



SAINT REGIS MOHAWK TRIBE

CHILD SUPPORT ENFORCEMENT UNIT APPLICATION

**412 State Route 37
Akwesasne, NY 13655
518-358-2272**

The following pages include an explanation of services provided by the Saint Regis Mohawk Child Support Enforcement Unit, an application and a reminder sheet of items you must submit with your completed application. It looks like a lot of information, but everything in this packet is important. Without a complete application, we cannot start to help you and your child or children.

The first thing you should understand is that the SRMT CSEU does not take sides. We work for what is in the best interest of your child or children. We do that by working to locate a non custodial parent, taking necessary steps to determine paternity, establish and or modify a legitimate child support order, and attempting to collect child support payments.

Please provide copies of your children's birth certificate, Tribal Status card, Social Security card(if applicable), two most recent pay stubs, divorce decree, all orders signed by a court and a copy of the paternity affidavit if you have one. Once your application is complete and we have all the required forms, it will be reviewed to determine the best possible way to help your child or children. Again, we cannot begin working on your case until we have all the required documents.

Please read the Statement of Understanding carefully. By signing the Statement, you agree to cooperate with SRMT CSEU, SRMT Law, and any applicable federal child support rules and regulations. If you have any questions, contact a SRMT CSEU employee before you sign the document.



SAINT REGIS MOHAWK TRIBE CHILD SUPPORT ENFORCEMENT UNIT APPLICATION

OFFICE USE ONLY		
Date Requested: _____	Date Received: _____	CSEU Case #: _____

PLEASE PRINT WITH BLUE OR BLACK INK

Services Requested:

<input type="checkbox"/> Establish Paternity	<input type="checkbox"/> Establish Child Support Order	<input type="checkbox"/> Enforce Child Support
<input type="checkbox"/> Review Support Order	<input type="checkbox"/> Establish Medical Support Order	<input type="checkbox"/> Locate Absent Parent

CUSTODIAL PARENT: This section is about the person with whom the child (ren) actually lives

SECTION 1

CUSTODIAL PARENT INFORMATION

NAME: Last, First, Middle	Maiden/Alias name:	Date of Birth:
SSN#:	M <input type="checkbox"/> F <input type="checkbox"/>	Race:
If Native American What Tribe?	Tribal Enrollment #	What is the relationship of children to the custodial parent?
Who has legal custody?	Mailing address:	Physical Address:
County of Residence:	Home Phone:	Cell Phone:
Work Phone:	Employer's Name:	Employers Address:



Is the child(ren) receiving TANF, Medicaid, or medical benefits?	If yes Where? _____ How much? _____	Is a private attorney currently working on your child support case?
If Yes, name of Attorney:	Attorney's phone#	Attorney's address:

****NOTE: Legal custody may be that which is or has been determined by operation of law, or by Court decision. This MAY be different than a child support custody determination.**

Are you currently married (remarried)?	If yes, to whom?
Income: _____/hour or _____/monthly	Employed as?
Do you belong to a union?	If yes which one?
Do you have a second job?	If yes where?
Are you disabled? If yes do you receive monthly benefit payments and how much?	Does you receive or pay child support payments from or to a source other than this case? If yes how much and frequency?
Do you Receive any Tribal or State Child Care Subsidy?	If yes how much?(Please provide proof)
Do you receive money such as the baby bonus from the Canadian side?	If yes how much? (please provide proof)
Do you receive a stipend from the Akwesasne Mohawk Board of Education?	If yes how much?(please provide proof)



DOMESTIC VIOLENCE INFORMATION

Have you or your children experienced any type of abuse?	If yes, Please describe who and what.
Have you ever had an order of protection against you or the NCP?	If yes what Court issued the Order?
Do you believe that you or your children may be at risk of emotional or physical harm if the other parent knows where to find you?	If yes; do you want a Family Violence Non-disclosure Statement to complete and return to this office? <i>(you may request one at another time)</i>

NON CUSTODIAL PARENT INFORMATION

Legal Name: Last First Middle:	Alias Names:
Date of Birth:	Place of birth(City and State):
SSN#:	Race:
If Native American what Tribe:	Tribal Enrollment #:
Height:	Eye Color:
Hair Color:	Identifying marks (tattoos, scars etc..)
Home Address:	Mailing address:
Home Phone:	Work Phone:
Cell Phone:	Employer Name
Employer Address:	Employer phone:



Is the NCP currently married?	If yes, to whom?
Income: _____/hour or _____/monthly	Does NCP have occupational license?
If yes what kind?	Usually employed as? (Plumber, mechanic etc...)
Does NCP have a lifetime hunting or fishing license?	Does NCP belong to a union? If so which one?
Does NCP have a second job?	If yes where?
Has NCP ever been in jail or prison?	If yes when and where?
Is the NCP retired?	If yes where did they work and when did they retire?
Is the NCP disabled?	Does the NCP receive or pay child support payments from or to a source other than this case?

