



**Kickapoo Tribe In Kansas
Child Support Enforcement Program**
P.O. Box 163 • Horton, Kansas 66439
phone 785.486.1228 • fax 785.879.4035
www.ktik-nsn.gov



Dear Applicant:

Enclosed is an application necessary to initiate child support services from Kickapoo Child Support Enforcement (KCSE). Please complete the application and attach all documentation before returning to the address listed above.

Once the application and forms are received, your application will be reviewed to ensure the best possible way to assist you and your child(ren). All child support payments shall be paid directly to **Kickapoo Child Support Enforcement**. A KCSE attorney handles all cases requiring court action.

Please provide copies of:

- Child(ren)'s birth certificate;
- CDIB/Tribal Enrollment cards for all parties;
- Social Security card(s) for all parties;
- Divorce decree and/or all orders pertaining to child support or custody signed by the court.

Please advise KCSE if you are receiving assistance from the State of Kansas, other State and/or Tribe, if there is a pending court hearing prior to filing your application with our office or if legal counsel represents you. It is required that you notify KCSE of any change of address or employment for yourself or the non-custodial parent. KCSE wants to help children receive the support they need, but it is very important that you understand what we **CAN** and **CANNOT** do.

WE CAN:

1. Use tribal, state and national resources to locate the non-custodial parent.
2. Take necessary steps to obtain a determination of paternity.
3. Establish and/or modify a child support order if you are entitled to one by law.
4. Attempt to collect child support through contempt or court proceedings, income tax refund intercepts and income assignments.

WE CANNOT:

1. Give your case priority over the other cases we have. (Priority is based on the information you provide to us at this time and in the future.)
2. Guarantee our attempts to establish or enforce child support will be successful.
3. Represent you or the other party to your child support case.
4. Compel other tribes or states, if the non-custodial parent lives out of the KCSE boundaries, to handle your case in any other way mandated by THEIR procedures and laws.

You will be contacted only if additional information is needed, to relay court dates or discuss offers of settlement. To obtain case status, please contact KCSE at (785) 486-1228.

Sincerely,

Kickapoo Child Support Enforcement

I. APPLICANT/CUSTODIAN INFORMATION:

Legal Name: _____				
Last		First		Middle
Maiden/Alias Name: _____			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth: _____		Social Security Number: _____		
Race: _____		Affiliated Tribe: _____		
CDIB Card/Tribal Enrollment Card? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Mailing Address: _____				
Address		City	State	Zip Code
Physical Address: _____				
Address		City	State	Zip Code
Phone Number: _____		Email: _____		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single			Spouse's	
<input type="checkbox"/> Divorced <input type="checkbox"/> Married but Separated			Name: _____	
What is your relationship to the child(ren)? _____				

II. NON-CUSTODIAL PARENT (NCP) INFORMATION:

Legal Name: _____				
Last		First		Middle
Maiden/Alias Name: _____			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth: _____		Social Security Number: _____		
Race: _____		Affiliated Tribe: _____		
Physical Address: _____				
Address		City	State	Zip Code
Phone Number: _____		Email: _____		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single			Spouse's	
<input type="checkbox"/> Divorced <input type="checkbox"/> Married but Separated			Name: _____	
Employer's Name: _____				
Employer's Address: _____				
Address		City	State	Zip Code

III. INFORMATION ABOUT THE CHILD(REN):

Please list only children with the same mother and father on one application.

Child 1:

Legal Name: _____				
Last		First		Middle
Alias Name: _____			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	
Date of Birth: _____		Social Security Number: _____		
Race: _____		Affiliated Tribe: _____		
CDIB Card/Tribal Enrollment Card? <input type="checkbox"/> Yes <input type="checkbox"/> No				
Place of Birth: _____			Is the father's name on the birth certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
City and State				
Name of father listed on the birth certificate: _____				

Child 2:

Legal Name:			
	Last	First	Middle
Alias Name:			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	Social Security Number:		
Race:	Affiliated Tribe:		
CDIB Card/Tribal Enrollment Card? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Place of Birth:	Is the father's name on the birth certificate?		<input type="checkbox"/> Yes <input type="checkbox"/> No
City and State			
Name of father listed on the birth certificate:			

Child 3:

Legal Name:			
	Last	First	Middle
Alias Name:			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth:	Social Security Number:		
Race:	Affiliated Tribe:		
CDIB Card/Tribal Enrollment Card? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Place of Birth:	Is the father's name on the birth certificate?		<input type="checkbox"/> Yes <input type="checkbox"/> No
City and State			
Name of father listed on the birth certificate:			

- You may use the back of this form, or attach additional sheets, if more space is needed.

IV. DOMESTIC VIOLENCE INFORMATION:

Have you or the child(ren) experienced any type of abuse?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Type:	<input type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> Sexual <input type="checkbox"/> Mental	
Have you ever had a protective order against you or the Non-Custodial Parent? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, what court issued the order?		Date:

V. PUBLIC ASSISTANCE INFORMATION:

Are you or the child(ren) receiving public assistance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
Type:	<input type="checkbox"/> TANF/AFDC <input type="checkbox"/> Medical <input type="checkbox"/> Food Assistance <input type="checkbox"/> Child Care	
If yes, please provide your case manager's name and location:		
Do you or the child(ren) receive any other type of assistance?		<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, what type of assistance?		

