Oneida Nation Child Support Agency
Application for Services

Information provided on this form (including attachments) may only be shared with others for the purpose(s) of the administration of the child support program and other related programs.

Name of Parent Applying for Services: _____

Relationship to child(ren) ☐ **Mother** ☐ **Father**

Do you have concerns about meeting in person with the other parent? ☐ **Yes** ☐ **No**

Do you have concerns about the other parent knowing your personal contact information? ☐ **Yes** ☐ **No**

Filling out this Form:

Please fill out this form the best you can.
If you don't know or not sure of some of the information, you may leave that part blank.
The more information you are able to provide on this form the better job the case worker can do to assist you.
If you have any questions about this form please talk with your child support worker.

Do you need assistance completing this form due to difficulty with reading or writing the English language?

☐ Yes ☐ No If you answered yes please schedule Intake appointment before proceeding.

Services Requested: Federal regulations require child support agencies to provide all services that are appropriate for a case. You may also choose " Locate Parent Services."

☐ **Child Support Services** ☐ **Locate Parent Services** ☐ **Paternity (legal Fatherhood)**

Are you applying for services for an unborn child? ☐ Yes ☐ No If yes, due date _____

If you have a Child Support Order for the Child(ren) listed on this form, please list the information below and attach copies of any court orders, judgements, decrees or stipulations involving child support .
(If you have a different order for each child, list the information on page 6.)

County & State of Order _____ **Monthly Amount Ordered** _____

IMPORTANT

If a child is conceived or born during a marriage, the husband is considered the legal father. If you believe that someone other than the husband may be the biological father, provide the information about that person below.
(The information given on the rest of this form should be information about the husband and wife of the marriage not this person)

Name _____ Date of Birth _____

Social Security Number _____ Address _____

City _____ State _____ Zip _____

SECTION I - INFORMATION ABOUT YOU, THE PARENT OR GUARDIAN APPLYING FOR SERVICES.

Maiden Name or Alias: Date of Birth

Social Security Number Gender

1. Place of Birth

City County

State Country

2. Tribal Affiliation

☐ Enrolled Oneida Enrollment #

☐ Non Indian ☐ Eligible Oneida ☐ Oneida Descendant

☐ Enrolled with other Tribe Name of Tribe

Do you have a Disability? ☐ Yes ☐ No If Yes, please describe

3. Your Current Relationship to the other parent

☐ Married ☐ Divorced ☐ Separated ☐ Never Married ☐ Annulled ☐ Other

If other, specify

Date State County

4. Please Check Services you are Receiving or Have Received

☐ Child Support Services ☐ Child Care ☐ W-2

☐ Medical Assistance ☐ Food Stamps ☐ AFDC

5. Home Phone # **6. Cell Phone #**

7. Home Address City State Zip

(If Different from above)

8. Mailing Address City State Zip

9. Job Information

Employer Name Address

City State Zip Work Phone #

Health Insurance Available? ☐ Yes ☐ No Are the Children Covered? ☐ Yes ☐ No

Premium $ Per ☐ Week ☐ Month

How often are you paid? ☐ Weekly ☐ Every 2 Weeks ☐ Monthly ☐ Other

9. Job Information Continued

Gross Income per pay day? Job Title Start Date

Occupation / Professional License? ☐ Yes ☐ No If yes, type of License

10. Member of the Armed Forces? ☐ Yes ☐ No If Yes, ☐ Active ☐ Retired Branch

Dates From To Veterans Benefits? ☐ Yes ☐ No

SECTION II -- OTHER PARENT INFORMATION **(Please see the note marked "important" on the bottom of page 1.)**

Other Parent's Name Maiden Name or Alias:

Date of Birth Social Security Number ☐ Male ☐ Female

11. Place of Birth

City County

State Country

12. Tribal Affiliation

☐ Enrolled Oneida Enrollment # ☐ Non Indian

☐ Eligible Oneida ☐ Oneida Descendant

☐ Enrolled with other Tribe Name of Tribe

13. Are they disabled? ☐ Yes ☐ No If Yes, please describe

14. Home Phone # **15. Cell Phone #**

16. Home Address (If Different from above) City State Zip

17. Mailing Address City State Zip

18. Job Information

Employer Name Address

City State Zip Work Phone #

Health Insurance Available? ☐ Yes ☐ No

Premium $ Per ☐ Week ☐ Month

Are the Children Covered? ☐ Yes ☐ No

How often are they paid? ☐ Weekly ☐ Every 2 Weeks ☐ Monthly ☐ Other

18. Job Information Continued

Occupation / Professional License? ☐ Yes ☐ No If yes, type of License

Gross Income per pay day? Job Title Start Date

Additional Employer or other Possible Employers

Address

City State AL Zip Code

Additional Work Information

19. Member of the Armed Forces? ☐ Yes ☐ No If Yes, ☐ Active ☐ Retired Branch

Dates From To Veterans Benefits? ☐ Yes ☐ No

20. If the location of this parent is NOT known: Please provide the information below and any other Information you believe may help to find the person. Include all addresses where relatives may live and type of income assets this parent may have. Include any additional information on page 6. **Please include a picture of the parent if available.**

