



Attached is an application for child support services through Muscogee (Creek) Nation, (Muscogee Nation). **Please complete the application in its entirety and return it to our office with all required documentation.**

The Muscogee Nation Office of Child Support Enforcement is an accredited IV-D Child Support Agency. Our policy is to promote cooperation and agreement by the parents regarding fulfillment of their duties to their children. Our office provides the following child support that includes: establishing paternity, establishing and enforcing child support orders, modification of child support, and distributing support payments. In all cases, we work for the best interest of the child.

Our program does not represent the individual interests of either parent. *You have the right to consult with an attorney about procedure, legal rights, and advice in connection with this matter at your own expense. Please immediately notify MN-CSE if you obtain legal counsel.*

Our office accepts applications for services within the jurisdiction of the Muscogee Nation, and includes the following counties: Okmulgee, Okfuskee, Hughes, McIntosh, Creek, Muskogee, and parts of Wagoner and Tulsa. Please note that if you reside outside of these boundaries of the Muscogee Nation, your case may be referred to the tribal or state child support office that covers the area in which you reside.

Please contact our office if you have any questions at (918) 295-0800. Our office hours are Monday through Friday, 8:00am – 5:00pm.



**APPLICANT INFORMATION** – *Please keep for your records*

**Who may apply or is eligible?**

You are eligible to apply for Child Support Services (CSS) services if:

- You or the children are members or eligible for membership in the Muscogee Nation.
- The children are citizens or members of a federally recognized Indian Tribe or are eligible for citizenship or membership of a federally recognized Indian Tribe and are residing **within the jurisdiction of The Muscogee Nation**.
- If an applicant resides outside of The Muscogee Nation jurisdiction, the application may be forwarded to another tribe or state.

**The Muscogee Nation Office of Child Support Services (CSS) can help:**

- Locate the parent of a child or the assets of the parent
- Establish paternity for a child
- Obtain a child support order
- Collect child support payments
- Review child support orders for possible modifications

**Keep us informed about you, your children, and the other parent's:**

- Current address and phone number
- Current work address and phone number

**NOTE: The post office does not forward child support documents or payments. You must inform CSS of any change in your address to ensure you receive correspondence or legal documents. We must be able to get the necessary information to you to work your child support case.**

**Other Information:**

Send CSS copies of any orders

- Establishing paternity
- Granting a divorce
- Granting custody
- Setting child support
- Awarding guardianship
- Granting custody or setting support in a juvenile court case

**Please know:**

- CSS will decide how to collect your child support.
- CSS staff represents only the Muscogee Nation.
- Information you give CSS may be shared as required by law if needed to establish or enforce an order.
- CSS uses the address of record you provide as your public mailing address. Legal and other official papers will be sent to you by regular mail at this address.

- **If family violence is an issue**, please give an address of record different from your home address.
- You must provide your social security number.
- All payments must be made through the Muscogee Nation Office of Child Support Services.
- CSS can sign and negotiate payments related to child support.
- Payments must be made in the form of a cashier's check or money order.
- CSS distributes child support as required by federal and tribal law. Current support is applied to the month in which it is received by CSS.
- Some parents pay child support for children in more than one household. Payments are divided so that each household receives a share.
- If the custodial parent received Tribal TANF, TANF, or AFDC, the noncustodial parent's federal tax refund may be taken to repay that debt. Once state debt is repaid, those collections are sent to the family for past due support.
- **If a custodial parent is overpaid child support, the custodial parent will be required to pay it back.**
- **CHILD SUPPORT PAYMENTS: *If our office is able to enforce a child support order, your child support will be issued in the form of a debit card or direct deposit. If you wish to enroll in direct deposit, please complete the Affidavit of Direct Payments and return with this application. Otherwise, you will automatically be enrolled in the debit card program.***

**You must:**

- Provide CSS with all requested information in a timely manner
- Inform CSS when your address of Address of Record changes
- Inform CSS if a child's address changes
- Inform CSS of all child support payments you receive from anyone other than CSE
- Inform CSS if you ask another person or agency to collect child support for you
- Inform CSS of any new information that relates to collecting child support

**Your child support payments must be sent to:**

Muscogee Nation  
Office of Child Support Services  
P.O. Box 100  
Okmulgee, OK 74447

**CSS contact information:**

Phone number: (918) 295-0800  
Fax number: (918) 295-0880  
Toll Free: 1-800-482-1979

[www.muscogeenation.com/child-support/](http://www.muscogeenation.com/child-support/)

