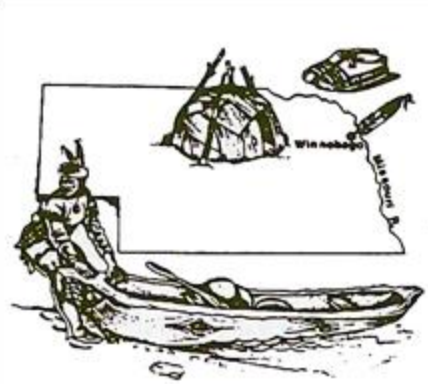


WINNEBAGO TRIBE OF NEBRASKA

TRIBAL CHILD SUPPORT PROGRAM

P.O. BOX 355
WINNEBAGO, NEBRASKA 68071

PHONE: (402) 878-2570
FAX: (402) 878-2540



VERIFICATION CHECKLIST

We will need the following verification and documentation to proceed with the process of your application for Child Support Program services:

- Verification of your Social Security Number**
- Verification of you child(ren)'s Social Security Number**
- Birth Certificate for your child(ren) – (actual or copy of the birth certificate)**
- Tribal Membership**
- Verification of your address (rent receipt, utility bill, mail received by you at that address)**
- Copies of any court orders (Divorce/Dissolution, Temporary Support, Child Support, ETC.) that have already been issued.**
- Copies of any receipts, records or proof of Child Support that has already been paid to you.**
- If Family Violence is claimed, then we will need a copy of the Police Report, Restraining Order or Protection Order issued by a court, or statement from two individuals attesting to the Family Violence.**

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P.O. BOX 355
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| |
|----------------------------|
| FOR OFFICE USE ONLY |
| Date received _____ |
| IV-D Case # _____ |

APPLICATION FOR CHILD SUPPORT SERVICES

Instructions for the Applicant

Please answer each question as completely as possible. Please print or type all the answers. If you do not know an answer, print "Unknown" in the space. Our staff is available to assist you in completing the form and answer any questions you may have. The information that you provide on this form will be Confidential. The Winnebago Tribe of Nebraska (WTN) Child Support Program (CSP) will not release any of your confidential information without your written consent, unless it is permitted to do so by the Child Support Services Program policy.

MOTHER of the CHILD(REN) INFORMATION

Mother's Name: _____ SSN: _____

Maiden or Also Known As (AKA) Name: _____

Birthplace: _____ Date of Birth: _____

HOME ADDRESS:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Is this address within the reservation boundaries? () Yes () No

Reservation Name: _____

MAILING ADDRESS: (If different from Home Address)

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Work Phone Number: _____

Is the mother a member of the Winnebago Tribe of Nebraska? () Yes () No

Is the mother a member of another Tribe? () Yes () No

Name of Tribe: _____

Tribal Enrollment Number: _____

Is mother currently receiving Tribal TANF from the Winnebago Tribe of Nebraska? () Yes () No

If not, is mother currently receiving TANF from another agency? () Yes () No

If yes, where: _____

(State or Tribe Name)

Is mother or has mother been a victim of Family Violence? () Yes () No

If yes, does mother currently have a Restraining Order / Protection Order or statement from a close relative, friend, or another person? () Yes () No

If mother has an order, what's the name of the Court that issued the Order:

(We will need some type of verification of this)

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Give any distinguishing features or marks that would help identify the mother (tattoos, scars, piercings, birthmarks, physical impairment, ETC.)

Provide the names, addresses and phone numbers of family members or friends who may be able to assist in locating the mother:

MOTHER'S EMPLOYMENT INFORMATION:

Is this parent currently working? () Yes () No

Is the employer either the Tribe or a tribally owned business? () Yes () No

Employer's Name: _____

Employer's Address: _____

(Street/City/State/Zip Code)

Employer's Phone Number: _____

Hourly Pay: _____ Hours Per Week: _____ If salaried, salary per year: _____

Is health insurance available through work? () Yes () No

School or Training: _____ Degree/Certificate: _____

Other licenses the parent has (hunting, fishing, gathering): _____

Vehicle: _____ Value: _____
(Description: Make/Model/Year)

