



Stockbridge-Munsee Community

Tribal Child Support Agency

P.O. Box 70, N8402 Moh He Con Nuck Road
Bowler, WI 54416

Telephone: (715)793-4036 • Fax: (715)793-4039

APPLICATION

Information provided on this form (including any attachments) may be shared with others for the sole purpose of administration of the Tribal Child Support Agency and other related programs.

Filling out this form:

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

Name of Parent applying for services: _____

Relationship to child(ren): Mother Father Caregivers Relatives Agency

Services Requested: Federal regulations require the Tribal Child Support Agency to provide all services appropriate for your case based on your circumstances. You may also choose "Only Locate Parent Services."

Establish Paternity Establish Child Support Order Enforce (Collect) Child Support

Establish Medical Support Order Locate Absent Parent

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

IMPORTANT

If a child is conceived or born during a marriage, the husband is 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: _____

IMPORTANT

IS THERE AN ACTIVE COURT ORDERED RESTRAINING ORDER IN PLACE? YES NO

If yes, who is the Restraining Order against? _____

County Restraining Order Entered? _____



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SECTION I-Information about YOU, the parent applying for services

Legal Name: Last, First, Middle

Maiden/Alias Name:

Date of Birth:

Social Security Number:

Sex: ___ Male
___ Female

Race:

**If Native American, what
tribe?**

Tribal ID #

Home Address (City, State, Zip Code):

Mailing Address (if different from home address):

Home Phone:

Cell Phone:

Work Phone:

E-mail Address:

Employer's Name:

Employer's Phone Number:

Employer's Address (County, City, State, Zip Code):

Income:

\$ _____

_____ Hour
_____ Month
_____ Year

Please Check Services you are Receiving or Have Received:

_____ Child Support Services _____ Child Care _____ W-2
_____ Medical Assistance _____ Food Share _____ TANF



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Member of the Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No Branch _____	If yes, <input type="checkbox"/> Active <input type="checkbox"/> Retired
Dates: From _____ To _____ Veterans Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	

SECTION II-Information about the OTHER PARENT (Please see the note marked “important” on the bottom of Page 1.

Legal Name: Last, First, Middle	Maiden/Alias Name:
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Date of Birth:	Social Security Number:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Race:	If Native American, what Tribe:	Tribal ID#
Does the Tribe issue per capita payments? (circle one) YES NO	Amounts issued? (list amount)	Frequency of per capita payments? (circle on) Monthly Quarterly Semi-annually annually

Home Address (City, State, Zip Code):
Mailing Address (if different form home address):

Home Phone:	Cell Phone:	Work Phone:
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E-mail Address:

Employer's Name:

Employer's Phone Number:

Employer's Address (County, City, State, Zip Code):

Income

\$ _____

___ **Hour**

___ **Month**

___ **Year**

How often are they paid?

___ **Weekly** ___ **Every 2 Weeks** ___ **Monthly** ___ **Other**

Health Insurance Available?

___ **Yes** ___ **No**

Premium \$ _____ Per

___ **Week** ___ **Month**

Are the Children Covered?

___ **Yes** ___ **No**

Member of the Armed Forces? ___ **Yes** ___ **No** **If yes,** ___ **Active** ___ **Retired**

Branch: _____

Dates: From _____ **To** _____

Veterans Benefits? ___ **Yes** ___ **No**

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)



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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:

SECTION III-Information about the children you are requesting services for. (These children must have the same MOTHER AND FATHER, and these parents must be listed on this form in Sections I and II).

Name of First Child	Gender

Social Security Number:	Date of Birth:	City of Birth:

Father's name on the Birth Certificate? ___ Yes ___ No ___ Unknown	County of Birth:

Name of High School:	Address:

City:	State:	Zip Code:

Where does the child live most of the time?
___ Mother ___ Father ___ Both Equally ___ Not yet decided by court



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Name of the Second Child	Gender
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Social Security Number:	Date of Birth:	City of Birth:
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Father's name on the Birth Certificate? ___ Yes ___ No ___ Unknown	County of Birth:
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Name of High School:	Address:
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City:	State:	Zip Code:
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Where does the child live most of the time? ___ Mother ___ Father ___ Both Equally ___ Not yet decided by court

Name of Third Child	Gender
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Social Security Number:	Date of Birth:	City of Birth:
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Father's name on the Birth Certificate? ___ Yes ___ No ___ Unknown	County of Birth:
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Name of High School:	Address:
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City:	State:	Zip Code:
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Where does the child live most of the time? <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Both Equally <input type="checkbox"/> Not yet decided by court

Please include any additional information here:

TAX INTERCEPT INFORMATION: I understand that the Stockbridge-Munsee Child Support Department 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 pay 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:** Stockbridge-Munsee Community 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.

Overpayments: I understand and agree all overpayments will be recouped.

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.



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Upon oath, I certify that to the best of my knowledge, the above information is true and correct.

Dated this _____ day of _____, 20__

Signature of Applicant