***Please keep these pages for your records***



## **REMINDERS**

1) **Did you read, sign, and notarize the following documents as needed:**

- Application**
- Statement of Understanding**
- Affidavit of Direct Payments**
- Statement of Understanding**
- Authorization for Release of Information**
- Affidavit to Withdraw from IV-D Services**

2) **Did you attach copies of the following documents as needed:**

- State issued birth certificates for all children** (Hospital issued birth certificates with baby footprints will not be accepted)
- Copies of CDIB or tribal citizenship cards for all applicable parties**
- Copies of Social Security cards for all parties in the case**
- Copy of custodial parent's driver's license or photo identification**
- Documentation of health insurance and/or child care expenses paid for all children**
- Copies of court orders, divorce decrees, & paternity affidavits (State Form 209)**
- List an address of record different from your home address if you or your children are at risk for family violence**

**Send original application to:**

**Muscogee Nation  
Department of Justice  
Office of Child Support Services  
P.O. Box 100  
Okmulgee, OK 74447**

**To visit our office:**

Muscogee Nation Office of Child Support Services

Muscogee Nation Housing Building  
2951 N. Wood Drive, Ste. 245  
Okmulgee, OK 74447

OR

1000 Riverwalk Terrace  
Suite 200  
Jenks, OK 74037



## CHILD SUPPORT APPLICATION

**OFFICE USE ONLY**  
 Date Requested: \_\_\_\_\_ Date Sent: \_\_\_\_\_ MCNFGN: \_\_\_\_\_  
 Date Received: \_\_\_\_\_ FGN: \_\_\_\_\_  
 Request Type:  Phone  Walk-in  Mail  Website / Internet

**1. PERSON APPLYING FOR CHILD SUPPORT SERVICES: Please mark all that apply**

I am the custodial parent/guardian. I am requesting services for the child(ren) living with me.

**I seek child support from:**

The child(ren)'s mother, \_\_\_\_\_ (mother's name)

The child(ren)'s father, \_\_\_\_\_ (father's name)

This is my first application with the Muscogee Nation Office of Child Support Services.

I am reopening my case with the Muscogee Nation Office of Child Support Services.

Other: \_\_\_\_\_

***Please Note:*** Our office accepts applications for services within the jurisdiction of the Muscogee Nation, and includes the following counties: Okmulgee, Okfuskee, Hughes, McIntosh, Creek, Muskogee, and parts of Wagoner and Tulsa. Please note that if you reside outside of these boundaries of the Muscogee Nation, your case may be referred to the tribal or state child support office that covers the area in which you reside.

**2. FAMILY VIOLENCE:**

Do you believe that you or your child(ren) may be at risk of emotional or physical harm if the other parent knows where to find you?	<input type="checkbox"/> yes <input type="checkbox"/> no
Do you have, or have you ever had, a protective order against you or the non-custodial parent?	<input type="checkbox"/> yes <input type="checkbox"/> no
If yes, what court issued the order?	Date:

I, \_\_\_\_\_, state that:

*Print your name*

Family violence **IS** a risk to me or my child(ren) from: \_\_\_\_\_

*Name of potentially dangerous person*

Family violence **IS NOT** an issue in my case.

***The address you give on this application will be your address of record. An address of record is the address where you get legal and other official documents by regular mail. This address is available to the public in legal documents. If family violence is an issue, your address of record should be different from a home address.***

**Please use the following address as my address of record:**

Street or P.O. Box	City	State	Zip
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**3. REFERRAL SECTION:** *How were you referred to Muscogee Nation CSS?*

State Office  Muscogee Nation TANF  Muscogee Nation Child Care  Other: \_\_\_\_\_

**4. CUSTODIAL PARENT:** *This section is about the parent/guardian with whom the child(ren) reside.*

Legal Last Name:	First	Middle	Maiden/alias name
Date of Birth:	Social Security Number:		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Race:	If Native American, what tribe?		
What is the relationship of the child(ren) to the custodial parent?			Who has legal custody?
Mailing Address:	City	State	Zip Code
Physical Address:	City	State	Zip Code
Phone Number:	Alternate Phone Number:		Email Address:
Employer's Name:			Employer's Phone Number:
Employer's Address:	City	State	Zip Code
Income: Check box and complete. Please attach a copy of check stub. <input type="checkbox"/> \$ _____/Hour <input type="checkbox"/> \$ _____/Month			

