



Yurok Child Support Services
 427 F Street, Ste. 234 • P.O. Box 45 • Eureka, CA 95502
 Phone: (707) 269-0695 • Fax: (707) 269-0645

APPLICATION FOR CHILD SUPPORT SERVICES

| | | |
|-------------------------|----------------------|------------|
| OFFICE USE ONLY: | | |
| Date Requested: _____ | Date received: _____ | FGN: _____ |

Please mark all that apply:

- I have a case with another child support agency. Where? _____
- I want to transfer my case from California Child Support to the Yurok Tribe.
- I am or the child(ren) are receiving assistance from the State of California.
- I am or the child(ren) are receiving assistance from the Yurok Tribe.

I. CUSTODIAL PARENT: This section is about the person with whom the child(ren) actually lives.

| | | | | | |
|---|--|---------------------------------|-------|------------------------|--|
| Full legal name: | | Last | First | Middle | Maiden/Alias Name |
| Date of birth: | | Social Security Number: | | | Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Race: | | If Native American, what tribe? | | | |
| What is the relationship of the child(ren) to the custodial parent? | | | | Who has legal custody? | |
| Mailing Address: | | City | State | Zip Code | |
| Physical Address: | | City | State | Zip Code | |
| County of Residence: | | | | Home Phone Number: | |

DOMESTIC VIOLENCE INFORMATION

| | |
|--|-------|
| Have you or your child(ren) of this application experience any type of abuse from the non-custodial parent? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No Type: <input type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> Sexual | |
| Has the non-custodial parent had a protective order against him/her? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, what court issued the order? | Date: |
| Do you believe that you or the child(ren) may be at risk of emotional or physical harm if the other parent knows where to find you? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| If yes, do you want a Family Violence Non-Disclosure Statement to complete and return to this office? | |
| <input type="checkbox"/> Yes <input type="checkbox"/> No If you decide not to fill out the statement at this time, you may request one at a later date. | |

YCSS – APPLICATION FOR CHILD SUPPORT SERVICES

LIST BELOW ALL PRESENT AND PAST EMPLOYMENT, beginning with the most recent and working back for the past five years. You should list all full-time, part-time work, military service, self-employment, other paid work, student and all periods of unemployment. The entire five-year period must be accounted for without breaks.

| Name of Employer and Phone Number | Address (City/State) | From Mo/Yr | To Mo/Yr | Occupation | Hours per week | Hourly Wages |
|-----------------------------------|----------------------|------------|----------|------------|----------------|--------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

OTHER SOURCES OF INCOME: Please list income that you receive from anywhere else. Provide the source of the income, how frequently you receive the income and the amount you receive. For Example: Social Security Disability, Supplemental Security Income (SSI), Unemployment Compensation, Workman’s Compensation, Retirement, etc.

| SOURCE OF INCOME | FREQUENCY RECEIVED | AMOUNT RECEIVED |
|------------------|--------------------|-----------------|
| | | |
| | | |
| | | |
| | | |

II. NON-CUSTODIAL PARENT INFORMATION: This section is about the person who **DOES NOT** have custody of the children.

A. INFORMATION ABOUT THE FATHER or the person who may be the father of the child(ren), if not the custodial parent.

| | | | | |
|--|---------------------------------|--------------------|---|----------------------|
| Full legal name: | Last | First | Middle | Alias name |
| Date of birth: | Place of birth (city, state): | | Social Security number: | |
| Race: | If Native American, what tribe? | | | |
| Height: | Eye color: | | Hair color: | |
| Identifying marks (tattoos, scars, etc.): | | | Is the father disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Home address: | City | State | Zip Code | |
| Home phone number: | Cell phone/pager number: | | Cell | Pager |
| Is the father currently residing with other parties? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, with whom? | | Relationship |
| | | If yes, when? | | Where? (city, state) |

YCSS – APPLICATION FOR CHILD SUPPORT SERVICES

| | |
|---|--|
| Has father ever been in jail or prison? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
|---|--|

List information about the father's vehicle:

| | | | | | |
|-------|-------|--------|--------|-------------|--------|
| Year: | Make: | Model: | Color: | Tag Number: | State: |
|-------|-------|--------|--------|-------------|--------|

Military Service information:

| | |
|---|---------------------------|
| Is the father in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, dates of service: |
| Branch of service (check): <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard <input type="checkbox"/> National Guard | |
| Reserve information: Is the father enlisted in the reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Please provide additional information about the father's parents/relatives/friends:

| | | | |
|-------------------------------|-------|--------|----------------|
| Mother's name: Last | First | Middle | Phone number: |
| Address: | | City | State Zip Code |
| Father's name: Last | First | Middle | Phone number: |
| Address: | | City | State Zip Code |
| Relatives/Friend's name: Last | First | Middle | Phone number: |
| Address: | | City | State Zip Code |

