



For Office Use Only Date Rcd _____ IV D Case # _____
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Leech Lake Band of Ojibwe Child Support Enforcement Program
P.O. Box 577
Cass Lake, MN 56633
Phone Number 218-339-5640 Fax Number 218-339-5641

APPLICATION FOR CHILD SUPPORT ENFORCEMENT SERVICES

Instructions to the Applicant

Please answer each question as completely as possible. Please print or type all answers. If you do not know an answer, print "Unknown" in the space. Our staff is available to assist you in completing the form and answer any questions you may have. The information that you provide on this form will be Confidential. The Leech Lake Band of Ojibwe Child Support Enforcement Program (LLBO CSEP) will not release any of your confidential information without your written consent, unless it is permitted to do so by the Child Support Services Program policy.

I. APPLICANT

Name: _____

Please check one:

- I am the custodial parent (Complete sections II-III and V-VIII)
- I am the noncustodial parent (Complete sections II-III and V-VIII)
- I am not the natural parent of this child (Complete sections II – VIII)

II. MOTHER of the CHILD(REN)'S INFORMATION

Name: _____ SSN: _____

Maiden or Also Known As (AKA) Name: _____

Birthplace: _____ (City, State)

Residence Address:

Street Address: _____ Birth Date: _____

City _____ State _____ Zip _____

Is this address within the Leech Lake Reservation boundaries? Yes No

If NO, does the mother live on another Reservation? Yes No

If YES, Reservation Name _____

Mailing Address (If different from Residence Address):

Street Address: _____

City _____ State _____ Zip _____

Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Message Phone Number: _____

Is the mother a member of the Leech Lake Band of Ojibwe Tribe? Yes No

Leech Lake Tribal ID #: _____

Is the mother a member of another Tribe? Yes No

Name of Tribe: _____ Tribal ID #: _____

Physical Description of the Mother:

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Give any distinguishing features or marks that would help identify the father (tattoo, scar, piercing, birthmark, physical impairment, etc.)

Provide the names, address and phone number of family members or friends who may be able to assist in locating the mother:

III. FATHER of the CHILD(REN)'S INFORMATION

Full Name: _____ SSN: _____

Alias Name: _____ Birthplace: _____

Residence Address:

Street Address: _____ Birth Date: _____

City _____ State _____ Zip _____

Is this address within the Leech Lake Reservation boundaries? Yes No

If NO, does the father live on another Reservation? Yes No

If YES, Reservation Name _____

Mailing Address (If different from Residence Address):

Street Address: _____

City _____ State _____ Zip _____

Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Message Phone Number: _____

Is the father a member of the Leech Lake Band of Ojibwe? Yes No

Leech Lake Tribal ID #: _____

If NO, is the father a member of another Tribe? Yes No

Name of Tribe: _____ Tribal ID #: _____

Physical Description of the Father:

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Give any distinguishing features or marks that would help identify the 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 (names and phone numbers or any other contact information):

Does the custodial parent currently receive TANF (MFIP) from the State of Minnesota?

Yes No

If NO, has the custodial parent received TANF (MFIP) in the past? Yes No

If the answer is YES, where did he/she receive TANF (MFIP)? _____

Name of State if not Minnesota _____

Dates? From ___/___/___ To ___/___/___ From ___/___/___ To ___/___/___

Are you or have you been a victim of Family Violence? Yes No

If Yes, do you currently have a Restraining Order/ Order of Protection or statement from a close relative, friend or another person? Yes No

If you have an order, the name of the Court that issued the order: _____

(We will need some type of verification of this.)

IV. APPLICANT INFORMATION (COMPLETE this section ONLY if you are NOT the NATURAL PARENT of the children for whom you are applying for child support services)

Name: _____ SSN: _____

What is your relationship to the children listed on this application (aunt, uncle, brother, sister, grandparent, etc.) _____

Residence Address:

Street Address: _____ Birth Date: _____

City _____ State _____ Zip _____

Is this address within the Leech Lake Reservation boundaries? Yes No

If NO, do you live on another Reservation? Yes No

If YES, Reservation Name _____

Mailing Address (If different from Home Address):

Street Address: _____

City _____ State _____ Zip _____

Home Phone Number: _____ Work Phone Number: _____

Cell Phone Number: _____ Message Phone Number: _____

Is the father or mother a member of the Leech Lake Band of Ojibwe? Yes No
 Father Mother

Leech Lake Tribal ID #: _____

If NO, is the father or mother a member of another Tribe? Yes No

Father's Name of Tribe: _____ Tribal ID #: _____

Mother's Name of Tribe: _____ Tribal ID #: _____

Are you currently receiving TANF from the State of Minnesota? Yes No

If NO, have you received TANF in the past? Yes No

Dates? From ___/___/___ To ___/___/___ From ___/___/___ To ___/___/___

Are you or have you been a victim of Family Violence? Yes No

If Yes, do you currently have a Restraining Order/ Order of Protection or statement from a close relative, friend or another person? Yes No

If you have a Restraining Order or Order of Protection, what is the name of the Court that issued the order: _____

(We will need some type of verification of this.)