Are benefits, such as TANF or SoonerCare (Medicaid), being provided? <input type="checkbox"/> yes <input type="checkbox"/> no	What tribe/state is providing the benefits?
Do you have a private attorney currently working on this case? <input type="checkbox"/> yes <input type="checkbox"/> no	Attorney name, address, and phone:

**COMMENTS:**

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**5. NON-CUSTODIAL PARENT:** *This section is about the parent who does **not** have custody of the child(ren).*

Legal Last Name:	First	Middle	Alias names:
Date of Birth:	Place of Birth (city, state):		Social Security Number:
Relationship to child(ren):		Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Race:		If Native American, what tribe?	
Height:	Weight:	Eye Color:	Hair Color:
Identifying Marks (tattoos, scars, etc.):			
Home Address:		City	State Zip
Phone Number:		Alternate Phone Number:	
Employer's Name:		Employer's Phone Number:	
Employer's Address:		City	State Zip
Income: (check box and complete) <input type="checkbox"/> \$ _____/Hour <input type="checkbox"/> \$ _____/Month			
Is non-custodial parent currently incarcerated: <input type="checkbox"/> yes <input type="checkbox"/> no		Name of Facility:	
Is non-custodial parent on probation or parole? <input type="checkbox"/> yes <input type="checkbox"/> no		Name of officer, city, state	
Is non-custodial parent retired? <input type="checkbox"/> yes <input type="checkbox"/> no		From where?	
Is non-custodial parent disabled? <input type="checkbox"/> yes <input type="checkbox"/> no		If receiving benefits, what type?	
Is non-custodial parent currently married? <input type="checkbox"/> yes <input type="checkbox"/> no		If yes, to whom?	
Is non-custodial parent enlisted in the military? <input type="checkbox"/> yes <input type="checkbox"/> no		What branch?	

*Please state any additional information regarding the non-custodial parent which may be helpful:* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**6. INFORMATION ABOUT THE CHILD(REN):** *This section concerns the child(ren). Complete a separate Section 6 for each child belonging to the same mother and father. A child(ren) of a different set of parents requires a separate application.*

Legal Last Name of Child:                      First                      Middle			Social Security Number:
Date of Birth:		City of Birth:	State of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	If Native American, what tribe?	Has CDIB been issued? <input type="checkbox"/> yes <input type="checkbox"/> no
Does the child live with you? <input type="checkbox"/> yes <input type="checkbox"/> no		If no, explain	
Does the child attend school? <input type="checkbox"/> yes <input type="checkbox"/> no		School attending	Grade      Estimated graduation date
What is the relationship between the mother and father of the child(ren)? <input type="checkbox"/> Never Married <input type="checkbox"/> Married / Living Apart <input type="checkbox"/> Divorced			Date of Separation:
Date of Marriage, if applicable:	City:	County:	State:

**Legal Status:**

- Paternity needs to be established legally – *Complete the Paternity Questionnaire*
- Parents married, living apart, no support ordered – *Complete the Paternity Questionnaire*
- Paternity established, no support ordered – *Skip to Section 7*
- Support has been ordered for this child – *Skip to Section 7*

**PATERNITY QUESTIONNAIRE:**

**Information about the mother of the child:**

Legal Last Name                      First                      Middle	Date of Birth	
Currently Pregnant? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, who is the biological parent?	When is the baby due?
Was the child conceived in the State of Oklahoma? <input type="checkbox"/> yes <input type="checkbox"/> no	If no, what state?	
Has an acknowledgment of paternity form been signed? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, date completed:	What state?
Has the acknowledgment been withdrawn? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, date withdrawn?	



Has genetic testing to determine paternity been conducted? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, please explain:
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**Information about the mother's relationship with the alleged biological father:**

Has the alleged biological father ever paid any bills for this child? <input type="checkbox"/> yes <input type="checkbox"/> no <i>(If yes, attach a list of dates and amounts. Keep the receipts, if any.)</i>			
Did the mother have a sexual relationship with anyone other than the alleged biological father within 90 days before or after the date the mother became pregnant with this child? <input type="checkbox"/> yes <input type="checkbox"/> no			
Last name of this person	First	Middle	Phone Number:
Mailing Address	City	State	Zip Code
Has any other person been named the father of this child? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, person's full name:		

**Information about the mother's husband when the child was born:** *Please complete this section if the mother was married at the time of this child's conception or birth and the husband is **NOT** the father of the child.*

