

CNFGN: _____



COMANCHE NATION CHILD SUPPORT PROGRAM

P.O. Box 1647
Lawton, OK 73502
(580) 280-4641 Fax (580) 280-4628

Request for Services

Person Requesting Services: _____
Applicant _____ Date _____

Section I - Custodial Parent Information:

	Last	First	Middle	Maiden
Legal Name:				
AKA:				

Social Security Number:	Date of Birth:	Present Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
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Mailing Address:	City	State	Zip Code
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Residential Address:	City	State	Zip Code
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County of Residence:	Home Phone Number:	Cellular Phone Number:	Birth City/State:
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Race:	Affiliated Tribe(s):	CDIB Card: <input type="checkbox"/> Yes <input type="checkbox"/> No
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Employer Name:	City	State	Zip Code
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Work Phone Number:	Income: \$ _____	Date of Employment:
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Currently Retired: <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently in the Military: <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service, if applicable:
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Vehicle Information: Year/Make/Model:	Color	Tag Number:	Tribal Tag? <input type="checkbox"/> Yes <input type="checkbox"/> No
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How is Custodial Parent related to the Children?	If not biological parent, does Custodial Parent have legal custody of Children?
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If married, current spouse's name:

CNFGN:

Name and Address of additional contact person:	Relationship
Has an attorney been consulted concerning the enforcement of child support? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, provide attorney's name and address.	
Additional information concerning Custodial Parent:	

CNFGN: _____

Section II – Non-Custodial Parent Information:

	Last	First	Middle	Maiden
Legal Name:				
AKA:				
Social Security Number:	Date of Birth:	Present Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated		Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Mailing Address:	City		State	Zip Code
Residential Address:	City		State	Zip Code
County of Residence:	Home Phone Number:	Cellular Phone Number:	Birth City/State, if known:	
Race:	Affiliated Tribe(s):	CDIB Card: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Identifying Marks:	
Height:	Weight:	Eye Color:	Hair Color:	
Employer Name:	City		State	Zip Code
Work/Fax Phone Numbers:	Income: \$ _____	Approx. Date of Employment:	Currently Incarcerated: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Currently in the Military: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Branch of Service:	Currently Retired: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	Currently Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Vehicle Information: Year/Make/Model:		Color	Tag Number:	Tribal Tag? <input type="checkbox"/> Yes <input type="checkbox"/> No
To your knowledge, has Non-Custodial Parent consulted an attorney concerning child support? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, provide attorney's name and address.				
Name and Address of additional contact person:				Relationship
Additional information concerning Non-Custodial Parent:				

CNEFGN: _____

Section III –Child(ren) Information:

Child 1:

Legal Name:	Last	First	Middle
Social Security Number:	Date of Birth:	Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship of Child to the Applicant:		Is there a current Child Support Order for this Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address:		City	State Zip Code
County of Residence:	Home Phone Number:		Birth City/State:
Race:	Affiliated Tribe(s):	CDIB Card: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Is child in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If in school, anticipated graduation date:	Name and Address of School:	

Child 2:

Legal Name:	Last	First	Middle
Social Security Number:	Date of Birth:	Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship of Child to the Applicant:		Is there a current Child Support Order for this Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address:		City	State Zip Code
County of Residence:	Home Phone Number:		Birth City/State:
Race:	Affiliated Tribe(s):	CDIB Card: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Is child in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If in school, anticipated graduation date:	Name and Address of School:	

Child 3:

Legal Name:	Last	First	Middle
Social Security Number:	Date of Birth:	Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship of Child to the Applicant:		Is there a current Child Support Order for this Child? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Mailing Address:		City	State Zip Code
County of Residence:	Home Phone Number:		Birth City/State:
Race:	Affiliated Tribe(s):	CDIB Card: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Is child in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If in school, anticipated graduation date:	Name and Address of School:	

CNFGN:

Section IV - Domestic Violence

Have you or your children ever experienced any type of abuse during this relationship? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Type: <input type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> Sexual	
Has a Protective Order ever been issued against you or the NCP? <input type="checkbox"/> Yes <input type="checkbox"/> No	If so, when and where?
Do you feel that you or the children are at risk of physical harm at this time? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Do you feel that you or the children may become at risk of physical harm at some point in the future? <input type="checkbox"/> Yes <input type="checkbox"/> No	

Section V - Tribal/State TANF Information

Are you or your children currently receiving TANF? <input type="checkbox"/> Yes/State <input type="checkbox"/> Yes/Tribal <input type="checkbox"/> No If yes, beginning date:	Have you or your children ever received TANF? <input type="checkbox"/> Yes/State <input type="checkbox"/> Yes/Tribal <input type="checkbox"/> No If yes, beginning/ending date:
If yes, case manager's name and location:	
Are you or your children currently receiving any other type of Tribal or State Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type and where?	