V. CHILD'S INFORMATION (If you are applying for child support services for more than three children of this Father, please request a Supplemental Child form from us).

Child Number _____

Name: _____ SSN _____

Birth Date: _____ Birth Place: _____

Is this child a member of the Leech Lake Band of Ojibwe? Yes No

Leech Lake Tribal ID #: _____

If NO, is the child a member of another Tribe? Yes No

Name of Tribe: _____ Tribal ID #: _____

Is this child currently receiving TANF from the State of Minnesota ? Yes No

If NO, has this child received TANF in the past? Yes No

Dates? From ___/___/___ To ___/___/___ From ___/___/___ To ___/___/___

Has paternity already been established for this child? Yes No

If YES, how? _____

Who does this child live with? _____

Child Number _____

Name: _____ SSN _____

Birth Date: _____ Birth Place: _____

Is this child a member of the Leech Lake Band of Ojibwe? Yes No

Leech Lake Tribal ID #: _____

If NO, is the child a member of another Tribe? Yes No

Name of Tribe: _____ Tribal ID #: _____

Is this child currently receiving TANF from the State of Minnesota ? Yes No

If NO, has this child received TANF in the past? Yes No

Dates? From ___/___/___ To ___/___/___ From ___/___/___ To ___/___/___

Has paternity already been established for this child? Yes No

If YES, how? _____

Who does this child live with? _____

Child Number _____

Name: _____ SSN _____

Birth Date: _____ Birth Place: _____

Is this child a member of the Leech Lake Band of Ojibwe? Yes No

Leech Lake Tribal ID #: _____

If NO, is the child a member of another Tribe? Yes No

Name of Tribe: _____ Tribal ID #: _____

Is this child currently receiving TANF from the State of Minnesota? Yes No

If NO, has this child received TANF in the past? Yes No

Dates? From ___/___/___ To ___/___/___ From ___/___/___ To ___/___/___

Has paternity already been established for this child? Yes No

If YES, how? _____

Who does this child live with? _____

Child Number _____

Name: _____ SSN _____

Birth Date: _____ Birth Place: _____

Is this child a member of the Leech Lake Band of Ojibwe? Yes No

Leech Lake Tribal ID #: _____

If NO, is the child a member of another Tribe? Yes No

Name of Tribe: _____ Tribal ID #: _____

Is this child currently receiving TANF from the State of Minnesota ? Yes No

If NO, has this child received TANF in the past? Yes No

Dates? From ___/___/___ To ___/___/___ From ___/___/___ To ___/___/___

Has paternity already been established for this child? Yes No

If YES, how? _____

Who does this child live with? _____

VI. NONCUSTODIAL PARENT'S FINANCIAL INFORMATION

Is the noncustodial parent currently working? Yes No

If Yes, does the noncustodial parent work for either the Tribe or a tribally-owned business?

Yes No

Employer Name: _____

Employer Address; _____
Street/City/State/Zip Code

Employer Phone Number: _____

Hourly Pay \$ _____ Hours Per Week _____ If salaried, salary per year \$ _____

Is health insurance available through work? Yes No

Is the Absent Parent currently in school or a training program?

School or Training: _____ Degree/Certificate _____

Does the Absent Parent have any licenses (hunting, fishing, gathering):

Does the Absent Parent own a car or truck?

Vehicle: _____ Value \$ _____

Description: Make/Model/Year

Name on Vehicle Title _____

Does the Absent Parent have a bank account?

Bank Account: _____ Name of Financial Institution: _____
Checking/Savings

Other Financial Assets you are aware of:

VII. MARRIAGE AND PATERNITY INFORMATION

Were the parents of the child(ren) ever married to each other? Yes No

If Yes:

Date of Marriage: _____ Place of Marriage: _____
City and State

If the parents were never married to each other, did the father sign a Paternity Affidavit?

Yes No

If Yes:

Name of the child(ren) _____

Date Signed: _____ Place Signed: _____
City and State

If never married to each other, has the children's father been named in a State or Tribal Court order?

Yes No

If Yes:

Date Entered: _____ Place Entered: _____
City and State

VIII. COURT ORDER INFORMATION

If the parents of the children were married, are they now divorced? Yes No

If Yes:

Date of Divorce: _____ Place of Divorce: _____
City and State

Is there an order that requires the Non-Custodial Parent to pay child support for this child or children?