Legal Last Name	First	Middle	Other names used	
Address: <input type="checkbox"/> present or <input type="checkbox"/> last known			Phone Number	
Street Address	City	State	Zip Code	
Date of Birth	Birthplace	Social Security Number		
Race	Height	Weight	Hair Color	Eye Color
Identifying Marks, such as scars or tattoos				
Current Employer's Name	Employer's Address	Employer's Phone Number		
What is the current relationship between the husband and the mother of the child? <input type="checkbox"/> Married <input type="checkbox"/> Divorced – Date of Divorce: _____ <input type="checkbox"/> Married / Separated				
If Married, type of marriage: <input type="checkbox"/> Common-Law <input type="checkbox"/> Licensed				
Has a court order stated the husband is not the father? <input type="checkbox"/> yes <input type="checkbox"/> no <b>Attach a copy of all orders</b>				

**7. ADDITIONAL INFORMATION**

**Please check 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):** \_\_\_\_\_

**COURT ORDER INFORMATION:** *Provide a complete copy of any court order, such as a divorce decree, paternity order, custody order, or tribal order. Attach a copy to this form.*

Date of order:	Court Case Number:	Where was the court order issued?	
If tribal court, what tribe?			
City:	County:	State:	Zip Code:
Was child support ordered? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, how much?	Per week, bi-weekly, or per month?	
Was a private attorney consulted for this order? <input type="checkbox"/> yes <input type="checkbox"/> no	Name of attorney and phone number:		

**PENDING COURT ORDERS:**

Are there any legal actions pending that affect the child(ren)? <input type="checkbox"/> yes <input type="checkbox"/> no			
Check all that apply: <input type="checkbox"/> Visitation <input type="checkbox"/> Custody <input type="checkbox"/> Other:			
If yes, provide a copy and fill in the blanks below.			
Date of Filing:	Case Number	County	State
Is the child(ren) in Indian Child Welfare (ICW) or Child Welfare custody? <input type="checkbox"/> yes <input type="checkbox"/> no			
Date child(ren) placed in ICW/CW custody:		If child in ICW care, what tribe?	
Date of filing:	Court Case Number:	County:	
State:	What court is the paperwork filed at?	If tribal court, what tribe?	

**MODIFICATION OF CHILD SUPPORT:**

Date of Modification:	Court Case Number:	Court order was granted in (state/tribe):
City:	County:	State:

**\*HEALTH INSURANCE COVERAGE:**

Is the child(ren) enrolled in a health insurance plan? <input type="checkbox"/> yes <input type="checkbox"/> no				
Who is the provider of health insurance? <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other person:				
List Children Enrolled:				
Cost per month to cover <b>only</b> the child(ren)? \$		Effective date:		
Name of Insurance Company:				
Address:		City	State	Zip Code
Health Insurance Group Number		Policy Number	Area Code & Phone Number	
Does your child(ren) have an established file at any Muscogee Nation Health Facility or any other Indian Health Service (IHS) facility? <input type="checkbox"/> yes <input type="checkbox"/> no				

**\*CHILD CARE EXPENSES:**

What amount do you pay for child care for the child(ren) listed on this application? \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly			
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**\* *Documentation of health insurance and/or child care expenses must be submitted.***



CHILD SUPPORT SERVICES

## STATEMENT OF CHILD SUPPORT PAYMENTS RECEIVED

<b>Custodial Parent Name:</b>	<b>Non-custodial Parent Name:</b>
Child's Name:	Child's Date of Birth:
Child's Name:	Child's Date of Birth:

- I state that child support in the amount of \$ \_\_\_\_\_/month is due from \_\_\_\_\_.
- I have (check one):  received  paid child support payments as shown below. (List all child support payments below).
- I have received no child support from the non-custodial parent.

Month	Year:
Jan	\$
Feb	\$
Mar	\$
Apr	\$
May	\$
June	\$
July	\$
Aug	\$
Sept	\$
Oct	\$
Nov	\$
Dec	\$

Month	Year:
Jan	\$
Feb	\$
Mar	\$
Apr	\$
May	\$
June	\$
July	\$
Aug	\$
Sept	\$
Oct	\$
Nov	\$
Dec	\$

Month	Year:
Jan	\$
Feb	\$
Mar	\$
Apr	\$
May	\$
June	\$
July	\$
Aug	\$
Sept	\$
Oct	\$
Nov	\$
Dec	\$

Month	Year:
Jan	\$
Feb	\$
Mar	\$
Apr	\$
May	\$
June	\$
July	\$
Aug	\$
Sept	\$
Oct	\$
Nov	\$
Dec	\$

Month	Year:
Jan	\$
Feb	\$
Mar	\$
Apr	\$
May	\$
June	\$
July	\$
Aug	\$
Sept	\$
Oct	\$
Nov	\$
Dec	\$

Month	Year:
Jan	\$
Feb	\$
Mar	\$
Apr	\$
May	\$
June	\$
July	\$
Aug	\$
Sept	\$
Oct	\$
Nov	\$
Dec	\$

The following is an explanation regarding the period(s), if any, for which support may be due but no request is being made to collect:

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I state under penalty of perjury under the laws of the Muscogee Nation and State of Oklahoma that the foregoing is true and correct.

