LUMMI NATION CHILD SUPPORT PROGRAM
APPLICATION FOR SERVICES

Type of Service requested (check all that apply): [ ] establish paternity [ ] establish and enforce new child support order [ ] enforce existing child support order [ ] modifiy an existing order

Please fill out the form as completely as possible. If you do not know an answer, print "UNK" in the space. Please print legibly in ink. If you need more space, use a separate sheet and attach it to this form. *[The custodian, mother, and father must be the same for each child listed on this form. Use a separate form if needed for other children.]*

I. CUSTODIAL PARENT'S INFORMATION (this is the person who has the child(ren)

Legal Name: _____ _____ _____ Sex: ☐ male ☐ female
First Middle Last

☐ Mother ☐ Father ☐ Custodian; If custodian: do you have a document granting you legal custody? _____ What is your relationship with child(en):_____

Other names used: _____

Social Security Number: _____-_____-_____ Birth date: _____

Mailing Address: _____

City _____ State _____ Zip _____

Physical address (if different) : _____

Is this address on a reservation? yes ☐ no ☐ Reservation Name: _____

Telephone: _____ _____ _____
home number work number cell phone/message phone

E-Mail address, if any: _____@ _____

Tribal affiliation(s): _____

Enrolled in any tribe? Tribe: _____ Enrollment Number: _____

Currently receiving? ☐ TANF ☐ General Assistance ☐ Medicare ☐ Medical Coupons ☐ Other _____

If so, State or Tribe name giving benefits: _____

Currently employed? yes ☐ no ☐ If ***yes***:

Employer: _____

Address:_____

Job Title: _____ Supervisor _____

II. FATHER'S INFORMATION

[ ] FATHER IS CUSTODIAN. If so, fill out Section I and do not fill out this section.

Name: _____ _____ _____
First Middle Last

Other Names Used: _____

Social Security Number: _____-_____-_____ Birth Date: _____

Mailing Address: _____

City _____ State _____ Zip _____

Physical address (if different) : _____

Is this address on a reservation? yes ☐ no ☐ Reservation Name: _____

Telephone: _____ _____ _____
home number work phone cell phone/message phone

E-Mail address, if any: _____@ _____

Tribal affiliation(s): _____

Enrolled in any tribe? Tribe: _____ Enrollment Number: _____

Currently employed? yes ☐ no ☐ If ***yes***, please list the following:

Employer: _____

Address:_____

Job Title: _____ Supervisor _____

III. MOTHER'S INFORMATION

[ ] IS CUSTODIAN. If so, fill out Section I and do not fill out this section.

Name: _____ _____ _____
First Middle Last

Other Names Used: _____

Social Security Number: _____-_____-_____ Birth Date: _____

Mailing Address: _____

City _____ State _____ Zip _____

Physical address (if different) : _____

Is this address on a reservation? yes ☐ no ☐ Reservation Name: _____

Telephone: _____ _____ _____
home number work phone cell phone/message phone

E-Mail address, if any: _____@ _____

Tribal affiliation(s): _____

Enrolled in any tribe? Tribe: _____ Enrollment Number: _____

Currently employed? yes ☐ no ☐ If ***yes***, please list the following:

Employer: _____

Address:_____

Job Title: _____ Supervisor _____

IV. CUSTODY ARRANGEMENT

Please indicate the custody arrangement:
[ ] Primary custody, with visitation less than 30% of the time by the other parent
[ ] Shared custody. The other parent has the child _____% (at least 30%) of the time.
[ ] Divided custody. We each have primary custody of different ones of our children. (Please identify below)
[ ] Other – Please describe:

Is there a court order that establishes legal custody or visitation schedule? yes ☐ no ☐ If yes, please attach.

Place of Court: _____ Date: _____

V. CHILD(REN)'S INFORMATION

PLEASE NOTE: ***If there are more than five children, please ask for an additional page.***

1. Name: _____ _____ _____
First Middle Last

Social Security Number: _____-_____-_____Birth Date: _____/_____/_____

Is this child enrolled in a Tribe? yes ☐ no ☐ Name of Tribe: _____ Enrollment #: _____

Is the paternity of this father listed on the Birth Certificate? ____ if yes, who is listed as father? _____

2. Name: _____ _____ _____
First Middle Last

Social Security Number: _____-_____-_____ Birth Date: _____/_____/_____

Is this child enrolled in a Tribe? yes ☐ no ☐ Name of Tribe: _____ Enrollment #: _____

Is the paternity of this father listed on the Birth Certificate? ____ if yes, who is listed as father? _____

