



Meskwaki Nation Child Support Services
PO Box 36 • 349 Meskwaki Road
Tama, Iowa 52339
(641) 484-9301

For Office Use Only

Date Requested:

Date Sent:

Date Received:

Date Entered:

Entered by:

APPLICATION FOR CHILD SUPPORT SERVICES

Instructions to the Applicant

Please print or type all answers and be as complete as possible in answering each question. If you do not know an answer, print "Unknown" in the space, if it does not apply to you print "NA" or "Not Applicable." Our staff is available to assist you in completing the form and answer any questions. The information you provide on this form will be Confidential. The Meskwaki Nation Child Support Services (MNCSS) will not release ANY of your confidential information without your prior written consent, unless it is permitted to do so by the Child Support Services Program policy.

PLEASE ANSWER THE FOLLOWING:

I am requesting help from Meskwaki Nation Child Support Services with the following services:

Please place a check mark or an "X" in the box next to your selection(s):

	Finding the Non-Custodial Parent	Location Services
	Establishing who the father of my child(ren) is (are)	Paternity Establishment
	Establishing a child support order for my child(ren)	Establish an Order of Support
	Getting the Non-Custodial Parent of my child(ren) to pay child support because of a court order	Enforcement
	Collecting back child support owed to me	Collection
	Changing the amount of my current child support	Review & Modification
	Request for registration of my Child Support Order	Enforcement
	Request to transfer my Child Support Case from the State of Iowa (or, if other, name of state/tribe _____) to MNCSS	Transfer Case
	Request assistance with Parenting Plan Development – Communications with Co-Parent *Mediation *Elder’s Circle	
	Other:	

Section I: Custodial Parent – Person that should receive Child Support

Last

First

Middle

Maiden

Full Legal Name:	
AKA:	
AKA:	

Mailing Address:	City	State	Zip Code
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Residential Address:	City	State	Zip Code
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Is this address within the exterior boundaries of the Meskwaki Indian Settlement? Yes No

Social Security No.	Date of Birth:	City/State of Birth:
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Present Marital Status:
 Single Married Divorced Widowed Separated Other:

Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Currently in the Military: <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service:
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Currently Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently Retired: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address:
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County of Residence:	Home Phone No:	Cell Phone No:	Work Phone No:
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Are you a member of the Meskwaki Nation (Sac & Fox Tribe of Miss. in Iowa) or other federally recognized Tribe? Yes No

Other Tribe: _____ **Membership ID Number:** _____

Any other Affiliated Tribe(s):	CDIB: <input type="checkbox"/> Yes <input type="checkbox"/> No	Identifying Marks:
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Do you have legal Custody of the child(ren) listed on this application? Yes No

What is your relationship to the child(ren) listed on this application:

Are you willing to submit to the personal jurisdiction of the Sac & Fox Tribe of the Mississippi in Iowa (Meskwaki) Tribal Court? Yes No

Are you currently working? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is this a Tribal or tribally-owned business? <input type="checkbox"/> Yes <input type="checkbox"/> No
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Employer Name:	City	State	Zip Code
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Date of Employment:	Income: \$ _____ Hour/Week/Month	If salaried, salary per year: \$ _____
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Applicant Name: _____

Is health insurance available through work? <input type="checkbox"/> Yes <input type="checkbox"/> No			
If Yes, are you currently enrolled in the health insurance plan? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Health Insurance Plan/Carrier: _____			
Bank Account Information:			
Do you have a checking account? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you have a savings account? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Name of Financial Institution: _____		Name of Financial Institution: _____	
Account Number: _____		Account Number: _____	
Note: Please provide Direct Deposit Authorization Form from your bank so that we may direct deposit any child support collections received to your account.			
Are you currently receiving MEDICAID, or any medical assistance? <input type="checkbox"/> Yes <input type="checkbox"/> No			
What type of medical assistance?		From which state/tribe?	
Height:	Weight:	Hair Color:	Eye Color:
*Identifying Marks (tattoos, scars, piercings, birthmarks, physical impairments, etc.):			
Trusted Family/Next of Kin: If we lose contact with you, please provide names, address and phone numbers of two family members or friends who may be able to assist us in locating you.			
Kin Name 1:		Cell Phone No:	Home Phone No:
Relationship to Applicant:		City	State Zip Code
Kin Name 2:		Cell Phone No:	Home Phone No:
Relationship to Applicant:		City	State Zip Code
TPR Proceedings?			
Are there any current legal proceedings pending in either the Sac & Fox Tribe of the Mississippi in Iowa Tribal Court or a District Court or action being taken by Meskwaki Family Services regarding the <u>Termination of Parental Rights</u> related to the child(ren) listed in this application? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Child(ren) involved in TPR Proceedings:			
Adoption Proceedings?			
Are there any current legal proceedings pending in either the Sac & Fox Tribe of the Mississippi in Iowa Tribal Court or a District Court or action being taken by the Meskwaki Family Services regarding <u>Adoption</u> of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Name of Child(ren) involved in Adoption Proceedings:			