Yes No

If Yes:

Type of Order (Divorce, Dissolution, Tribal, Paternity, Temporary, etc.)

Order # _____ Date Entered: ___/___/___ Place Entered: _____
City/State

Name of the Court _____

Amount of Child Support Ordered: \$ _____ Frequency: _____
(Weekly, Semi-Monthly, Monthly, etc.)

Where are the payments made? _____

Have you ever applied for Child Support Services for this child or children in the past?

Yes No

If Yes:

Name of the Agency where you applied for services _____

Date you applied for services: _____

MY UNDERSTANDING

I understand that all the information that I give is, to the best of my knowledge, true and correct and that it may be used in court.

I understand that if I am alleging to be the father of the child(ren) listed on this application and I am seeking to establish paternity for the child(ren), that if I am later found to be the father of the child(ren) that further actions will be taken, among these is the establishment of a court-ordered child support obligation for the child(ren). I understand that if I have any questions regarding what further actions may be taken, I should contact the Leech Lake Band of Ojibwe Child Support Enforcement Program Office for further information.

I understand that the Leech Lake Band of Ojibwe Child Support Enforcement Program does not represent either parent in this child support case in any of the child support actions taken in my case. I understand that the Leech Lake Band of Ojibwe Prosecuting Attorney represents the Leech Lake Band of Ojibwe Child Support Enforcement Program and not individual parents. I understand that Child support services provided by the attorney do not create an attorney-client relationship.

I agree to tell the Leech Lake Band of Ojibwe Child Support Enforcement Program of any new or changed information that relates to the information that I have already provided. I understand that the Leech Lake Band of Ojibwe Child Support Enforcement Program may terminate services provided to me if I refuse to comply or cooperate with the policies and procedures of the Leech Lake Band of Ojibwe Child Support Enforcement Program.

I authorize the Leech Lake Band of Ojibwe Child Support Enforcement Program to collect child support on my behalf.

PRINT NAME	My relationship to the child
SIGNATURE	DATE

Return completed Application to:

Leech Lake Band of Ojibwe Child Support Enforcement Program
P.O. Box 577
Cass Lake, MN 56633

Subscribed and sworn to before me in my presence,
This _____ day of _____
A Notary Public in and for the
County of _____
State of _____

(Signature of Notary Public)
My Commission expires _____

Request for Case Closure to State of Minnesota

I elect to receive Child Support Services from the Leech Lake Band of Ojibwe Child Support Enforcement Program. I am therefore requesting that the State of Minnesota, Department of Human Services, Child Support Enforcement Division, close my child support case and transfer all related information to the Leech Lake Band of Ojibwe Child support Enforcement Program.

SIGNATURE

DATE



Leech Lake Band of Ojibwe Child Support Enforcement Program

P.O. Box 577

Cass Lake, MN 56633

Phone Number 218-339-5640 Fax Number 218-339-5641

FINANCIAL AFFIDAVIT

LLBO CSEP Case Number: _____

Name: _____ DOB ___/___/___

SSN _____ If self-employed, Employer ID# _____

Address: _____
City/State/ Zip Code

Phone Number: _____ Message Phone _____

Employer Name _____

How long have you worked there? _____ Work Phone _____

Employer Address _____

Occupation _____ Is this a Tribal Employer? Yes No

Wages: \$ _____ Hourly Weekly Monthly Year Seasonal

Is Health Insurance available? Yes No

Name of Insurance Company _____

Insurance Company Address _____

Policy Number _____ Coverage Type (Check ALL that apply)

- Hospitalization
- Major Medical
- Prescription
- Dental
- Vision
- Other

List all who are covered by your insurance policy:

Amount of child support you pay for other children: \$ _____

Are you currently responsible for child care expenses? Yes No

If yes, what are the expenses? _____

How often is this paid? _____

List any other income you receive and where the income comes from:

Income: \$ _____ Frequency: _____ Source _____

\$ _____ Frequency: _____ Source _____

\$ _____ Frequency: _____ Source _____

Monthly Payments: \$ _____ House Payment

\$ _____ Rent

\$ _____ Electric

\$ _____ Gas

\$ _____ Water

\$ _____ Phone

Do you have any other children currently residing with you who you are financially responsible for, other than the child(ren) you have in common with the Custodial Parent in this case?

Yes No

If 'Yes', how many? _____

PLEASE ATTACH THE FOLLOWING VERIFICATION TO THIS FORM:

- Last two (2) years income tax returns
- Proof of any income you receive besides wages
- Current wage stubs (last two pay periods)

Signature

Date

Subscribed and sworn to before me in my presence,

This _____ day of _____

A Notary Public in and for the

County of _____

State of _____

(Signature of Notary Public)

My Commission expires _____