



APPLICATION FOR PATERNITY 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.

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.

- 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

PATERNITY APPLICATION

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:

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:

SECTION II: FATHER'S MARITAL INFORMATION:

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

Wife's Name: Last _____	First _____	Middle _____	Marriage Date/ Location _____	Divorce Date /Location _____
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SECTION III: PATERNITY INFORMATION:

If you were not married at the time the child/children were conceived, you are required to provide the child support agency with information establishing a reasonable possibility of the requisite sexual contact with the other party.

Has any action been taken to establish the child's paternity? () YES () NO

Is/has your period been regular? () YES () NO Was the child born premature? () YES () NO

Dates and locations during which you had sexual relations with the alleged father/or biological mother:

Date: _____ Place: _____ Date: _____ Place: _____
 Date: _____ Place: _____ Date: _____ Place: _____

Name of any other person that you had sexual intercourse with during the above conceptive period:

Date: _____ Name: _____ Address: _____ DOB _____
 Date: _____ Name: _____ Address: _____ DOB _____

Where there any complications with the birth? () YES () NO Explain _____
 Did Medical Assistance cover the birthing expenses? () YES () NO
 If no, method of payment _____

SECTION IV: 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: _____ \$ _____
 (Type: Checking/Savings) (Balance) (Financial Institution)

Other Financial Assets: _____

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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

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: _____