Section VI - Court Information

The following section pertains to all court documents and information concerning an existing child support case. Please provide as much information as possible or information you may feel is relevant to child support. Attach all copies of Child Support Orders, Divorce Decree, Child Custody Orders, Paternity Orders, Domestic Violence, etc.			
Have you appeared in court for the following: <input type="checkbox"/> Child support <input type="checkbox"/> Legal paternity <input type="checkbox"/> Divorce <input type="checkbox"/> Child custody <input type="checkbox"/> Domestic violence <input type="checkbox"/> Modification of an existing order			
If so, what court and when?	Amount of monthly support ordered:	Judgment amount ordered:	
Court Case Information:			
Court Name:	Case Number:	Court order date:	<input type="checkbox"/> Tribal Court <input type="checkbox"/> District Court <input type="checkbox"/> CFR Court
Is there any legal action presently pending concerning the child(ren) in this case? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, please explain.			
Are the children currently, or have they been in the past, in the custody of Indian Child Welfare (ICW) or State Child Welfare? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, give details.			
What was the relationship between the father and the mother of the children? <input type="checkbox"/> Never married <input type="checkbox"/> Married/living separate <input type="checkbox"/> Divorced			
If Married:	Date of Marriage	City	County State

CNFGN: _____

Section VII - Custodial Parent Affidavit of Child Support Received

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. These payments were not collected through a Tribal or State Child Support Agency. These payments were made for the following children:

- 1. _____ 4. _____
- 2. _____ 5. _____
- 3. _____ 6. _____

	Year	Year	Year	Year	Year	Year	Year
January							
February							
March							
April							
May							
June							
July							
August							
September							
October							
November							
December							

Signature of Custodial Parent: _____ Date: _____

***OFFICE PERSONNEL ONLY* - Case Initiation:**

N.C.P. Client No. _____ C.P. Client No. _____

Child 1 Client No. _____ Child 2 Client No. _____ Child 3 Client No. _____

Child 4 Client No. _____ Child 5 Client No. _____ Child 6 Client No. _____

***OFFICE PERSONNEL ONLY* - CNFGN & Case No:**

CNFGN: _____ CP No. _____ Active: Yes No Pending

Intake interview conducted by: _____ Date: _____
(signature)

CNFGN: _____

Section VIII - Custodial Parent Statement of Understanding

I understand that the Comanche Nation Child Support Program (CNCSP) is here to act in the interest of children's rights and to use all of its resources to ensure parents financially support their children. I understand the information I provide will be kept from the general public but may be used as needed to collect support from the obligor. I authorize the release of any necessary information to law enforcement officers, public officials, courts or others to assist me in collecting child support or medical support. I authorize the CNCSP to make any necessary investigation or request to verify the information I have given.

I understand CNCSP attorneys or child support staff does not represent me.

I agree to complete necessary forms and affidavits as requested, provide DNA if requested and attend court to provide testimony.

I agree to cooperate fully with CNCSP, law enforcement officers and the court. I will notify CNCSP of an address change either for myself or for the non-custodial parent. I agree to provide information requested to assist in locating and collecting child support from the non-custodial parent.

I understand CNCSP cannot guarantee that it can determine who the biological father of my child is or collect the money from the obligor.

I understand CNCSP cannot help with issues such as custody and property settlements. I agree to notify CNCSP of all private attorneys hired to collect or modify child support or spousal support for myself.

I understand that my case will be closed if I do not notify CNCSP of direct payments.

I understand it is law that CNCSP will collect money owed to the tribe 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 paid to the tribe or state for any TANF/AFDC paid to my children or me in the past.

I understand and agree to all the terms above. I understand that if I violate any of the agreements or fail to cooperate with CNCSP, my case will be closed. The information provided in this application is true and correct to the best of my knowledge.

Applicant's signature: _____ Date: _____

Signature of Parent/Legal Guardian of Applicant, if not of legal age: _____

State of Oklahoma)
) ss.
County of _____)

The foregoing instrument was executed before me this ____ day of _____, 20____.