LIST BELOW ANY EMPLOYMENT, for the father beginning with the most recent.

| Name of Employer and Phone Number | Address (City/State) | From Mo/Yr | To Mo/Yr | Occupation | Hours per Week | Hourly Wages |
|-----------------------------------|----------------------|------------|----------|------------|----------------|--------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

B. INFORMATION ABOUT THE MOTHER, if not the custodial parent.

| | | | |
|-----------------------|---------------------------------|-------------|-------------------------|
| Full legal name: Last | First | Middle | Maiden/alias name |
| Date of birth: | Place of birth (city, state): | | Social Security number: |
| Race: | If Native American, what tribe? | | |
| Height: | Eye color: | Hair color: | |

YCSS – APPLICATION FOR CHILD SUPPORT SERVICES

| | | | |
|--|--|---|----------------------|
| Identifying marks (tattoos, scars, etc.): | | Is the mother disabled? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Home address: | | City | State |
| | | Zip Code | |
| Home phone number: | | Cell phone/pager number: | Cell Pager |
| Is the mother currently residing with other parties? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, with whom? | Relationship |
| Has mother ever been in jail or prison? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, when? | Where? (city, state) |

List information about the mother's vehicle:

| | | | | | |
|-------|-------|--------|--------|-------------|--------|
| Year: | Make: | Model: | Color: | Tag Number: | State: |
|-------|-------|--------|--------|-------------|--------|

Military Service Information:

| | |
|---|---------------------------|
| Is the mother in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, dates of service: |
| Branch of service (check): <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard <input type="checkbox"/> National Guard | |
| Reserve information: Is the father enlisted in the reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No | |

Please provide additional information about the mother's parents/relatives/friends:

| | | | |
|-------------------------------|-------|----------|---------------|
| Mother's name: Last | First | Middle | Phone number: |
| Address: | | City | State |
| | | Zip Code | |
| Father's name: Last | First | Middle | Phone number: |
| Address: | | City | State |
| | | Zip Code | |
| Relatives/Friend's name: Last | First | Middle | Phone number: |
| Address: | | City | State |
| | | Zip Code | |

LIST BELOW ANY EMPLOYMENT, for the mother beginning with the most recent.

| Name of Employer and Phone Number | Address (City/State) | From Mo/Yr | To Mo/Yr | Occupation | Hours per week | Hourly Income |
|-----------------------------------|----------------------|------------|----------|------------|----------------|---------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

YCSS – APPLICATION FOR CHILD SUPPORT SERVICES

III. INFORMATION ABOUT THE CHILD(REN). Please list only children with the same mother and father.

CHILD #1

Is the child receiving TANF, Medicaid and/or medical benefits? Yes No If yes, where: _____

| | | | | |
|--|----------------|--|--|------------|
| Full legal name of child: Last First Middle | | | Social Security number: | |
| Date of birth: | City of birth: | | State of birth: | |
| Sex: | Race: | If Native American, what tribe? | Has enrollment card been issued? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If the child is 18, is he/she currently in high school? <input type="checkbox"/> Yes <input type="checkbox"/> No | Name of school: | |
| School address: | | City | State | Zip Code |
| Graduation Year: | | | | |
| Will the father name anyone else as a possible father? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, who? | Last name | First name |

CHILD #2

Is the child receiving TANF, Medicaid and/or medical benefits? Yes No If yes, where: _____

| | | | | |
|--|----------------|--|--|------------|
| Full legal name of child: Last First Middle | | | Social Security number: | |
| Date of birth: | City of birth: | | State of birth: | |
| Sex: | Race: | If Native American, what tribe? | Has enrollment card been issued? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If the child is 18, is he/she currently in high school? <input type="checkbox"/> Yes <input type="checkbox"/> No | Name of school: | |
| School address: | | City | State | Zip Code |
| Graduation Year: | | | | |
| Will the father name anyone else as a possible father? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, who? | Last name | First name |

CHILD #3

Is the child receiving TANF, Medicaid and/or medical benefits? Yes No If yes, where: _____

| | | | | |
|--|----------------|--|--|------------|
| Full legal name of child: Last First Middle | | | Social Security number: | |
| Date of birth: | City of birth: | | State of birth: | |
| Sex: | Race: | If Native American, what tribe? | Has enrollment card been issued? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If the child is 18, is he/she currently in high school? <input type="checkbox"/> Yes <input type="checkbox"/> No | Name of school: | |
| School address: | | City | State | Zip Code |
| Graduation Year: | | | | |
| Will the father name anyone else as a possible father? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, who? | Last name | First name |

