Forest County Potawatomi
Tribal Child Support

P.O. Box 340 Crandon, WI 54520
Phone: (715) 478-7260 Fax: (715) 478-7331
Toll Free: 800-960-5479

POTAWATOMI
(Keeper of the Fire)

REVIEW REQUEST FORM

Custodial Parent Information:	**Non-Custodial Parent Information:**
_____	_____
Name	Name
_____	_____
_____	_____
_____	_____
_____	_____
Address	Address
_____	_____
Telephone number	Telephone Number
_____	_____
Name of Employer	Name of Employer
_____	_____
_____	_____
_____	_____
Address & Phone Number	Address & Phone Number
Children's Names	Dates of Birth
_____	_____
_____	_____
_____	_____

_____
Date of last child support order

Describe the change in circumstances by which you believe a review of the case should be conducted:

_____
_____
_____
_____

_____ _____
Signature **Date**

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CONSENT FOR RELEASE OF INFORMATION

Name of Individual _____ Date of Birth _____

I, _____, give authorize the Forest County Potawatomi Tribal Child Support Agency to obtain any information to determine compliance with the terms of a Tribal Court Order or Stipulation. This information may include, but is not limited to employment records, participation in work or educational programs, programs sponsored by the FCPC Resource Center, enrollment records and driving/criminal records. This release does not give the authority to obtain any medical records covered by HIPPA Laws.

I understand that I may revoke this authorization, in writing, at any time except where information has already been released as a result of this authorization. A copy of the original is allowed for release purposes. Unless revoked, this authorization remains in effect until the expiration time I have indicated and initialed below:

_____ Authorization expires as of _____. (Date)
_____ Authorization expires ____ months from the date I sign this authorization.
_____ Authorization expires after the child support case is closed

As evidenced by my signature below, I hereby authorize disclosure of records to the Forest County Potawatomi Tribal Child Support Agency.

_____ _____
Signature of Individual Who is Subject of Record Date Signed

_____ _____
Signature of Person Legally Authorized to Consent to Disclosure Date Signed

_____
Relationship to Individual Who is Subject of Record