member or eligible to be enrolled with CCTHITA? Yes No If no, enrolled with what tribe: _____

Are the children enrolled or eligible to be enrolled with CCTHITA? Yes No If no, enrolled with another tribe: _____

Are you currently receiving TANF/Cash Assistance? Yes No If yes, Where? _____

Have you ever received TANF/Cash Assistance? Yes No If yes, When? _____ Where? _____

Does an attorney represent you in any matters related to the child or the parents? Yes No If yes, provide attorney's name address, and phone: _____

Your Driver's License Issued State _____ and License # _____

Are you currently employed? Yes No If yes, Where? _____ Employer Phone# _____

Important Information: If a Tribal TANF grant has opened and TCSU has been notified by the tribe, we will continue to enforce child support for you even after the NTANF grant has closed, until such time as you submit a withdrawal from services form to TCSU. This form is not an application for child support services without notification from the tribe of an open grant.

SUPPLYING INFORMATION TO TCSU – CONFIDENTIALITY AND SAFETY

You are required by law to give TCSU information to get child support for a child receiving Native Temporary Assistance payments (NTANF). This means you will be asked to tell the name of the non-custodial parent and where he or she lives and works. You must help TCSU establish paternity if the child has no legal father, whether or not you are an intact family. If you are receiving NTANF, any money you receive from the non-custodial parent for child support must be given to the tribe through TCSU.

If you believe that enforcing child support will bring harm to you or your children, and you can provide support for your belief, you may claim good cause by marking the 3rd option below. You will be asked by your Tribal TANF caseworker to provide documentation to support your "Good Cause" Claim. If you want to cooperate with TCSU in getting child support, but you are afraid that you or your children will be harmed if the non-custodial parent has your address, you may request TCSU keep your address confidential. Mark the 2nd option below. Otherwise, your address may be released to the non-custodial parent.

1. I agree to cooperate with TCSU (sign below and complete the rest of this form)
2. I agree to cooperate with TCSU but I want my address kept confidential (sign below and submit an "Affidavit and Request for Nondisclosure of Identifying Information")
3. I believe I have good cause to not cooperate with TCSU (sign below and provide documentation; court order, police reports, medical reports, etc)

Cooperation with TCSU is required or you must have good cause not to cooperate. If you do not cooperate and you do not have good cause; your NTANF assistance payment may be reduced and sent to a NTANF approved third party for your family. TCSU will continue to pursue child support against the non-custodial parent, even if you DO NOT cooperate, unless the NTANF approves good cause. By submitting this application, I understand that I am also applying for State IV-D services for purposes of submitting arrearages for Federal tax refund offset.

Signature _____ Date _____

Children concerned with Child Support for (add pages if necessary)

Complete the following information for each child who resides with you. **Attach Birth Certificate to Application**

You are the: Mother Father Relative _____ Legal Custodian by court order _____

SSN	Child Full Name	Sex	DOB	Place of Birth	Mother's Name	Father's Name

Is there split custody? Yes No If Yes what % do you have the child(ren) _____
 Is the father is on **each** birth certificate of **each** child? Yes No If No, complete page 6.

Information on Other Parent- Mother Father:

Name (Last, First, Middle)		Previous/Other Names		SSN		Date of Birth	
Address (PO or Street)- Residential		City		State/Zip		Current Address? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (PO or Street)- Mailing		City		State/Zip		Last Known as of _____	
Telephone (Home)		(Work)		(Message or Cell)		Email Address	
Enrolled Member of CCTHITA? <input type="checkbox"/> Yes <input type="checkbox"/> No If enrolled with another tribe indicate name: _____							
Place of Birth		Race	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Color of Eyes	Color of Hair	Height	Weight
Does this person have relatives in Alaska? Who and where _____							
Does this person have an attorney regarding child support? <input type="checkbox"/> Yes <input type="checkbox"/> No Who? _____ Phone # _____							

Is this Parent Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Date of Death _____ City/State _____	
Is estate in probate? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, who is Trustee? _____ Phone # _____	

Other Parent's Employer

Usual occupation _____ Are they a Union Member? _____

Does this person work in Alaska currently? Yes No I don't know

Did this parent used to work in Alaska? Yes No If Yes, when did they leave Alaska? _____

What was their last address in Alaska? _____

Current or last Known Employer	Employer Address	Employer Phone	Dates of Employment

Does this Parent have Health Insurance available through Employer, Union, or Indian Health Services (IHS)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know If yes, name of Insurance Company or IHS _____ Phone number of Insurance Company or IHS _____	If yes, Type of Coverage <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Both <input type="checkbox"/> Other _____
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Child Support Information

(Attach complete copies of orders or documents relating to custody, support and paternity.)

Have you ever appeared in any court regarding the above child(ren) for one of the following reasons?

- Child Support Divorce Child Custody Legal Paternity Domestic Violence

If yes, which court?: _____ City: _____, State or Tribe: _____

Is there a court order that requires payment of child support? Yes No

If yes, which court?: _____ City: _____, State or Tribe: _____

What is the child support order amount? _____

Are you currently involved in any court proceedings regarding custody of the child(ren)?

If yes, which court?: _____ City: _____, State or Tribe: _____

Is there an Alaska Child Support Services Division (CSSD) administrative order in place for any of the child(ren)?

