



**Shoshone-Bannock Tribes**  
**Title IV-D Child Support Services Program**  
**Tribal Justice Center**  
**P. O. Box 306**  
**Fort Hall, ID 83203**  
**Phone (208) 236-1068 \* Fax (208) 236-1153**



## APPLICATION FOR CHILD SUPPORT SERVICES

Services Requested (check all that apply):  Locate Mother  Locate Father  Establish Paternity  
 Establish  Modify  Enforce Support Order

<b>A. APPLICANT INFORMATION</b>				If you are the <b>Legal Guardian or Custodian</b> , please submit a Section B for each biological parent.	
Person Completing Application is: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Custodian/Caretaker <input type="checkbox"/> Legal Guardian					
Full legal name:		Last	First	Middle	Maiden/Other name:
Date of birth:	Social Security Number:			American Indian/Alaska Native? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tribal affiliation:			Enrollment #:		
Mailing address:		City/State:		Zip code:	
Physical address:		City/State:		Zip code:	
Located on Fort Hall Reservation <input type="checkbox"/>					
County of residence:		Country of residence:		Phone number:	
Do you currently receive or formerly received Worker's Compensation, SSDI, Military or Veteran's benefits, TANF, Medicaid, SCHIP, Commodities, Food Stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, list all that apply.</b>					
Do you have an attorney/advocate representing you on any matter related to the other party? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, Name:</b> _____ <b>Phone:</b> _____					
Do you currently reside with other parties? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, with whom? _____ Relationship: _____					
Have you ever been or are you currently incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, dates of incarceration:</b> _____ City and State: _____ DOC#: _____					
Employer Name (if you are mother or father):		Address:	Wage per hour:		Hours worked per week:
If you are the mother or father, do you have assets or income from any of the following? (check all that apply)					
<input type="checkbox"/> Bonds		<input type="checkbox"/> 401k		<input type="checkbox"/> Individual Indian Monies (IIM) account	
<input type="checkbox"/> Checking and savings accounts		<input type="checkbox"/> Per capita distribution		<input type="checkbox"/> Winnings (gaming, pow wow, drumming, etc)	
<input type="checkbox"/> Stocks		<input type="checkbox"/> Other _____			
<input type="checkbox"/> Bonds					
<input type="checkbox"/> Mutual funds					

<b>B. INFORMATION ABOUT BIOLOGICAL <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER</b>					
Full legal name: Last First Middle				Alias/Maiden Name:	
Date of birth:		Social Security Number:		American Indian/Alaska Native? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Tribal affiliation:			Enrollment #:		
Mailing address:			City/State:		Zip code:
Physical address:			City/State:		Zip code:
Located on Fort Hall Reservation <input type="checkbox"/>					
County of residence:		Country of residence:		Phone number:	
Eye color:	Hair color:	Height:	Weight:	Body markings (tattoos, scars, etc):	
Does this parent currently receive or formerly received Worker's Compensation, SSDI, Military or Veteran's benefits, TANF/TAFI benefits, Medicaid, SCHIP, commodities, food stamps? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <b>If yes, list all that apply.</b>					
Does this parent have an attorney/advocate representing them on any matter related to the other parent? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <b>If yes, Name:</b> _____ <b>Phone:</b> _____					
Is this parent currently residing with other parties? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <b>If yes, with whom?</b> _____ <b>Relationship:</b> _____					
Has this parent ever been or are they currently incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <b>If yes, dates of incarceration:</b> _____ <b>City and State:</b> _____ <b>DOC#:</b> _____					
Employer Name (if you are mother or father):		Address:		Wage per hour:	Hours worked per week:
Parent's Vehicle Information:	Year:	Make:	Model:	Color:	License/State:
Is/Was this parent in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <b>If yes, dates of service:</b> _____					
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 <input type="checkbox"/> Unknown					
Is this parent enlisted in the reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
List any of the child's relatives who can provide this parent's whereabouts:					
Name:				Phone number:	
Address:		City:	State:	Zip code:	
Parent's Employer:		Address:		Wages per hour:	Hours worked per week:
Does this parent have assets or income from any of the following? (check all that apply) <input type="checkbox"/> Unknown					
<input type="checkbox"/> Bonds		<input type="checkbox"/> 401k			
<input type="checkbox"/> Checking and savings accounts		<input type="checkbox"/> Individual Indian Monies (IIM) account			
<input type="checkbox"/> Stocks		<input type="checkbox"/> Per capita distribution			
<input type="checkbox"/> Bonds		<input type="checkbox"/> Winnings (gaming, pow wow, drumming, etc)			
<input type="checkbox"/> Mutual funds		<input type="checkbox"/> Other _____			