YCSS – APPLICATION FOR CHILD SUPPORT SERVICES

CHILD #4

Is the child receiving TANF, Medicaid and/or medical benefits? Yes No If yes, where: _____

| | | | | |
|--|----------------|--|--|------------------|
| Full legal name of child: Last First Middle | | | Social Security number: | |
| Date of birth: | City of birth: | | State of birth: | |
| Sex: | Race: | If Native American, what tribe? | Has enrollment card been issued? <input type="checkbox"/> Yes <input type="checkbox"/> No | |
| Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If the child is 18, is he/she currently in high school? <input type="checkbox"/> Yes <input type="checkbox"/> No | Name of school: | |
| School address: | | City | State | Zip Code |
| | | | | Graduation Year: |
| Will the father name anyone else as a possible father? <input type="checkbox"/> Yes <input type="checkbox"/> No | | If yes, who? | Last name | First name |

IV. INFORMATION ABOUT CHILD SUPPORT OBLIGATION.

| | | | |
|---|-------|----------------------------|--------|
| The relationship between the mother and father of the child(ren): (check) <input type="checkbox"/> Never married <input type="checkbox"/> Married/living apart <input type="checkbox"/> Divorced <input type="checkbox"/> Lived together | | | |
| Date of separation: | | Date of living apart: | |
| | | Date of Decree of Divorce: | |
| Date of marriage: | City: | County: | State: |

Have you ever appeared in any court, regarding the above child(ren), for one of the following reasons? (check)
 Child Support Divorce Child Custody Legal paternity Domestic Violence

If yes, where did you appear (city/county and state)? _____

Please complete portions A and B to the best of your knowledge. If you need assistance completing any of these portions you may call or visit our office for assistance.

A. COURT ORDER INFORMATION. (Attach copies of your divorce decree, paternity order, custody order or any tribal orders, etc.)

| | | | |
|---|--------------------|-----------------------------------|---|
| Date of order: | Court case number: | What court? | |
| City: | County: | State: | If tribal or CFR court what tribe issued the order? |
| If child support was ordered, how much? | | Per week, bi-weekly or per month? | |
| If a private attorney was consulted for this order, please give name, address and phone number: | | | |
| Name of attorney currently working on your case | | Attorney's address/phone number | |

B. PENDING COURT ORDERS. (Please attach copy).

| | | |
|--|---|---------|
| Is there any legal action that affects the child(ren)? | Is the child(ren) in Indian Child Welfare (ICW) or DHS custody? | |
| Date child(ren) placed in ICW/DHS custody: | If child(ren) in ICW/DHS care, what tribe or county? | |
| Date of filing: | Court case number: | County: |

YCSS – APPLICATION FOR CHILD SUPPORT SERVICES

| | | |
|---|---------------------------------------|------------------------------|
| State: | In what court is the paperwork filed? | If tribal court, what tribe? |
| If child support has been ordered, how much is the non-custodial parent ordered to pay? | | How often? |
| If a private attorney was consulted for this order, please give name, address and phone number: | | |
| Name of attorney currently working on your case | Attorney's address/phone number | |

V. REFERRAL SECTION

| |
|---|
| Were you referred to Yurok Child Support Services by another agency or department? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, by whom? _____ |
|---|

VI. Please indicate how you would like to receive your child support payments:

Check Direct Deposit or Debit card

VII. COMMENTS: Please provide additional information that your feel could assist our office in enforcing your child support order. (If necessary, you may use the back of the page.)

STATEMENT OF UNDERSTANDING

1. I understand that Yurok Child Support Services (YCSS) is here to act in the public interest to protect children’s rights and to make sure that the parents financially support their children. I understand that the responsibilities of the child support program do not allow the staff of YCSS to have the same confidential relationship with me as I would have with a private attorney. Information I provide will be kept from the general public but may be used as needed to collect support from either parent. I give YCSS permission to give any necessary information to law enforcement officers, public officials, court or others to assist me to collect child support.
2. I understand that YCSS attorneys or child support staff does not represent me.
3. I agree to fill out forms and affidavits as requested, to have genetic testing and attend court to give testimony if required. I agree to cooperate fully with YCSS, law enforcement officers and the court. I will notify YCSS of my new address in writing every time I move.
4. I agree to give all identifying information requested to assist in locating and collecting child support from the non-custodial parent (NCP) and/or prove who is the biological father of my child(ren). This includes any information that I know about or any documentation that I have.
5. I understand that YCSS cannot help with issues such as custody and property settlements. I agree to tell YCSS if I hire a private attorney to collect or modify child support or spousal support for me.
6. I agree that starting with the date of my application all money paid for child support will go through the Child Support Enforcement Tribal Payment Center. I give YCSS the authority to endorse child support checks made out to me
7. I understand if I keep child payments to which I am not entitled because the NCP paid me directly for support assigned to the tribe or state or because payments were sent to me in error, YCSS will recover the overpayment from me
8. I understand and agree to all the terms above. I understand that if I violate any of the agreements or fail to cooperate with YCSS, my case may be closed. The information provided in this application is true and correct to the best of my knowledge.

Date: _____

Signature: _____