DOES THE NON CUSTODIAL PARENT (NCP) OWN PROPERTY OR ASSETS?

YES NO

Real estate(where is the property is located)
Names and addresses of financial institutions and account numbers
Other(possessions of value, such as stocks, bonds)



LIST INFORMATION ABOUT THE NCP'S VEHICLE

Year	Make	Model	Color	Tag #

MILITARY SERVICE INFORMATION

Is the NCP in the military?	If yes, dates of service:
Branch of service?	Is the NCP enlisted in the Reserve?



INFORMATION ABOUT THE CHILD(REN). Please list only children with the same mother and father on one application.

CHILD 1

Full Legal Name of Child: Last First Middle	SSN:
Date of birth:	Was child born in NYS? If not where?
Sex:	Race:
Is there an Order of Support? If yes when and what Court?	Has paternity been established?
Does paternity need to be established?	Does the Child live with you?
If the child is 18, is he/she currently in high school?	Name of school?
School Address:	SCHOOL MUST PROVIDE VERIFICATION OF ENROLLMENT
Will the father name anyone else as a possible father?	If yes, who?



CHILD 2

Full Legal Name of Child: Last First Middle	SSN:
Date of birth:	Was child born in NYS? If not where?
Sex:	Race:
Is there an Order of Support? If yes when and what Court?	Has paternity been established?
Does paternity need to be established?	Does the Child live with you?
If the child is 18, is he/she currently in high school?	Name of school?
School Address:	SCHOOL MUST PROVIDE VERIFICATION OF ENROLLMENT
Will the father name anyone else as a possible father?	If yes, who?



CHILD 3

Full Legal Name of Child: Last First Middle	SSN:
Date of birth:	Was child born in NYS? If not where?
Sex:	Race:
Is there an Order of Support? If yes when and what Court?	Has paternity been established?
Does paternity need to be established?	Does the Child live with you?
If the child is 18, is he/she currently in high school?	Name of school?
School Address:	SCHOOL MUST PROVIDE VERIFICATION OF ENROLLMENT
Will the father name anyone else as a possible father?	If yes, who?



CHILD 4

Full Legal Name of Child: Last First Middle	SSN:
Date of birth:	Was child born in NYS? If not where?
Sex:	Race:
Is there an Order of Support? If yes when and what Court?	Has paternity been established?
Does paternity need to be established?	Does the Child live with you?
If the child is 18, is he/she currently in high school?	Name of school?
School Address:	SCHOOL MUST PROVIDE VERIFICATION OF ENROLLMENT
Will the father name anyone else as a possible father?	If yes, who?

If there are more children please attached a separate piece of paper to this application.



INFORMATION ABOUT THE CHILD SUPPORT OBLIGATION

What was the relationship between the mother and father of the child(ren)? <i>Please Check</i> Never Married <input type="checkbox"/> Married/living apart <input type="checkbox"/> Divorced <input type="checkbox"/>	Date of separation:
Date of Marriage:	City and State of Marriage:
Date of Divorce:	

Please circle if you have ever appeared in any court for one of the following reasons?

Child Support Divorce Child Custody Legal Paternity Domestic Violence

If yes, where did you appear?(City, /County and State): _____

PLEASE COMPLETE PORTIONS A, B, AND C TO THE BEST OF YOUR KNOWLEDGE. IF YOU NEED ASSISTANCE COMPLETING ANY OF THESE PORTIONS, PLEASE CALL OR VISIT OUR OFFICE.



A. COURT ORDER INFORMATION

(ATTACH COPIES OF DIVORCE DECREE, PATERNITY ORDER, CUSTODY ORDER OR TRIBAL ORDER)

Date of Order:	Court Case #:
Where is the order from (Tribal, District Court)?	City:
County:	State:
If tribal what tribe?	Was child support ordered?
If yes, how much?	Per week, bi-weekly, or per month?
Was a private attorney consulted for this order?	Name of attorney if yes

B. PENDING COURT ORDERS(PLEASE ATTACH COPY)

Is there any legal action that affects the children?	Is the child(ren) in the custody of the SRMT DSS?
Date child(ren) placed in SRMT DSS custody?	If child is not in SRMT DSS Custody, what Tribe/State?
Date of filing:	Court case #:
County:	State:
What court is the paperwork filed at?	If tribal court, which tribe?
If child support has been ordered, how much is the NCP ordered to pay?	How often?
Was a private attorney consulted for this order?	Name of attorney?



C. MODIFICATION OF CHILD SUPPORT(PLEASE ATTACH A COPY)

Date of Modification:	Court Case #
Where is order from?	City:
County:	State(If Tribal what Tribe):
What was the child support modified to?	How often?
Was a private attorney consulted for this order?	Attorney Name:

D. HEALTH INSURANCE COVERAGE(PLEASE ATTACH COPY)

Who is the provider of health insurance?	Is the child(ren) enrolled in a health insurance plan?
If yes, which child(ren) is enrolled?	Cost per month to cover only the child(ren)?
Effective Date:	Does your child(ren) have an established file at SRMT IHS?



