



## APPLICATION FOR CHILD SUPPORT SERVICES

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

Forest County Potawatomi Community is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternative format, or need it translated to another language, please contact 715-478-7260.

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- Please fill out this form the best you can;
- The more information you can provide, the better job your case manager can do on your case;
- If you need help filling out this form, or have questions about this application, please talk with your Case or Intake Specialist.

Does the child (ren) live with you? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 Do you have legal custody of the child (ren)? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 Do you have a disability? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 If yes, describe: \_\_\_\_\_  
 Does your child have a disability? \_\_\_\_\_ YES \_\_\_\_\_ NO  
 If yes, describe: \_\_\_\_\_

### PROVIDE COPIES OF:

**SOCIAL SECURITY CARDS FOR EACH PARTICIPANT**  
**BIRTH AND MARRIAGE CERTIFICATES**  
**DRIVER'S LICENSE/TRIBAL ID**  
**FAMILY RELATED COURT ORDERS**  
**BANK STATEMENTS/EMPLOYMENT RECORDS**

### SERVICES REQUESTED:

Federal regulations require the Tribal Child Support Agency to provide all services appropriate for your case based on your circumstances. If you are receiving Medical Assistance you can request "Medical Support" services only.

\_\_\_\_\_ Establish Paternity \_\_\_\_\_ Establish Child Support Order  
 \_\_\_\_\_ Establish Medical Support Order \_\_\_\_\_ Locate Absent Parent  
 \_\_\_\_\_ Enforce (Collect) Child Support

**Please attach copies of any and all court orders, judgments, decrees or stipulations involving child support. Any changes in this information should be sent to the child support agency where you applied for services.**

### For office use only:

Date of Request: \_\_\_/\_\_\_/\_\_\_ Case Type: \_\_\_IV-D \_\_\_TANF \_\_\_W-2 \_\_\_Food Stamp \_\_\_Medicaid \_\_\_Locate Only  
 \*by applying for child support/paternity services you may be subject to the federal tax offset program.

**FOREST COUNTY POTAWATOMI TRIBAL CHILD SUPPORT AGENCY**  
**5415 EVERYBODY'S ROAD**  
**P.O. BOX 340, CRANDON, WI 54520**  
**PHONE: 715-478-7260      FAX: 715-478-7331**

**CHILD SUPPORT APPLICATION**

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**SECTION I: CARETAKER'S INFORMATION-(PERSON WITH PLACEMENT OF CHILD)**

\_\_\_\_\_  
Name: \_\_\_\_\_  
Alias, Nickname, Maiden Name

\_\_\_\_\_  
Social Security Number \_\_\_\_\_  
Birthdate \_\_\_\_\_  
Birthplace (City/State)

\_\_\_\_\_  
Home address: Street      City      State      Zip \_\_\_\_\_  
Home Telephone #

\_\_\_\_\_  
Mailing address: P.O./Street      City      State      Zip \_\_\_\_\_  
Cell Telephone #

\_\_\_\_\_  
Employer Name & Address: \_\_\_\_\_  
Work Telephone #

Tribal Affiliation: \_\_\_\_\_ Are you enrolled? ( ) YES ( ) NO

Do you receive a per capita benefit from your Tribe? ( ) YES ( ) NO Amount: \$ \_\_\_\_\_

Are you receiving any benefits from the State or Tribe? ( ) YES ( ) NO

If yes, please indicate the Agency from which you are receiving benefits: \_\_\_\_\_

Name and phone number of case worker for the above service:

\_\_\_\_\_

Services you receive-please check all that apply: ( ) Food Stamps      ( ) Medical Assistance  
( ) Child Care ( ) W-2 ( ) TANF-Amount of Grant-\$ \_\_\_\_\_ ( ) Other \_\_\_\_\_

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**SECTION I: MOTHER'S INFORMATION-BIOLOGICAL MOTHER OF CHILD**

\_\_\_\_\_  
Name: \_\_\_\_\_ Alias, Nickname, Maiden Name \_\_\_\_\_

\_\_\_\_\_  
Social Security Number      Birthdate      Birthplace (City/State) \_\_\_\_\_

\_\_\_\_\_  
Home address: Street      City      State      Zip      Home Telephone # \_\_\_\_\_

\_\_\_\_\_  
Mailing address: P.O. Box/Street      City      State      Zip      Cell Telephone # \_\_\_\_\_

\_\_\_\_\_  
Employer Name & Address:      Work Telephone # \_\_\_\_\_

Tribal Affiliation: \_\_\_\_\_ is she enrolled? ( ) YES ( ) NO

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Race: \_\_\_\_\_

List any distinguishing features that would assist in identifying mother (Tattoo, scar, piercing, birthmark, physical impairment, etc.):

\_\_\_\_\_

Provide the names of family members or friends who may be able to assist in locating the mother:

\_\_\_\_\_

\_\_\_\_\_

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**SECTION II: MOTHER'S MARITAL INFORMATION**

( ) Married      ( ) Unmarried      ( ) Legally separated      ( ) Separated

\_\_\_\_\_  
Husband's Name: Last      First      Middle      Marriage Date/ Location      Divorce Date /Location

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**SECTION III: MOTHER'S FINANCIAL INFORMATION**

1. Employer Name & Address:

\_\_\_\_\_  
Hourly pay \$ \_\_\_\_\_ Hours per week \_\_\_\_\_ if salaried, salary per year: \$ \_\_\_\_\_