3. Name: _____ _____ _____
First Middle Last

Social Security Number: _____-_____-_____ Birth Date: _____/_____/_____

Is this child enrolled in a Tribe? yes ☐ no ☐ Name of Tribe: _____ Enrollment #: _____

Is the paternity of this father listed on the Birth Certificate? ____ if yes, who is listed as father? _____

4. Name: _____ _____ _____
First Middle Last

Social Security Number: _____-_____-_____ Birth Date: _____/_____/_____

Is this child enrolled in a Tribe? yes ☐ no ☐ Name of Tribe: _____ Enrollment #: _____

Is the paternity of this father listed on the Birth Certificate? ____ if yes, who is listed as father? _____

5. Name: _____ _____ _____
First Middle Last

Social Security Number: _____-_____-_____ Birth Date: _____/_____/_____

Is this child enrolled in a Tribe? yes ☐ no ☐ Name of Tribe: _____ Enrollment #: _____

Is the paternity of this father listed on the Birth Certificate? ____ if yes, who is listed as father? _____

V. MARRIAGE INFORMATION

Are/Were the child(ren)'s parents married to each other? yes ☐ no ☐

If married: Date Married: _____ Place Married: _____
City State

If divorced: Date Divorced _____ Court for Divorce: _____
Name of Court

VI. CHILD SUPPORT INFORMATION

Are there any court orders that require either parent to pay child support? yes ☐ no ☐ Please attach.

Dated Entered: _____Last modified:_____ Amt. $_____

Place Entered: _____
City State

VII. DECLARATION

I am the [ ] Mother [ ] Father [ ] Custodian - if custodian, relationship with child(en):_____

Do you have a private attorney currently working on this case? yes ☐ no ☐ If so, name: _____

As specified in my request for services on page one of this application,, I authorize the LNCSP to 1) establish paternity; 2) establish and enforce a new child support order; and/or 3) enforce an existing child support order for the child(ren) listed above. I request, when collecting child support, for LNCSP to use all the tools that are available to it. I understand that this might include requests made by LNCSP for assistance from state agencies in collecting income and interception of federal tax refunds, and for assistance from other tribes.

I understand that establishment of paternity is necessary in order to collect child support from a father or on behalf of a father. If the parentage of the child(ren) listed above has not been legally established, I authorize the LNCSP to establish parentage. I authorize LNCSP to receive paternity information from the Lummi Nation Tribal Enrollment Office, and also request that LNCSP provide paternity information to the Enrollment Office on its request.

ALLEGED FATHER (S) PLEASE READ: I understand that if I seek LNCSP's services for paternity establishment and I am found to be the natural/legal father, LNCSP will endeavor to establish and/or collect child support against me if I am not the custodial parent..

These authorizations will remain in effect unless and until I notify the LNCSP in writing or until the support responsibilities have been satisfied. I agree to inform the LNCSP of any new or changed information that relates to my request for services.

I understand that the LNCSP will not represent me or any other party in this matter. I understand that LNCSP is required instead to act on behalf of the child. I understand that I have the right to hire an attorney to represent my interests.

I declare under penalty of perjury, under the laws and ordinances of the Lummi Nation that the information in this intake application is true and correct. By signing below, I acknowledge that I have reviewed and I understand this declaration.

_____ _____

Applicant's Signature **Date**

_____

Print Full Name

LUMMI NATION CHILD SUPPORT PROGRAM
RELEASE OF INFORMATION AUTHORIZATION

First Name:	Middle Name:	Last Name:
DOB:	SSN:	
Contact Phone #:		

I have requested services from the Lummi Nation Child Support Program. I authorize the LNCSP to receive, release, and exchange confidential information, as necessary to carry out its functions in this matter, to and from other persons, agencies, or organizations that may or may not have the same obligations to protect privacy as under Lummi tribal law. I understand that this release or exchange of information carries with it the potential of an unauthorized re-disclosure by another person or agency.

Upon request by the Lummi Nation Child Support Program for the information, I authorize any organizations or agencies from which I may have received assistance or benefits to release confidential information to the LNCSP, including but not limited to information as to contacts, benefits, and assistance provided.

Upon request by Lummi Nation Child Support Program for the information, I authorize my employers, past and present, to release confidential personnel information to the LNCSP. This information may include, but is not limited, to my wage history, hours worked, and copies of my most recent paychecks.

This authorization will remain in effect unless and until I notify Lummi Nation Child Support Program in writing.

Date: _____ Signature: _____

Printed Name: _____