***Form must be signed in the presence of a notary public***

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**

<b>(NOTARY USE ONLY)</b>	
STATE OF:	_____
COUNTY OF:	_____
I verify that the above named person signed this affidavit before me on this _____ day of _____, 20_____.	
Notary Public:	_____
My Commission Expires:	_____
Commission Number:	_____



CHILD SUPPORT SERVICES

## AUTHORIZED AGREEMENT FOR AUTOMATIC CREDITS (Direct Deposit)

I (we) hereby authorize **Muscogee Nation Office of Child Support Services** to initiate credit entries to my (our) account indicated below and the financial institution named below, hereinafter called **FIRSTAR BANK**, to **CREDIT** the same account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

### PRIMARY ACCOUNT:

\_\_\_\_\_  
(Financial Institution Name)

\_\_\_\_\_  
(Branch)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Primary Account Name)

\_\_\_\_\_  
(Routing / Transit Number)

\_\_\_\_\_  
(Account Number)

Type of Account:  Checking  Savings

This authority is to remain in full force and effect until **Muscogee Nation Office of Child Support Services** has received written notification from me (or either of us) of its termination in such time and manner as to afford **Muscogee Nation Office of Child Support Services** and **Firststar Bank** a reasonable opportunity to act on it.

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Authorized Signature)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Printed Name)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Date)

**PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!**



## **STATEMENT OF UNDERSTANDING**

**\*\*Signature and Notarization Required\*\***

**By signing this application, I authorize CSS to:**

- Take child support establishment and enforcement action CSS finds appropriate.
- Endorse and negotiate payments related to child support, including cashier's checks, money orders, and electronic payments on my behalf and on behalf of the child(ren) in my case, if I am the custodial parent.

**1.** I understand the Muscogee Nation Office of Child Support Services (CSS) is here to act in the public interest of the child and to make sure that the parents financially support their children. I understand that the responsibilities of the child support program do not allow the staff of CSS 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 CSS permission to give any necessary information to law enforcement officers, public officials, court or others to assist me to collect child support or medical support.

**2.** I understand that CSS ensures that all personal information provided to CSS such as addresses, telephone numbers, employer names, etc. shall remain confidential. No personal information will be shared between the custodial parent and non-custodial parent. However, CSE may share information with other authorized state and tribal agencies.

**3.** I understand that CSS uses the address of record I provide as my public mailing address. Legal and other official documents will be sent to me by regular mail at this address.

**4.** I should provide an address of record different from my home address if I believe I or my child(ren) could be at serious risk of emotional or physical harm.

**5.** I understand that the post office does not forward child support payments to a new address I have provided them. I must inform CSE of my new address in order to receive my child support payments, and court and other legal documents.

**6.** I understand that CSS attorneys or the child support staff does not personally represent me nor give any party legal advice. I have the option to hire an attorney at my own expense. At the time of obtaining a private attorney, CSS will no longer correspond with me directly; **ONLY** my attorney will contact the CSS attorney directly.

**7.** I agree to complete forms and affidavits as requested, to submit genetic testing, and attend court to give testimony. I agree to cooperate fully with CSS, law enforcement officers, and the court. **I will notify CSS of my new address in writing every time I move.**

8. 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 the biological father of my child(ren) is. This includes any information that I know about or any documentation that I have.

**9. I understand that CSS cannot help with issues such as custody and property settlements. I agree to tell CSS if I hire a private attorney to collect or modify child support or spousal support for me.**

10. I agree CSS will decide the best way to collect child support.

11. I understand that CSS has an agreement with the State of Oklahoma to submit my case for tax offset and other enforcement activities as needed to provide the full support for my children. I further understand that the State of Oklahoma will open my case for limited services only.

12. I understand that money collected from federal and state tax intercepts will first be applied to monies owed to the tribe or state for funds expended on behalf of my children and myself. I understand that tax intercepts may take refunds due to both the NCP and the current spouse on joint returns. I understand that CSS or a state agency will hold the intercept for up to six months. I further 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 the Office of CSS.