**C. CHILD(REN) INFORMATION**

Use additional sheets if necessary

**(List only children with same mother and father)**

Child #1: Last			First	Middle	Social Security Number:
Date of birth:		City/State of birth:			<input type="checkbox"/> Male <input type="checkbox"/> Female
American Indian/ Alaska Native: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tribal affiliation:	Enrollment #:	This child is eligible for Indian Health Services <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Receives Per Capita [ ]Yes [ ]No	Does mother or father have health insurance to cover this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
This child lives primarily with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____		If the child is 18, is he/she currently in school? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, name of school:</b> <b>Address:</b>			<b>Graduation year:</b>
Will the Father name anyone else as a possible father of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, who? Last name First name		
Is the child in out-of-home placement? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date placed in custody:		
If yes, what county/state is the child placed:			Name of court/case Number:		
Child #2: Last			First	Middle	Social Security Number:
Date of birth:		City/State of birth:			<input type="checkbox"/> Male <input type="checkbox"/> Female
American Indian/ Alaska Native: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tribal affiliation:	Enrollment #:	This child is eligible for Indian Health Services <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Receives Per Capita [ ]Yes [ ]No	Does mother or father have health insurance to cover this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
This child lives primarily with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____		If the child is 18, is he/she currently in school? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, name of school:</b> <b>Address:</b>			<b>Graduation year:</b>
Will the Father name anyone else as a possible father of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, who? Last name First name		
Is the child in out-of-home placement? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date placed in custody:		
If yes, what county/state is the child placed:			Name of court/case number:		
Child #3: Last			First	Middle	Social Security Number:
Date of birth:		City/State of birth:			<input type="checkbox"/> Male <input type="checkbox"/> Female
American Indian/ Alaska Native: <input type="checkbox"/> Yes <input type="checkbox"/> No	Tribal affiliation:	Enrollment #:	This child is eligible for Indian Health Services <input type="checkbox"/> Yes <input type="checkbox"/> No		
		Receives Per Capita [ ]Yes [ ]No	Does mother or father have health insurance to cover this child? <input type="checkbox"/> Yes <input type="checkbox"/> No		
This child lives primarily with: <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: _____		If the child is 18, is he/she currently in school? <input type="checkbox"/> Yes <input type="checkbox"/> No <b>If yes, name of school:</b> <b>Address:</b>			<b>Graduation year:</b>
Will the Father name anyone else as a possible father of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, who? Last name First name		
Is the child in out-of-home placement? <input type="checkbox"/> Yes <input type="checkbox"/> No			Date placed in custody:		
If yes, what county/state is the child placed:			Name of court/case number:		

<b>D. PARENTS' LEGAL STATUS INFORMATION</b> <input type="checkbox"/> Unknown		
What is the relationship between the Mother and Father of the child(ren)? <input type="checkbox"/> Never married <input type="checkbox"/> Married/living apart <input type="checkbox"/> Divorced <input type="checkbox"/> Lived together <input type="checkbox"/> Living together		
Date of separation:	Date living apart:	Date of Decree of Divorce:
Date of marriage:	City/County:	State or Country:
<b>E. FAMILY VIOLENCE INFORMATION</b> <input type="checkbox"/> Unknown		
Have the Mother or Father experienced any type of abuse from the other parent? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the type of abuse: <input type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> Sexual <input type="checkbox"/> Emotional		
Has/have the child(ren) experienced any type of abuse from Mother and/or Father? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please indicate the type of abuse: <input type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> Sexual <input type="checkbox"/> Emotional		
Is there a protective or restraining order in place? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> In process If yes, what court issued the order? _____ Date: _____		
<b>F. COURT ORDER INFORMATION</b> <input type="checkbox"/> In process <input type="checkbox"/> Unknown		
Date of order:	Court case number:	Name of Tribe/State court:
City/State:	County:	
Is this case a temporary guardianship? <input type="checkbox"/> Yes <input type="checkbox"/> No	If temporary guardianship, list expiration date:	
If child support was ordered, how much was it?	Per week, bi-weekly or per month?	
Amount of unpaid child support as of _____ (date): \$ _____	Date of last payment: Amount paid:	
Are there any child support orders associated with the Mother or Father outside of this case? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, please provide: Case #: Date of order: _____ City/State: _____	
Is an Income Withholding currently in place? <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>G. OTHER MINOR CHILDREN</b>		
List minor children living in household with Mother or Father whom are not of this relationship:		
Name	Date of Birth	Living with Mother or Father

**By signing this application the applicant affirms that the information provided by the applicant is true and correct to the best of their knowledge. The applicant acknowledges that they may be liable for any and all false information provided in this application. All information provided by the applicant to the Title IV-D Child Support Services Program is confidential and is to be used to locate parents; establish paternity; and process, establish and/or enforce a child support case.**

Date:
Applicant's Signature: