



SAINT REGIS MOHAWK TRIBE
CHILD SUPPORT ENFORCEMENT UNIT
CHILD SUPPORT SERVICES APPLICATION

Filling out this application form:

- ✓ Please fill out the form to the best of your knowledge.
- ✓ Please print or type all answers.
- ✓ The children for which you are requesting services should have the same mother and father. If any of the children have a different mother or a different father, please fill out a separate form for each child(ren).
- ✓ Custodial Parent is defined in the SRMT FSA as *“the person who has primary physical placement of the child, whether by voluntary agreement or by Court Order”*.
- ✓ Non-Custodial Parent is defined in the SRMT FSA as *“the parent with whom the child (ren) do not live with a majority of the time”*.
- ✓ TANF is Temporary Assistance for Needy Families, previously known as welfare.
- ✓ The more information you provide, will enable us to serve you better.
- ✓ You will be required to provide proof of certain information. The needed proof of information is listed on the Verification Checklist below. If you are unable to provide some of the requested information, please schedule an appointment.
- ✓ If you have any questions or need assistance filling out this application, please ask for our help. Our staff is available to assist you in completing the application form

Application Checklist: We will need the following verification and documentation in order to process your application for Child Support Services.

- Verification of Social Security Numbers for applicant and child(ren)
- Copy of the Birth Certificate for the child(ren)
- Verification of your address (rent receipt, utility bill)
- Verification of Tribal Enrollment/Valid Tribal ID
- Copies of any Court Orders (Child Support, Divorce or Custody)
- If family violence is alleged, please provide a copy a valid Order of Protection or Domestic Incident Report and complete a request form for Non-Disclosure
- Copies of any receipt or proof of child support that has already been paid to you
- A signed Legal Representation Information Form

Understanding:

- ✓ The Saint Regis Mohawk Tribe Child Support Enforcement Unit (SRMT CSEU) does not represent either party in the case. We are here to serve the best interests of the child(ren).
- ✓ The information that you provide on this form will be confidential. The SRMT CSEU will not release any of your confidential information without your written consent, unless it permitted to do so by law.
- ✓ Once you have completed this form, signed it and returned it to our office, we will review the information that you have provided. If we have any questions, we will contact you for more information.
- ✓ You must notify us immediately of any changes in your address, employment status or any other information you provide. You must also update us about any changes to the non-custodial parent's address, employment status or any other information you have.
- ✓ Return your completed Application to:

Saint Regis Mohawk Tribe
Child Support Enforcement Unit
412 State Route 37
Akwesasne, NY 13655
518-358-2272 Ext. 2410

(PLEASE KEEP THIS FOR YOUR RECORDS, THE CSEU WILL ONLY KEEP THE REMAINING 3 PAGES OF THE APPLICATION)

CHILD SUPPORT SERVICES APPLICATION

SRMT CSEU CASE# _____

DATE SUBMITTED: _____

SERVICES REQUESTED

- Establishment of Paternity**
- Establishment of a Child Support Order**
- Location Services**
- Registration of Foreign Order**

APPLICANT /CUSTODIAN INFORMATION

Name: _____ SS#: _____

DOB: _____ Tribal Enrollment #: _____ Tribe: _____

Phone: _____ Cell: _____ Work: _____

State/Province Driver's License # _____

Mailing Address: _____

Physical Address: _____

Are you currently or ever received **TANF**: **Y** **N** Where: _____

Are you or have you been a victim of **Family Violence**: **Y** **N**

If yes, do you currently have a **restraining order** or **order of protection**? **Y** **N**

NON-CUSTODIAL PARENT (NCP) INFORMATION

Father's Name: _____ SS#: _____

DOB: _____ Tribal Enrollment#: _____ Tribe: _____

Phone: _____ Cell: _____ Work: _____

State/Province DL# _____

Mailing Address: _____

Physical Address: _____

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

Distinguishing marks (tattoos, scars, etc.): _____

Family members who may assist with location: _____

CHILD SUPPORT SERVICES APPLICATION

SRMT CSEU CASE# _____

DATE SUBMITTED: _____

Mother's Name: _____ SS#: _____
DOB: _____ Tribal Enrollment#: _____ Tribe: _____
Phone: _____ Cell: _____ Work: _____
Mailing Address: _____
Physical Address: _____
Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____
Distinguishing marks (tattoos, scars etc.): _____
Family members who may assist with location: _____

CHILDREN INFORMATION

NAME	SEX	DOB	SSN	Tribe/Enrollment Number	Paternity Established?

CUSTODIAL PARENT (CP) FINANCIAL INFORMATION

Is the CP currently working? **Y** **N**
Employer Name/Address: _____
Employer Phone: _____ Hours per Week: _____ Hourly Pay: _____
Is Health Insurance available through employer? **Y** **N**
List other sources of income:
Source: _____ Amount: _____ Frequency: _____
Source: _____ Amount: _____ Frequency: _____
Source: _____ Amount: _____ Frequency: _____
School/Training: _____ Degree/Certificate: _____
Vehicle: _____ Approx. Value: _____
Bank Account: _____ Bank: _____
Other financial assets: _____

CHILD SUPPORT SERVICES APPLICATION

SRMT CSEU CASE# _____

DATE SUBMITTED: _____

NON-CUSTODIAL PARENT (NCP) FINANCIAL INFORMATION

Is the NCP currently working? **Y** **N**

Employer Name/Address: _____

Employer Phone: _____ Hours per Week: _____ Hourly Pay: _____

Is Health Insurance available through employer? **Y** **N**

List other sources of income:

Source: _____ Amount: _____ Frequency: _____

Source: _____ Amount: _____ Frequency: _____

Source: _____ Amount: _____ Frequency: _____

School/Training: _____ Degree/Certificate: _____

Vehicle: _____ Approx. Value: _____

Bank Account: _____ Bank: _____

Other financial assets: _____

MARRIAGE AND PATERNITY INFORMATION

Were the parents of the child ever married to each other? **Y** **N**

If yes date of marriage: _____ Place of marriage: _____

If never married to each other was there an Acknowledgement of Paternity signed? **Y** (provide copy) **N**

If never married to each other, has paternity for the child (ren) already been established by either a State or Tribal Court? **Y** (provide copy) **N**

COURT ORDER INFORMATION

If the parents were married, are they now divorced? **Y** **N**

Date of Divorce: _____ Place of Divorce: _____

Is there an order that requires the NCP to pay child support for any child? **Y** (provide copy) **N**

What Court: _____ Type of Order: _____ Date Ordered: _____

Have you ever applied for Child Support Services for any of these children in the past? **Y** **N**

Agency where applied: _____ Date: _____

CHILD SUPPORT SERVICES APPLICATION

SRMT CSEU CASE# _____

DATE SUBMITTED: _____

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 agree to tell the SRMT CSEU of any new or changed information that relates to the information that I have already provided.
- **I authorize the SRMT CSEU to collect child support on my behalf.**

PRINT NAME

RELATIONSHIP TO CHILD (REN)

SIGNATURE

DATE