Section II: Non-Custodial Parent – Person Responsible for Paying Child Support

	<i>Last</i>	<i>First</i>	<i>Middle</i>	<i>Maiden</i>
Legal Name:				
AKA:				
AKA:				
Mailing Address:	City	State	Zip Code	
Residential Address:	City	State	Zip Code	
Is this address within the exterior boundaries of the Meskwaki Indian Settlement? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Social Security No:	Date of Birth:	City/State of Birth:	Currently incarcerated: <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
Present Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Other:				
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Currently in the Military: <input type="checkbox"/> Yes <input type="checkbox"/> No	Branch of Service:		
Currently Disabled: <input type="checkbox"/> Yes <input type="checkbox"/> No	Currently Retired: <input type="checkbox"/> Yes <input type="checkbox"/> No	Email Address:		
County of Residence:	Home Phone No:	Cell Phone No:	Work Phone No:	
Are you a member of the Meskwaki Nation (Sac & Fox Tribe of Miss. in Iowa) or other federally recognized Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Other Tribe:		Membership ID Number:		
Any other Affiliated Tribe(s):	CDIB: <input type="checkbox"/> Yes <input type="checkbox"/> No	Identifying Marks:		
Height:	Weight:	Eye Color:		
Employer Name:	City	State	Zip Code	
Work Phone/Fax Numbers:	Income: (circle) \$ Hour/Week/Month	Approx. Date of Employment:		
Is health insurance available through work? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If Yes, are you currently enrolled in the health insurance plan? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Name of Health Insurance Plan / Carrier:				
Vehicle Information:	Year/Make/Model:	Color:	TAG Number:	
How many years of school or training has the Non-Custodial Parent attended?				
Degree/Certificate:				

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Other licenses the non-custodial parent has (hunting, fishing, gathering)?
Does the Non-Custodial Parent receive assistance from the Meskwaki Nation? <input type="checkbox"/> Yes <input type="checkbox"/> No
Bank Account Information: Checking <input type="checkbox"/> Savings <input type="checkbox"/>
Name of Financial Institution/s:
To your knowledge has Non-Custodial Parent consulted an attorney concerning child support? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, please provide attorney's name, address, and phone number:
Name, Address, Phone Number of <u>additional contact person/s</u> and <u>their relationship to the Non-Custodial Parent</u> :
Please provide any additional information concerning Non-Custodial Parent, a friend, another or previous address, other phone numbers, type of job this person has worked, etc. :

Section III: Children (Note: Please list the children oldest to youngest)

CHILD 1:

Child's Full Legal Name	Last	First	Middle
Social Security No:	Date of Birth:	Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship of Child to the Applicant:	Is there a Current Child Support Order for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No What jurisdiction?		
Mailing Address:	City	State	Zip Code
Cell Phone No.:	Home Phone No.:	County of Residence:	Birth City, State:
Is this child a member of the Meskwaki Nation (Sac & Fox Tribe of Miss. in Iowa) or other federally recognized Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Tribe:		Membership ID Number:	
Any other Affiliated Tribe(s):	CDIB: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is child in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Grade:	Name of School, Address, & Phone No.:		
Is the Father's name on the Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No	Is Paternity in Question? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Father's Full Name:	Alleged Father's Name:		

CHILD 2:

Child's Full Legal Name	Last	First	Middle
Social Security No:	Date of Birth:	Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship of Child to the Applicant:		Is there a Current Child Support Order for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No What jurisdiction?	
Mailing Address: City State Zip Code			
Cell Phone No.:	Home Phone No.:	County of Residence:	Birth City, State:
Is this child a member of the Meskwaki Nation (Sac & Fox Tribe of Miss. in Iowa) or other federally recognized Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Tribe:		Membership ID Number:	
Any other Affiliated Tribe(s):	CDIB: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is child in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Grade:	Name of School, Address, & Phone No.:		
Is the Father's name on the Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is Paternity in Question? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Father's Full Name:		Alleged Father's Name:	

CHILD 3:

Child's Full Legal Name	Last	First	Middle
Social Security No:	Date of Birth:	Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Relationship of Child to the Applicant:		Is there a Current Child Support Order for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No What jurisdiction?	
Mailing Address: City State Zip Code			
Cell Phone No.:	Home Phone No.:	County of Residence:	Birth City, State:
Is this child a member of the Meskwaki Nation (Sac & Fox Tribe of Miss. in Iowa) or other federally recognized Tribe? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Other Tribe:		Membership ID Number:	
Any other Affiliated Tribe(s):	CDIB: <input type="checkbox"/> Yes <input type="checkbox"/> No	Is child in school? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Grade:	Name of School, Address, & Phone No.:		
Is the Father's name on the Birth Certificate? <input type="checkbox"/> Yes <input type="checkbox"/> No		Is Paternity in Question? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Father's Full Name:		Alleged Father's Name:	

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*Need to list additional children? Please ask for the "Supplemental Child Page"

SECTION IV: Domestic Violence

Have you or your children ever experienced any type of abuse during this relationship? __Yes __No Type: __ Physical __ Verbal __ Sexual	
Has a Protective Order ever been issued against you or the other parent? __Yes __No	If so, when, where and against who?
Do you feel that you or your children are at risk of physical harm at this time? __Yes __No	
Do you feel you or your children may become at risk of physical harm at some point in the future? __Yes __No	

Section V: Tribal/State TANF or Iowa Family Investment Program (FIP) Information

Are you or your children currently receiving TANF/FIP? __Yes __No If Yes, Beginning Date:	Have you or your children ever received TANF/FIP? __Yes, State __Yes, Tribal __No If Yes, Beginning/Ending Date:
If yes, Case Manager's or IMW's (Income Maintenance Worker) Name and Location:	
Are you or your children currently receiving any other type of Tribal or State Assistance? __Yes __No If Yes, What type and Where?	