2. Employer Name & Address:

\_\_\_\_\_  
Hourly pay \$ \_\_\_\_\_ Hours per week \_\_\_\_\_ if salaried, salary per year: \$ \_\_\_\_\_

Other sources of Income: \_\_\_\_\_  
(Describe) (Amount received) (Frequency)

School or Training: \_\_\_\_\_  
(Describe) (Degree/Certificate) (Date Received)

Vehicle: \_\_\_\_\_ \$ \_\_\_\_\_  
(Description: Make/Model/Year) (Value) (Names of Persons on Title)

Bank Account: \_\_\_\_\_ \$ \_\_\_\_\_  
(Type: Checking/Savings) (Balance) (Financial Institution)

Other Financial Assets: \_\_\_\_\_

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**SECTION I: FATHER'S INFORMATION-BIOLOGICAL FATHER OF CHILD**

Name: _____				Alias, Nickname, Maiden Name _____	
Social Security Number _____		Birthdate _____		Birthplace (City/State) _____	
Home address: Street _____		City _____	State _____	Zip _____	Home Telephone # _____
Mailing address: P.O. Box/Street _____		City _____	State _____	Zip _____	Cell Telephone # _____
Employer Name & Address: _____				Work Telephone # _____	
Tribal Affiliation: _____				is he enrolled? ( ) YES ( ) NO	
Height: _____		Weight: _____		Eye Color: _____	
Race: _____		Hair Color: _____			
List any distinguishing features that would assist in identifying father (Tattoo, scar, piercing, birthmark, physical impairment, etc.):					
_____					

Provide the names of family members or friends who may be able to assist in locating the father:

\_\_\_\_\_

\_\_\_\_\_

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**SECTION II: FATHER'S MARITAL INFORMATION**

( ) Married    ( ) Unmarried    ( ) Legally separated    ( ) Separated

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Wife's Name: Last _____	First _____	Middle _____	Marriage Date/ Location _____	Divorce Date /Location _____
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**SECTION III: FATHER'S FINANCIAL INFORMATION**

1. Employer Name & Address:

\_\_\_\_\_  
Hourly pay \$ \_\_\_\_\_ Hours per week \_\_\_\_\_ if salaried, salary per year: \$ \_\_\_\_\_

2. Employer Name & Address:

\_\_\_\_\_  
Hourly pay \$ \_\_\_\_\_ Hours per week \_\_\_\_\_ if salaried, salary per year: \$ \_\_\_\_\_

Other sources of Income: \_\_\_\_\_  
(Describe) (Amount received) (Frequency)

School or Training: \_\_\_\_\_  
(Describe) (Degree/Certificate) (Date Received)

Vehicle: \_\_\_\_\_ \$ \_\_\_\_\_  
(Description: Make/Model/Year) (Value) (Names of Persons on Title)

Bank Account: \_\_\_\_\_ \$ \_\_\_\_\_  
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**SECTION I: CHILD'S INFORMATION**

**CHILD 1**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Birthdate or Expected Birth

\_\_\_\_\_  
Location where child was born: (City/State)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Person/Agency, with custody/placement of the child

\_\_\_\_\_  
Date of Placement

Tribal Affiliation: \_\_\_\_\_

is child enrolled? ( ) YES ( ) NO

**CHILD 2**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Birthdate or Expected Birth

\_\_\_\_\_  
Location where child was born: (City/State)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Person/Agency, with custody/placement of the child

\_\_\_\_\_  
Date of Placement

Tribal Affiliation: \_\_\_\_\_

is child enrolled? ( ) YES ( ) NO

**CHILD 3**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Birthdate or Expected Birth

\_\_\_\_\_  
Location where child was born: (City/State)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Person/Agency, with custody/placement of the child

\_\_\_\_\_  
Date of Placement

Tribal Affiliation: \_\_\_\_\_

is child enrolled? ( ) YES ( ) NO

**CHILD 4**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Birthdate or Expected Birth

\_\_\_\_\_  
Location where child was born: (City/State)

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Person/Agency, with custody/placement of the child

\_\_\_\_\_  
Date of Placement

Tribal Affiliation: \_\_\_\_\_

is child enrolled? ( ) YES ( ) NO

**\*Please attach copies of any medical bills you are seeking reimbursement for**

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**SECTION I: COURT ORDER HISTORY:**

Has there ever been a Court order from any jurisdiction regarding child support and/or custody of one or more of the children listed in this application?

( ) Yes ( ) No

If you answered "yes" to the above question please identify the Court and the date of order:

\_\_\_\_\_

Have you ever applied for child support services for any of the children listed in this application?

( ) Yes ( ) No

If you answered "yes" to the above question please identify the Agency and date:

\_\_\_\_\_

**I certify that to the best of my knowledge, the above information is true and correct. This application must be signed and dated before a witness or Notary. Failure to do so may result in the application being returned.**

Dated this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
**Signature of Applicant**

Subscribed and sworn to before me this  
\_\_\_\_ Day of \_\_\_\_\_, 20\_\_

Witness to signature this \_\_\_\_ day of \_\_\_\_\_ 20\_\_

\_\_\_\_\_

\_\_\_\_\_  
Notary Public, State of WI  
My commission is/expires: \_\_\_\_\_

Print name: \_\_\_\_\_  
Address: \_\_\_\_\_