If yes, what is the order amount? _____

Additional Monthly Costs incurred on the behalf of child(ren) (Attach documentation)

- Health Ins., how much _____ paid by _____ Dental Ins., how much _____ paid by _____
 Education, how much _____ paid by _____ Medical, how much _____ paid by _____
 Other _____, how much _____ paid by _____

Child support received from Mother Father [Please check box same as Information on Other Parent]

Check here if you have not received Child Support

Check here if you have received child support .List in the table below the payment you have received directly.

Check here if aren't sure how much child support you've received. List your best estimate by month and year.

Mo/Year	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015
Jan.											
Feb.											
Mar.											
Apr.											
May											
June											
July											
Aug.											
Sept.											
Oct.											
Nov.											
Dec.											
TOTAL											

If a child support order is already in effect, did you live with the other parent (or has the other parent had custody of the children at any time since the order was issued)? Yes No

If your answer is yes, explain the time periods when you lived together (or when the other parent had custody) since the child support order was issued (attach additional paper if needed). _____

ASSIGNMENT OF SUPPORT

When you receive NTANF you must sign over to the Tribe any child support or spousal support payments owed to you for any month in which you receive assistance. If the non-custodial parent pays child support while you are receiving NTANF, you must turn the support payments over to TCSU. This is true even if there is no child support order in effect.

If TCSU sends a child support payment to you in error, they will contact you to arrange repayment of that money. If you want to repay the overpayment gradually out of future child support payments, instead of immediately in a lump sum, check this box.

I understand that by signing below, I assign to the tribe any child support payments owed for any month in which I receive assistance. I agree to tell the Tribal Child Support Unit of any new or changed information that relates to the child support case and collection/payment of child support.

I declare under penalty of perjury, under the laws and ordinances of this Tribe that the foregoing is true and correct.

Signature

Date

Instructions for Completion of Paternity Witness Statement – (on page 6)

The CCTHITA Tribal Child Support Unit (TCSU) will start an action to establish paternity of the children if you checked "no" on the top of page 2 because the father is not listed on each birth record. **If you are the Mother of the children, YOU MUST fill out the following Paternity Witness Statement for each child. If you are a 3rd party (not Mother or Father) and are applying for services, you DO NOT need to complete this form.**

- Read each question carefully and answer all the questions as best as you can.
- Please use ink to answer each question.

After you complete the Paternity Witness Statement(s):

- Sign the form(s) in front of a "Witness". This would be an adult that watched you sign the form and verified your identification, or it could also be a Tribal TANF caseworker.
- Be sure the "Witness" completes their portion – at the bottom of the form.

PLEASE DO NOT FILL OUT - TANF STAFF ONLY

IF Option 3 on page 1 was checked please fill out the following

Good Cause **Granted** Reason: _____
Was Documentation received Yes No If Yes attach copies

Good Cause **Denied** Reason Claimed _____

WDS/WDT Signature _____ Date _____

TANF Supervisor Signature _____ Date _____

Instructions for Completion of Paternity Witness Statement

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- Read each question carefully and answer all the questions as best as you can.
- Please use ink to answer each question.

After you complete the Paternity Witness Statement(s):

- Sign the form(s) in front of a "Witness". This would be an adult that watched you sign the form and verified your identification.
- Be sure the "Witness" completes their portion – at the bottom of the form.

PATERNITY WITNESS AFFIDAVIT

Petitioner:
Central Council Tlingit & Haida Indian Tribes of Alaska
Tribal Child Support Unit

TCSU Case No: _____

A Separate Statement is required for Each Child needing Paternity Established
(Use the back of the form if additional space is needed)

1. I, _____, on oath, under penalty of perjury depose and allege:

I am the natural mother of the child named below.

Child's Full Name (First, Middle, Last) Child's Date of Birth Child's Gender Place of Birth, (City, County, State)

Date Mother Got Pregnant (Month, Date, Year) Full Term Pregnancy (Yes/No) Where Mother Got Pregnant (City, County, State)

The child was conceived as a result of sexual intercourse between _____ and me during the time stated above.

a. A man is named as the father on the child's birth certificate. (Yes/No)
If Yes, the man's name and address are: _____

If the child was born in another state or country, you must send TCSU a copy of the birth certificate.

b. I was married at the time of this child's birth. (Yes/No)
A. Husband's name (first, middle, last) and last known address: _____

B. State why husband is not the father of this child and send all appropriate documents, including divorce decree, genetic test results and prior findings of non-paternity, if any. _____

c. Genetic tests were completed to determine the father of the child. (Yes/No)
If Yes, send results, explain outcome, and list name(s) and address(es) of man/men tested: _____

2. I had sexual intercourse with another man (other than the man I am naming as the child's natural father) during the time 30 days before or 30 days after the child was conceived. (Yes/No) (If Yes, complete the following).

a. The name(s) and address(es) of the other man/men: _____

b. The other man/men are biologically related to the man I am naming as the child's natural father. (Yes/No)
If Yes, state the biological relationship (e.g., brother, cousin, uncle, etc.) _____

b. I do not believe the other man/men is/are the father because: _____

All of the information and facts contained in this AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY are true and correct to my best knowledge and belief. I agree to submit myself and, if I am the custodian, my child to genetic testing as may be necessary to establish paternity.

Date Signed: _____

SIGNATURE (Do not sign unless you are before a witness)

Witness (Print Name) _____

Witness Signature _____ Date Signed _____