Name on Vehicle Title: _____

Bank Account: _____ Name of Financial Institution: _____
(Checking/Saving)

Other Financial Assets you are aware of: _____

FATHER'S INFORMATION

Father's Name: _____ SSN: _____

Alias Name: _____

Birthplace: _____ Date of Birth: _____

HOME ADDRESS:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Is this address within the reservation boundaries? () Yes () No

Reservation Name: _____

MAILING ADDRESS: (If different from Home Address):

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Work Phone Number: _____

Is the father a member of the Winnebago tribe of Nebraska? () Yes () No

Is the father a member of another Tribe? () Yes () No

Name of Tribe: _____

Tribal Enrollment Number: _____

Is father currently receiving Tribal TANF from the Winnebago Tribe of Nebraska? () Yes () No

If not, is father currently receiving TANF from another agency? () Yes () No

If yes, where: _____

(State or Tribe Name)

Is the father or has father been a victim of Family Violence? () Yes () No

If yes, does father currently have a Restraining Order / Protection Order or statement from a close relative, friend, or another person? () Yes () No

If father has an order, what's the name of the Court that issued the Order:

(We will need some type of verification of this)

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Give any distinguishing features or marks that would help identify the father (tattoos, scars, piercings, birthmarks, physical impairment, ETC.)

Provide the names, addresses, and phone numbers of family members or friends who may assist in locating the mother:

FATHER'S EMPLOYMENT INFORMATION:

Is this parent currently working? () Yes () No

Is the employer either the Tribe or a tribally owned business? () Yes () No

Employer's Name: _____

Employer's Address: _____

(Street/City/State/Zip Code)

Employer's Phone Number: _____

Hourly Pay: _____ Hours Per Week: _____ If salaried, salary per year: _____

Is health insurance available through work? () Yes () No

School or Training: _____ Degree/Certificate: _____

Other licenses the parent has (hunting, fishing, gathering): _____

Vehicle: _____ Value: _____

(Description: make/Model/Year)

Name on Vehicle Title: _____

Bank Account: _____ Name of Financial Institution: _____

(Checking/Saving)

Other Financial Assets you are aware of: _____

APPLICANT'S INFORMATION *(Complete this section ONLY if you are NOT the natural parent of the child(ren) for whom you are applying for child support services)*

Name: _____ SSN: _____

Birthplace: _____ Date of Birth: _____

What is your relationship with the child(ren) listed on this application (aunt, uncle, brother, sister, grandparent, ETC.): _____

HOME ADDRESS:

Street Address: _____

City: _____ State: _____ Zip Code: _____

Is this address within the reservation boundaries? () Yes () No

Reservation Name: _____

MAILING ADDRESS (If different from Home Address):

Street Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone Number: _____ Cell Phone Number: _____

Work Phone Number: _____

Are you a member of the Winnebago tribe of Nebraska? () Yes () No

Are you a member of another Tribe? () Yes () No

Name of Tribe: _____

Are you currently receiving TANF? () Yes () No

If not, are you currently receiving TANF from another agency? () Yes () No

If yes, where: _____

(State or Tribe Name)

Are you or have you been a victim of Family Violence? () Yes () No

If yes, do you currently have a Restraining Order / Protection Order or statement from a close relative, friend, or another person? () Yes () No

If you have a Restraining Order / Protection Order, what is the name of the Court that issued the Order: _____

(We will need some type of verification of this.)

CHILD(REN) INFORMATION *(If you are applying for child support services for more than four children, please request a Supplemental Child Form from us.)*

Child Number: _____

Name: _____ SSN: _____

Birthplace: _____ Date of Birth: _____

Is this child a member of the Winnebago Tribe of Nebraska? () Yes () No

Is this child a member of another Tribe? () Yes () No

Name of Tribe: _____

Does this child currently receive TANF from the Winnebago Tribe of Nebraska? () Yes () No

