



KICKAPOO TRIBE OF OKLAHOMA CHILD SUPPORT PROGRAM

Once this completed application and requested documentation is returned, the applicant may be contacted regarding the need to obtain additional information.

(Either party may request services.)

Please let us know if you need ANY assistance in completing this application, including interpretation.

We take the safety of families receiving child support services very seriously and can modify some of our processes to help with any safety concerns. There are a few questions we ask everyone receiving our services so that we may provide the right services for your case. We do not share your answers to these questions with any unauthorized person, including the other parent/guardian, without your consent. We also realize that circumstances in relationships can change, which may affect your need to change the answers to these questions in the future.

The following is required for application to be complete:

- IDs for Custodial & Non-Custodial Parent (if possible)
- Copies of State Issued Birth Certificates
(For all children listed on this application)
- CDIB Cards
- Social Security Cards
- Copies of Orders Pertaining to Child(ren)
(Divorce Decree, Custody and/or Guardianship Order)
- Paternity Affidavit (209)

Please return completed application and documents to:

Kickapoo Tribe of Oklahoma Child Support Program
105365 S. Hwy 102 Bldg. J McLoud, OK 74851
or mail to P.O. Box 817 McLoud, OK 74851
Phone (405) 964-2693 Fax (405) 964-2696

**Notary services are available free of charge in our office.*



KICKAPOO TRIBE OF OKLAHOMA CHILD SUPPORT PROGRAM

P.O. BOX 817 McLoud, OK 74851
Phone: (405) 964-2693 ~ Fax: (405) 964-2696

Request for Services

Today's Date: _____

Section I – Custodial Parent/Guardian Information **State FGN:** _____
(completed by staff)

Legal Name:	Last Name	First Name	Middle Name	Maiden
Alias/Nickname:				

KTO CLIENT # _____ **DCN#** _____ (completed by staff)

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
Race:	Affiliated Tribe: (s)	CDIB Card: <input type="checkbox"/> Yes Number: _____ <input type="checkbox"/> No	
Employer Name:	City	State	Zip Code
Work Phone Number:	Income: \$ _____ per _____	Date of Employment:	Currently in Military: <input type="checkbox"/> Yes <input type="checkbox"/> No
Currently Retired: <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	If Disabled, monthly payment: \$ _____	Branch of Service, if applicable:
Vehicle Information:	Year/Make/Model:	Color:	Tag Number: Tribal Tag? <input type="checkbox"/> Yes <input type="checkbox"/> No
How is Custodial Parent related to the child(ren)?		If not biological parent, does Custodial Parent have legal custody of child(ren)?	

If married, current spouse's name:

Name and address of additional contact person: Relationship:

Has an attorney been consulted regarding the enforcement of Child Support? Yes No
If yes, provide attorney's name and address.

Additional information concerning Custodial Parent:



Please provide answers to the following questions:

Occasionally we ask both parents/guardians to meet in our office for a conference to try and reach agreements regarding Child Support.

*Do you have any concerns about meeting together with the other parent/guardian at our office?
 YES NO

We do not routinely share the address or contact information of either parent/guardian, however that information may appear on court documents or orders.

*Would you be concerned if the other parent knew your address or how to contact you?
 YES NO

*Do you have any reason to not feel safe giving information about the other parent/guardian in court?
 YES NO

*Do you have concerns about the other parent/guardian having visitation with the children?
 YES NO

*Do you have concerns about contact with the other parent/guardian when exchanging the child(ren) for visitation?
 YES NO

Section II – Non-Custodial Parent Information:

KTO CLIENT # _____ DCN# _____ (completed by staff)

Legal Name:	Last	First	Middle	Maiden
Alias/Nickname:				

*** Please provide a photo of the Non-Custodial Parent if possible.***

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, if known:
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Race:	Affiliated Tribe (s):	CDIB Card: <input type="checkbox"/> Yes Number: <input type="checkbox"/> No	Identifying Marks:
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Height:	Weight:	Eye Color:	Hair Color:
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Employer Name:	City	State	Zip Code
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Work/Fax Phone Number:	Income: \$ _____	Approx. Date of Employment:	Currently Incarcerated: <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?
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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 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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To your knowledge, has the Non-Custodial Parent consulted an attorney concerning Child Support?	<input type="checkbox"/> Yes <input type="checkbox"/> No
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Name and address of additional contact person for the Non-Custodial Parent:

Additional information concerning the Non-Custodial Parent:

Section III – Child(ren) Information:

Child 1: **KTO CLIENT #** _____ **DCN#** _____ (completed by staff)

Legal Name: Last Name First Name Middle Name			
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, if known:
Race:	Affiliated Tribe (s):	CDIB Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	Born out of wedlock: <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the child in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If in school, anticipated graduation date:	Name and address of school:	

Child 2: **KTO CLIENT #** _____ **DCN#** _____ (completed by staff)

Legal Name: Last Name First Name Middle Name			
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, if known:
Race:	Affiliated Tribe (s):	CDIB Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	Born out of wedlock: <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the child in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If in school, anticipated graduation date:	Name and address of school:	