Section VI: Court Information

The following section pertains to all court documents and information concerning an existing child support case. Please provide as much information as possible or information you may feel is relevant to child support.	
Have you appeared in court for any of the following:	
<input type="checkbox"/> Child Support - Name of Court: _____	Date: _____
<input type="checkbox"/> Establishment of Paternity - Name of Court: _____	Date: _____
<input type="checkbox"/> Divorce - Name of Court: _____	Date: _____
<input type="checkbox"/> Child Custody - Name of Court: _____	Date: _____
<input type="checkbox"/> Modification of your Child Support Order - Name of Court: _____	Date: _____
<input type="checkbox"/> Past Due Child Support Judgment - Name of Court: _____	Date: _____

NOTE: Please provide a copy of all orders checked above. If you need help with getting a copy of the order or you are not sure how to proceed, please contact the MNCSS staff for help.

If Child Support has been ordered, what is the amount of Monthly Support Ordered: \$
How Often to be Paid? Weekly, Twice a Month, Semi-Monthly, Monthly, Annually (Circle one)

If a judgment has been entered for past due child support (arrears), what is the amount of the judgment? \$_____

Is there any legal action presently pending concerning the children in this case? __Yes __No If yes, please explain:

Are the children currently, or have they been in the past, in the custody of Indian Child Welfare (ICW or MFS) or State Child Welfare (DHS)? __Yes __No If yes, please provide details:

What the relationship between the father and the mother of the children?	<input type="checkbox"/> Never Married	<input type="checkbox"/> Married/living apart
	<input type="checkbox"/> Divorced	<input type="checkbox"/> Legally Separated

If Married: Date of Marriage City County State Tribal Court

If Divorced: Date of Divorce City County State Tribal Court

If Legally Separated: Date of Separation City County State Tribal Court

List the months and years lived together with beginning and ending dates:

If parents were Never Married to each other, did the father sign a Voluntary Paternity Affidavit or Paternity Acknowledgement? __Yes __No

If Yes, Date entered: Place Entered: City State

Have you ever applied for Child Support Services in the past? __Yes __No
If yes, please provide the name of the Agency where you applied for services and the Date you applied for Services:

APPLICANT'S STATEMENT OF UNDERSTANDING

I understand that if I am alleging to be the father of the child(ren) listed on this application, I may seek to establish paternity for the child(ren). I also understand that if I am found to be the father of these child(ren), a court order for child support will also be established for the child(ren) as a result of this request. I understand that if I have any questions regarding what further actions may be taken, I should contact the MNCSS Office for further information.

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 the Meskwaki Nation Child Support Services does not represent myself or the other parent in this child support case or in any of the child support actions taken in my case.

I understand that the MNCSS Staff Attorney represents the Meskwaki Nation Child Support Services and not individual parents. I understand child support services provided by the MNCSS Staff Attorney, does not create an attorney-client relationship.

I agree to tell the Meskwaki Nation Child Support Services of any new or changed information that relates to the information that I have already provided, including a change in address, income and/or employer.

I understand that the Meskwaki Nation Child Support Services may terminate services provided to me if I refuse to comply or cooperate with the policies and procedures of the MNCSS.

I authorize the Meskwaki Nation Child Support Services (MNCSS) to collect child support on my behalf.

(*SIGN IN FRONT OF A NOTARY)

PRINTED NAME

Relationship to the child(ren)

SIGNATURE

DATE

STATE OF _____, COUNTY OF _____
SUBSCRIBED and SWORN to (or affirmed) before me
this ____ day of _____.

SIGNATURE OF PUBLIC NOTARY _____

MY COMMISSION EXPIRES: _____

Return Completed Application To:

Meskwaki Nation Child Support Services (Mailing address)
P.O. Box 36
Tama, Iowa 52339

OR

Meskwaki Nation Child Support Services (Located in the Meskwaki Justice Center)
307 Meskwaki Road
Tama, Iowa 52339

****** MNCSS Personnel Only – Case Initiation:**

NCP Client No. _____ CP Client No. _____
Child 1 Client No. _____ Child 2 Client No. _____ Child 3 Client No. _____
Child 4 Client No. _____ Child 5 Client No. _____ Child 6 Client No. _____

****** MNCSS Personnel Only – FGN & Case No.:**

NCP FGN: _____ CP FGN: _____ ACTIVE: ____Yes ____No ____Pending

Intake Interview conducted by: _____ Date: _____
(Signature)