13. I agree that starting with the date of my application, I give CSS the authority to endorse child support checks made out to me. I understand that if I do not notify CSS of direct payments or turn in child support paid directly to me, my case may be closed.

**14. I understand that 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, CSS will recover the overpayments from me. I understand CSS shall be entitled to recover the overpayment by withholding amounts from my child support payments and/or through interception of my federal and/or state tax refund.**

15. I understand that it is law that CSS will collect money owed to the tribe or state for any TANF/AFDC my children received in the past or 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.

**16. I understand and agree to all the terms above. I understand that if I violate any of the agreements or fail to cooperate with the Office of CSS, my case will be closed. The information provided in this application is true and correct to the best of my knowledge.**

17. I request any tribal, state, or federal IV-D agency to close their case as allowable under Tribal, State, or Federal Law.



**I understand CSS cannot guarantee the following:**

- 1) Identification and location of the biological father**
- 2) Issuance of a child support order from the court**
- 3) Enforcement of a child support order**
- 4) Collection of child support money from the non-custodial parent**

I have read and understand the Office of Child Support Services (CSS) Services and Responsibilities at the beginning of this application. I have read and understand the Statement of Understanding. Further, I state under penalty of perjury that the foregoing is true and correct and that all of the information I have given, particularly information that relates to all individuals who might be the father of the child(ren), is true and correct. I acknowledge the truth of all information provided in all sections in this information packet. I understand this acknowledgment applies to the information packet as a whole and to each individual section.

***Form must be signed in the presence of a notary public***

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

<b>(NOTARY USE ONLY)</b>	
STATE OF:	_____
COUNTY OF:	_____
I verify that the above named person signed this affidavit before me on this _____ day of _____, 20_____.	
Notary Public:	_____
My Commission Expires:	_____
Commission Number:	_____



## AUTHORITY FOR RELEASE OF INFORMATION

To Whom It May Concern:

I hereby authorize any investigator bearing this release, or a copy thereof, to obtain any information relating to my activities from schools, credit bureaus, residential management agents, employers, criminal justice agencies or individuals. This information may include but is not limited to: academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest or conviction records. I hereby direct you to release such information upon request of the bearer. I understand that 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 and 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 (print): \_\_\_\_\_

Aliases: \_\_\_\_\_  
(Include any married names, nicknames, and/or maiden names)

\*Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Current Address: \_\_\_\_\_  
Address City State Zip

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.



## AFFIDAVIT TO WITHDRAW FROM IV-D SERVICES

I, \_\_\_\_\_, would like my child support case to be worked by **Muscogee Nation Office of Child Support Services**. I believe I have an open case with one or more of the following child support programs:

- |                                            |                                         |                                          |
|--------------------------------------------|-----------------------------------------|------------------------------------------|
| <input type="checkbox"/> State of Oklahoma | <input type="checkbox"/> Modoc Tribe    | <input type="checkbox"/> Comanche Nation |
| <input type="checkbox"/> State of Kansas   | <input type="checkbox"/> Osage Nation   | <input type="checkbox"/> Delaware Tribe  |
| <input type="checkbox"/> State of Arkansas | <input type="checkbox"/> Kaw Nation     | <input type="checkbox"/> Apache Tribe    |
| <input type="checkbox"/> Cherokee Nation   | <input type="checkbox"/> Kickapoo Tribe | <input type="checkbox"/> Other: _____    |
| <input type="checkbox"/> Chickasaw Nation  | <input type="checkbox"/> Ponca Tribe    |                                          |

**Statement of Understanding:**

**I have read and understand the following:** (Please initial the following)

\_\_\_\_\_ Enforcement action will be taken over by Muscogee Nation Child Support Services and I request my case to close with allother CSS agencies.

\_\_\_\_\_ If state monies are owed on my case, the case may remain open with both agencies, but enforcement action will only be taken by Muscogee Nation Child Support Services.

\_\_\_\_\_ I cannot waive any state monies that may be owed on my behalf.

**Applicant's signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**(NOTARY USE ONLY)**

STATE OF: \_\_\_\_\_

COUNTY OF: \_\_\_\_\_

I verify that the above named person signed this affidavit before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public: \_\_\_\_\_

My Commission Expires: \_\_\_\_\_

Commission Number: \_\_\_\_\_

**After submitting your completed application, you must forward to CSS all child support payments you receive from anyone other than CSS.**