AFFIDAVIT OF CHILD SUPPORT RECEIVED

Use one form for payments **Received** from one parent.

1. If you have not received any child support payments from the Non Custodial Parent, please complete section A. Do not forget to sign and date the affidavit before a notary public.
2. If you have received child support from the Non Custodial Parent, complete section A and B. Start with the most recent year you received child support or were given a judgment and work back. Do not forget to sign and date the Affidavit before a notary public.

SECTION A

I, _____, state the following to be a record of any/all direct payments.

- 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, not through the State of New York, from the date of my original order, for the following children:

NAME	DATE OF BIRTH

20__	20__	20__	20__	20__	20__	20__	20__	20__	20__
JAN									
FEB									
MAR									
APR									
MAY									
JUNE									
JULY									
AUG									
SEPT									
OCT									
NOV									
DEC									



AFFIRMATION

I hereby apply pursuant to the SRMT Family Support Act for child support services. I subscribe and affirm under penalty of perjury that this application is made for the sole purpose(s) of obtaining assistance in establishing paternity and/or obtaining child support from an individual who is (or may be) legally responsible for the support of dependent children; and that statements made in this application or accompanying document have been examined by me and to the best of my knowledge and belief are true and correct.

Signature

Date

On the ____ day of _____, 20____, _____, to me known to be the individual described in and who executed the foregoing and acknowledged that he executed the same.

Notary Public

Date



STATEMENT OF UNDERSTANDING:

1. I understand the Saint Regis Mohawk Tribal Child Support Enforcement Unit (SRMTCSEU) is here to act in the Saint Regis Mohawk Tribe's interest to protect children's rights, protect the tribe, and to make sure that the parent's financially support their children. I understand that the responsibilities of the child support program do not allow the staff of SRMTCSEU to have the same confidential relationship with me as I would have with a private attorney. Information I provide will be kept from the general public but may be used as needed to collect support from either parent. I give SRMTCSEU permission to give any necessary information to law enforcement officers, public officials, court or others to assist me to collect child support.
2. I understand that SRMTCSEU attorneys or child support staff do not represent me.
3. 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 SRMTCSEU, law enforcement office's and the court. I will notify SRMTCSEU of my new address in writing every time I move.
4. I agree to give all identifying information requested to assist in locating and collecting child support from the non-custodial parent (NCP) and/or prove who is the biological father of my child(ren). This includes any information that I know about or any documentation that I have.
5. I understand that SRMTCSEU cannot guarantee that it can determine who the biological father of my child is, collect the money from the NCP, enforce a court order for support or obtain a support order from the court. I understand that SRMTCSEU cannot help with issues such as custody and property settlements. I agree to tell SRMTCSEU if I hire a private attorney to collect or modify child support support for me.
6. I agree that the SRMTCSEU will decide on the best way to collect the child support. This may include taking the overdue support from federal and state tax refunds that are due to the NCP. I understand that money collected from federal or state tax intercept will be applied to monies owed to the tribe or state first for funds expended on behalf of my children and myself. I understand that tax intercepts may take refunds due to both the NCP and current spouse on joint returns. I understand that SRMTCSEU or a state agency will hold the intercept for up to six months. I understand that I may receive tax collections that are actually owed to the NCP's current spouse and I agree that if the NCP's current spouse files an Injured Spouse claim for his/her portion of the tax refund collection, I will return that portion to SRMTCSEU. I further understand that the Saint Regis Mohawk Tribe will, in accordance to a Service Agreement refer my case to the State of NY to intercept tax refunds.
7. I agree that starting with the date of my application all money paid for child support will go through the SRMTCSEU. I further understand that the SRMTCSEU will, in accordance to a service agreement refer my case to the State of NY to intercept tax refunds. I give SRMTCSEU the authority to endorse child support checks made out to me. I understand that if I do not notify SRMTCSEU 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, SRMTCSEU will recover the overpayment from me. I understand SRMTCSEU shall be entitled to recover the overpayment by withholding amounts from my child support payments and/or through interception of my state tax refund.
9. I understand it is law that SRMTCSEU will collect money owed to the tribe or state for any TANF 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 paid to me or my children 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 SRMTCSEU, my case will be closed. The information provided in this application is true and correct to the best of my knowledge

Initial

Date

Custodial Parent Signature: _____



Date: _____

State of: _____

County of: _____

I verify that the above named person signed this affidavit before me on this _____ day of _____ 20__.

Commission Number: _____

Notary Public Signature

Commission expires: _____

REFERRAL SECTION

Were you referred to the SRMT CSEU from another agency or department? Yes No

If yes, by whom? _____