Child 3: **KTO CLIENT #** _____ **DCN#** _____ (completed by staff)

Legal Name: Last Name First Name Middle Name			
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, if known:
Race:	Affiliated Tribe (s):	CDIB Card: <input type="checkbox"/> Yes <input type="checkbox"/> No	Born out of wedlock: <input type="checkbox"/> Yes <input type="checkbox"/> No
Is the child in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	If in school, anticipated graduation date:	Name and address of school:	

Section IV – Domestic Violence:

Have you or your child(ren) 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		
Do you have or have you had any orders of protection that we should be aware of? <input type="checkbox"/> YES <input type="checkbox"/> No	If so, when and where?	Issued against: <input type="checkbox"/> CP <input type="checkbox"/> NCP
Do you feel that you or the children are at risk of immediate physical harm? <input type="checkbox"/> YES <input type="checkbox"/> No <input type="checkbox"/> NOT SURE		
Do you feel that you or the children may become at risk of physical harm in the future? <input type="checkbox"/> YES <input type="checkbox"/> No <input type="checkbox"/> NOT SURE		

Section V – Tribal/State TANF Information:

Are you or your child(ren) currently receiving TANF? <input type="checkbox"/> Yes – State If yes, beginning date: _____ <input type="checkbox"/> Yes – Tribal <input type="checkbox"/> No	Have you or your child(ren) ever received TANF? <input type="checkbox"/> Yes – State If yes, beginning date: _____ <input type="checkbox"/> Yes – Tribal <input type="checkbox"/> No
If yes, Case Manager’s name and location:	
Are you or your child(ren) currently receiving any other type of Tribal or State Assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what type and Tribe?	

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 your case. Attach all copies of Child Support Orders, Divorce Decrees, Child Custody Orders, Paternity Orders, Protective Orders, etc.			
Have you ever 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, complete Court Case Information below.	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 child(ren) currently or have they ever, been 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 is the relationship between the father and the mother of the children? Date of Separation: _____ <input type="checkbox"/> Never Married <input type="checkbox"/> Married/living separate <input type="checkbox"/> Divorced- DATE: _____			
If married:	Date of Marriage:	City	County State

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, were not collected through a Tribal or State Child Support Agency, and were made on behalf of the following child(ren):

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

	Year	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:**

NCP Client No. _____ CP 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* - KTOFGN & Case No.:**

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

Intake interview conducted by: _____ Date: _____

(signature)

By initialing below, I state that I understand and agree to all the terms listed.

I understand that the Kickapoo Tribe of Oklahoma Child Support Program (KTOCSP) is here to act in the interest of children’s rights and to use all 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 officers, courts, ICW or others to assist me in collecting Child Support or medical support. I authorize the KTOCSP to make any necessary investigation or request to verify the information I have given.

I understand KTOCSP 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 KTOCSP, law enforcement officers and the court. I will notify KTOCSP 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 KTOCSP cannot guarantee that it can determine who the biological father of my child is or collect Child Support from the obligor.

I understand KTOCSP cannot help with issues such as custody, visitation, and property settlements. I agree to notify KTOCSP 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 KTOCSP of direct payments.

I understand it is required by law that KTOCSP collect money owed to the tribe or state for any TANF/AFDC me or my child(ren) received in the past or is 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 to reimburse any TANF/AFDC paid to me or my child(ren) 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 KTOCSP, 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 included with this application:

- o IDs for Custodial & Non-Custodial Parent (if possible)
- o Copies of State Issued Birth Certificates (for all children listed), Paternity Affidavit (209)
- o CDIB Cards, Social Security Cards
- o Copies of Orders Pertaining to Child(ren) (Divorce Decree, Custody and/or Guardianship Order)



**KICKAPOO TRIBE OF OKLAHOMA
CHILD SUPPORT PROGRAM**
P.O. BOX 817 McLoud, OK 74851
Phone: (405) 964-2693 Fax: (405) 964-2696

AUTHORITY FOR RELEASE OF INFORMATION

To Whom It May Concern:

I hereby authorize any investigator bearing this release, or copy thereof, indefinitely, to obtain any information relating to my activities from schools; credit bureaus; residential management agents; employers; daycare facilities; criminal justice agencies or individuals, including ICW. The 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 or request 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 the application process.



REQUEST TO TRANSFER CASE

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

Date: _____

NCP: _____

(Non-Custodial Parent's name)

FGN: _____

(Family Group Number)

I, _____ (Custodial Parent), hereby request that my Child Support case be transferred from state offices to the Kickapoo Tribe of Oklahoma Child Support Program and understand that no further action will be taken by the state office. This request is being made for the following reason(s):

Please forward the above file to:

Kickapoo Tribe of Oklahoma
Child Support Program
PO Box 817
McLoud, OK 74851
(405) 964-2693

SIGNATURE: _____ DATE: _____



State of Oklahoma)

) ss.

County of _____)

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

(SEAL)

Notary Public

Commission Number: _____

My Commission Expires: _____