Notary Public
Commission Number: _____
My Commission Expires: _____

The following documents must be attached to this Application:

- Copies of state-issued birth certificates for all children
- Copies of CDIB or Tribal Enrollment cards for Applicant and children
- Copies of social security cards for Applicant and children
- Copies of all court orders, Divorce Decree, Paternity Affidavits, etc.
- Copy of Applicant's driver's license

CNFGN: _____

REQUEST TO TRANSFER CASE

*This form **must** be signed before a Notary Public or Clerk of the Court.*

Date: _____

NCP: _____

FGN: _____

I, _____, hereby request that my child support case be transferred to Comanche Nation Child Support Program and understand that no further action will be taken by the OKDHS office. This request is being made for the following reason(s):

Please forward the above file to:

Comanche Nation Child Support Program
P.O. Box 1647
Lawton, OK 73502
(580) 280- 4641

SIGNATURE: _____ DATE: _____

~~~~~◇~~~~~

State of \_\_\_\_\_ )  
County of \_\_\_\_\_ ) ss.

Subscribed and sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Notary Public or Clerk of the Court  
Commission Number: \_\_\_\_\_  
My commission expires: \_\_\_\_\_



CNFGN: \_\_\_\_\_



# COMANCHE NATION CHILD SUPPORT PROGRAM

P.O. Box 1647  
Lawton, OK 73502  
(580) 280-4641 Fax (580) 280-4628

## AUTHORITY FOR RELEASE OF INFORMATION

To Whom It May Concern:

I hereby authorize any investigator bearing this release, or a copy thereof, within one year of its date, to obtain any information relating to my activities from schools; credit bureaus; residential management agents; employers; criminal justice agencies or individuals. This information may include and is not limited to, academic; residential; achievement; performance; attendance; personal history; disciplinary; arrest or conviction records. I hereby direct you to release such information upon request of the bearer. I understand that the information released is for official use and may be disclosed to such third parties as necessary in the fulfillment of official responsibilities.

I hereby release any individual, including record custodians; from any and all liability for damages of whatever kind of nature, which may at any time result to me on account of compliance, or any attempts to comply with this authorization. Should there be any questions as to the validity of this release, you may contact me as indicated below.

**Date:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Signature (full name):** \_\_\_\_\_

**Full name (printed):** \_\_\_\_\_

**Aliases:** \_\_\_\_\_  
(include any married names, nicknames and/or maiden names)

**Social Security number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_      **Date of Birth:** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

**Current address:** \_\_\_\_\_

**Telephone number:** (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

The request of your Social Security number is a means to uniquely identify your application records within our tribal files. By providing an accurate Social Security number and full name you assure the accomplishment of application process.

## FINANCIAL AFFIDAVIT

|          |       |                            |           |
|----------|-------|----------------------------|-----------|
| Name:    |       | Family Group Number (FGN): |           |
| Address: | City: | State:                     | Zip Code: |
| SSN:     | DOB:  | Phone Number:              |           |

Are you the Custodial Parent? \_\_\_\_\_ If not, who is? \_\_\_\_\_

Name of Employer: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Address: \_\_\_\_\_ Occupation: \_\_\_\_\_  
 Hourly Rate of Pay: \_\_\_\_\_ If you are salaried, what is your yearly salary? \_\_\_\_\_  
 Circle your pay periods:    weekly    bi-weekly    monthly            Gross monthly income: \_\_\_\_\_

| Type of Income              | Frequency                                 | Amount |
|-----------------------------|-------------------------------------------|--------|
| Pension &/or Retirement     | ___ Wkly ___ Monthly ___ Qtrly ___ Yearly |        |
| Military/Veteran's Benefits | ___ Wkly ___ Monthly ___ Qtrly ___ Yearly |        |
| Unemployment                | ___ Wkly ___ Monthly ___ Qtrly ___ Yearly |        |
| Per Capita/IMM payments     | ___ Wkly ___ Monthly ___ Qtrly ___ Yearly |        |
| Jobs for Cash               | ___ Wkly ___ Monthly ___ Qtrly ___ Yearly |        |
| Spousal Support             | ___ Wkly ___ Monthly ___ Qtrly ___ Yearly |        |
| Other: _____                | ___ Wkly ___ Monthly ___ Qtrly ___ Yearly |        |
| Social Security             | ___ SSA ___ SSI ___ Pending ___ Approved  |        |
| Worker's Compensation       | ___ Pending ___ Approved                  |        |

Do you pay child support on another other case? \_\_\_\_\_ If yes, how much child support do you pay on the other case? \_\_\_\_\_ In what court is the other case? \_\_\_\_\_  
 Please provide the FGN of the other case (if known): \_\_\_\_\_

Name of health insurance provider: \_\_\_\_\_  
 Cost of health insurance each month: \_\_\_\_\_ Is this paid by your employer? \_\_\_\_\_  
 Names of Individuals on the policy: \_\_\_\_\_

|           |      |
|-----------|------|
| Signature | Date |
|-----------|------|

I verify that the above-named person signed this affidavit before me this the \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public