If not, does this child currently receive TANF from another agency? () Yes () No

If yes, where: _____

Has paternity already been established for this child? () Yes () No

If yes, how? _____

Who does the child live with? _____

Child Number: _____

Name: _____ SSN: _____

Birthplace: _____ Date of Birth: _____

Is this child a member of the Winnebago Tribe of Nebraska? () Yes () No

Is this child a member of another Tribe? () Yes () No

Name of Tribe: _____

Does this child currently receive TANF from the Winnebago Tribe of Nebraska? () Yes () No

If not, does this child currently receive TANF from another agency? () Yes () No

If yes, where: _____

Has paternity already been established for this child? () Yes () No

If yes, how? _____

Who does the child live with? _____

Child Number: _____

Name: _____ SSN: _____

Birthplace: _____ Date of Birth: _____

Is this child a member of the Winnebago Tribe of Nebraska? () Yes () No

Is this child a member of another Tribe? () Yes () No

Name of Tribe: _____

Does this child currently receive TANF from the Winnebago Tribe of Nebraska? () Yes () No

If not, does this child currently receive TANF from another agency? () Yes () No

If yes, where: _____

Has paternity already been established for this child? () Yes () No

If yes, how? _____

Who does the child live with? _____

Child Number: _____

Name: _____ SSN: _____

Birthplace: _____ Date of Birth: _____

Is this child a member of the Winnebago Tribe of Nebraska? () Yes () No

Is this child a member of another Tribe? () Yes () No

Name of Tribe: _____

Does this child currently receive TANF from the Winnebago Tribe of Nebraska? () Yes () No

If not, does this child currently receive TANF from another agency? () Yes () No

If yes, where: _____

Has paternity already been established for this child? () Yes () No

If yes, how? _____

Who does the child live with? _____

MARRIAGE AND PATERNITY INFORMATION

Were the parents of the child(ren) ever married to each other? () Yes () No

If yes:

Date of Marriage: _____ Place of Marriage: _____
(City/State/Zip Code)

If the parents were never married to each other, did the father sign a Paternity Affidavit?

() Yes () No

If yes:

Name of Child(ren): _____

Date Signed: _____ Place Signed: _____
(City/State/Zip Code)

If never married to each other, has a State or Tribal Court named the child(ren) father?

() Yes () No

If yes:

Date Entered: _____ Place Entered: _____
(City/State/Zip Code)

COURT ORDER INFORMATION

If the parents were married, are they now divorced? () Yes () No

If yes:

Date of Divorce: _____ Place of Divorce: _____
(City/State/Zip Code)

Is there an order that requires the Non-Custodial Parent to pay child support for this child or children? () Yes () No

If yes:

Type of Order (Divorce, Dissolution, tribal, Paternity, temporary, ETC.)

Case #: _____ Date Entered: _____ Place Entered: _____

Amount of Child Support Ordered: \$ _____ Frequency: _____

Where are the payments made? _____

Have you ever applied for Child Support Services for this child or children in the past?

() Yes () No

If yes:

Name of the Agency where you applied for services: _____

Date you applied for services: _____

MY UNDERSTANDING

I understand that all the information that I give is, to the best of my knowledge, true and correct and that it may be used in court.

I understand that if I am alleging to be the father of the child(ren) listed on this application and I am seeking to establish paternity for the child(ren), that if I am later found to be the father of the child(ren) that further actions will be taken, among these is the establishment of a court-ordered child support obligation for the child(ren). I understand that if I have any questions regarding what further actions may be taken, I should contact WTN-CSP Office for further information.

I understand that the Winnebago Tribe of Nebraska Child Support Program does not represent either parent in this child support case in any of the child support actions taken in my case.

I understand that the Winnebago tribe of Nebraska Prosecuting Attorney represents the Winnebago Tribe of Nebraska Child Support Program and not individual parents. Child Support Services provided by the attorney do not create an attorney-client relationship.

I agree to tell the Winnebago Tribe of Nebraska Child Support Program of any new or changed information that relates to the information that I have already provided.

I understand that the Winnebago Tribe of Nebraska Child Support Program may terminate services provided to me if I refuse to comply or cooperate with the policies and procedures of the WTN-CSP.

I authorize the Winnebago Tribe of Nebraska Child Support Program to collect child support on my behalf.