Distinguishing Marks (tattoos/scars/ birthmarks)

Height Weight Hair Color Eye Color Race

Has this parent ever been arrested or convicted of a crime? ☐ Yes ☐ No

If Yes, date of conviction? City of conviction? State of Conviction

Name of this Parent's Mother

Name of this Parent's father

Does this parent have other Children? ☐ Yes ☐ No

SECTION III -- CHILD(REN) INFORMATION YOU ARE REQUESTING SERVICES FOR: (These children must have the same **MOTHER AND FATHER,** and these parents must be the parents listed on this form in sections I and II)

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21. Name of First child Gender

Social Security Number Date of Birth City of Birth

Father's name of the birth certificate? ☐ Yes ☐ No ☐ Unknown County of Birth

Does the Child Receive Social Security Benefits ☐ Yes ☐ No If yes, monthly amount received $

If the child is now in High School, what is the expected date of graduation? Month Year

Name of High School | Address

City | State | Zip

Where does the child live most of the time? ☐ Mother ☐ Father ☐ Both Equally (Joint Custody) ☐ Not yet decided by the court

22. Name of Second child | Gender

Social Security Number | Date of Birth | City of Birth

Father's name on the birth certificate? ☐ Yes ☐ No ☐ Unknown | County of Birth

Does the Child Receive Social Security Benefits ☐ Yes ☐ No | If yes, monthly amount received $

If the child is now in High School, what is the expected date of graduation? Month | Year

Name of High School | Address

City | State | Zip

Where does the child live most of the time? ☐ Mother ☐ Father ☐ Both Equally (Joint Custody) ☐ Not yet decided by the court

23. Name of Third child | Gender

Social Security Number | Date of Birth | City of Birth

Father's name on the birth certificate? ☐ Yes ☐ No ☐ Unknown | County of Birth

Does the Child Receive Social Security Benefits ☐ Yes ☐ No | If yes, monthly amount received $

If the child is now in High School, what is the expected date of graduation? Month | Year

Name of High School | Address

City | State | Zip

Where does the child live most of the time? ☐ Mother ☐ Father ☐ Both Equally (Joint Custody) ☐ Not yet decided by the court

24. Other Children

Name | Date of Birth | ☐ Mother's Child ☐ Father's Child

Name | Date of Birth | ☐ Mother's Child ☐ Father's Child

Name | Date of Birth | ☐ Mother's Child ☐ Father's Child

Name | Date of Birth | ☐ Mother's Child ☐ Father's Child

Name | Date of Birth | ☐ Mother's Child ☐ Father's Child

Please Include any additional information here

TAX INTERCEPT INFORMATION: I understand that the Oneida Nation Child Support Agency will submit any certifiable past-due child support debts to the State of Wisconsin tax/lottery intercept programs.
I understand that I am applying for State IV-D services for purposes of submitting arrearages for Federal tax refund intercept programs. I understand that if I receive the other parent's intercepted tax refund money that is later recalled by the federal Internal Revenue Service (IRS) or the state Department of Revenue (DOR), I must immediately
return the money. If I cannot repay all the money at once, I will follow a payment plan until the amount is repaid in full. (If the tax refund is recalled, you will receive a letter with information about how to return the money and how to set up a payment plan.

CHILD SUPPORT ORDERS: I understand that the law does not permit percentage orders in child support agency cases.

If I am opening a new child support case or reopening a closed child support case with the child support agency and have a percentage order, I understand that the child support agency is not responsible for reconciling the order.

The child support agency is required to change the percentage order into a dollar amount order. By submitting this application, I am agreeing to cooperate with the agency in changing the order. **Disclaimer:** The Oneida Nation will bring any necessary administrative or court actions to establish paternity (legal fatherhood) or to establish, or enforce a support order. However, the **child support attorney does not represent either parent,** but rather represents the Tribe's interest in enforcing support.

I hereby request child support services under the Child Support Enforcement Program under Title IV-D of the Social Security Act. I understand that I must cooperate with the child support agency by providing information that affects my case and by keeping my appointments with the agency.

_____ _____
Signature Date

_____ Signed the _____ day _____ 20 _____
Notary Signature

_____ My Commission Expires _____
Printed Name

Please attach copies of any court orders, judgments, decrees, or stipulations involving child support. Any changes in this information should be sent, <u>in writing</u> to the child support agency where you applied for Services.