

Kaw Nation Child Support Application



P.O. BOX 668
PONCA CITY, OK 74602
580-765-9952
FAX: 765-9964



I am the custodial person and request Child Support Services from the Child(ren)'s
Mother Father Both

I am the non-custodial parent. I request services for the child(ren) who live with the custodial person.

Custodial Person Information:

Name: _____
First Middle Last Maiden Name

Address: _____
Street City State Zip

Cell Phone Home Phone Email Address Social Security Number Date of Birth

Sex: Female Male Relationship to Child Race Affiliated Tribe CDIB Card? Yes No

Employer Name: _____ Employer Phone: _____

Employer Address: _____

Marital Status: Married Single Divorced Married but Separated Spouses Name: _____

Non Custodial Parent

Name: _____
First Middle Last

Address: _____
Street City State Zip

Cell Phone Home Phone Email Address

Social Security Number Date of Birth Race Affiliated Tribe CDIB Card? Yes No

Height Weight Eye Color Hair Color Identifying Marks

Employer Name: _____ Employer Phone: _____

Employer Address: _____

Marital Status: Married Single Divorced Married but Separated Spouses Name: _____

Other Biological Parent Information

Name: _____
First Middle Last Maiden Name

Address: _____
Street City State Zip

Home Phone Cell Phone Social Security Number Date of Birth

Race: _____ Affiliated Tribe: _____ CDIB Card? Yes No

Height Weight Eye Color Hair Color Identifying Marks

Employer Name: _____ Employer Phone: _____

Employer Address: _____

Marital Status: Married Single Divorced Married but Separated

Spouses Name: _____

Child(ren) Information: Please list all children you're applying for services for that belong to the non-custodial parent.

Name (First, Middle, Last)	Date of Birth	Social Security Number	Sex
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Domestic Violence

Was Domestic Violence involved? Yes No Type of Abuse: Physical Verbal Sexual

Have you ever had a protective order? Yes No If yes, is order still active? Yes No

Date of Order	City	County	State	Court Case No
---------------	------	--------	-------	---------------

Court Information

Have you appeared in court for the following?

Child Support Divorce Child Custody Legal Paternity

Modification of Existing Child Support Order

Date of Order	City	County	State	Court Case #
---------------	------	--------	-------	--------------

Date of Order	City	County	State	Court Case #
---------------	------	--------	-------	--------------

Statement of Understanding:

1. I understand that the Kaw Nation Child Support Services is here to act in the interest of children's rights and to use all of its resources to insure 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 Kaw Nation Child Support Services to make any necessary investigation or request to verify the information I have given.

2. I understand Kaw Nation Child Support Services attorneys and/or child support services do not represent me.

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

4. I agree to cooperate fully with Kaw Nation Child Support Services, law enforcement officers and the court. I will notify Kaw Nation Child Support Services of an address change either for myself or for the non-custodial parent.

5. I agree to provide information requested to assist in locating and collecting child support from the non-custodial parent.

6. I understand Kaw Nation Child Support Services cannot guarantee that it can determine who the biological father of my child is or collect the money from the obligor.

7. I agree KNCSS will decide on the best way to collect the child support. This will 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 KNCSS 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 KNCSS.

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

9. I understand that if I do not notify Kaw Nation Child Support Services of direct payments my case will be closed.

10. I understand it is law that Kaw Nation Child Support Services 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.

11. I understand and agree to all the terms above. I understand that if I violate any of the agreements or fail to cooperate with Kaw Nation Child Support Services, 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: _____