VI. PARENTAL RELATIONSHIP:

What is the relationship between the mother and the father of the child(ren)?	
<input type="checkbox"/> Married/Living Apart <input type="checkbox"/> Divorced <input type="checkbox"/> Never Married/Cohabitated <input type="checkbox"/> Never Married/Never Cohabitated	
Date and location of marriage:	
Date of separation:	

VII. COURT ORDER INFORMATION:

Have you ever appeared in any court for one of the following reasons?	
<input type="checkbox"/> Child Support <input type="checkbox"/> Divorce <input type="checkbox"/> Child Custody and/or Visitation <input type="checkbox"/> Legal Paternity If yes, When? _____ Where? _____	Do you have an attorney? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what is your attorney's name and phone number? _____

VIII. COMMENTS: Please provide additional information that you feel could assist our office in establishing, enforcing or modifying your child support order.

IX. STATEMENT OF UNDERSTANDING *(Please read carefully. If you have any questions, you should contact KCSE prior to signing this document.):*

1. I understand the Kickapoo Child Support Enforcement program (KCSE) is here to act in the public interest to protect children's rights, protect the taxpayers, the tribe, and to ensure that parents financially support their children. I understand that the responsibilities of the child support program do not allow the staff of KCSE 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 authorize KCSE to give any necessary information to law enforcement officers, public officials, courts or others to assist me to collect child support.
2. I understand that neither the KCSE attorneys nor the child support staff represent me.
3. I understand that it is KCSE policy to protect victims of domestic violence and child abuse. If I am required to cooperate with child support enforcement and have reason to believe that doing so would put me or my child(ren) at risk, I may ask to be excused by reason of "good cause". (To demonstrate that you have good cause to fear for you or your child(ren)'s safety, provide us with copies of any protection from abuse orders, copies of police reports or testimony from friends or relatives about violent incidents that have witnessed.) I understand that by indicating on this application that domestic violence is an issue, KCSE will not release my personal information without written permission with the exception of agencies directly connected with the administration of the child support program.
4. I agree to fill out forms and affidavits as requested, to have genetic testing and attend court to give testimony. I agree to cooperate fully with KCSE, law enforcement officers and the court. I will notify KCSE of my new address in writing every time I move.
5. 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.
6. I understand KCSE cannot guarantee it can determine who the biological father of my child is, collect money from the NCP, enforce a court order for support or obtain a support order from the court. I understand that KCSE cannot help with issues such as custody and property settlements. I agree to tell KCSE if I hire a private attorney to collect or modify child support or spousal support for me.

7. I agree KCSE will decide on the best way to collect the child support. This can include income withholding, per capita garnishment, withholding unemployment or workers' compensation, credit bureau reporting, seizing assets, suspension of professional licenses, driver's license suspension and/or restriction, hunting and fishing license suspension, passport denial, attaching public and private retirement funds, imposing liens and taking overdue support from federal and state tax refunds due NCP.
8. I understand that KCSE has an agreement with the State of Kansas to submit my case for federal and state tax intercept and other enforcement remedies as necessary to provide support for my children. I further understand that for these reasons, the State of Kansas will open my case for limited services only. I understand that money collected from federal or state tax intercept will be applied to monies owed to the tribe or state first for funds expended on behalf of my children and myself. I understand that tax intercepts may take refunds due to both the NCP and current spouse on joint returns. I understand that KCSE or the state agency will hold the intercept for up to six months. I understand that I may receive tax collections that are actually owed to the NCP's current spouse and I agree that if the NCP's current spouse files an Injured Spouse claim for his/her portion of the tax refund collection, I will return that portion to KCSE.
9. I agree that starting with the date of my application all money paid for child support will go through the KCSE program. I give KCSE the authority to endorse child support checks made out to me. I understand that if I do not notify KCSE of direct payments or turn in child support paid directly to me, my case will be closed.
10. I understand that if I keep child support 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, KCSE will recover the overpayments from me. I understand KCSE shall be entitled to recover the overpayment by withholding amounts from my child support payments and/or through interception of my state tax refund.
11. I understand it is law that KCSE will collect money owed to the tribe or state for any TANF/AFDC my children received in the past or is/are currently receiving. Any amount of money collected that is more than what is due every month for current support will be paid to the tribe or state for any TANF/AFDC paid to my children or me in the past.
12. I understand and agree to all the terms above. I understand that if I violate any of the agreements or fail to cooperate with KCSE, my case will be closed. The information provided in this application is true and correct to the best of my knowledge.

APPLICANT'S SIGNATURE: _____ DATE: _____

State of: _____

County of: _____

I verify that the above named person signed this affidavit before me on this ____ day of _____, 20____.

Notary public signature: _____

Commission expires on: _____

REMINDERS:

- Did you read, sign and notarize: Statement of Understanding? YES _____ NO _____
- Attach copies of state issued birth certificates for all children? YES _____ NO _____
(Hospital issued "birth certificates" with baby footprints will NOT be accepted)
- Attach copies of CDIB/Tribal Enrollment cards for all children? YES _____ NO _____
- Attach copies of Social Security card(s) for all parties in case? YES _____ NO _____
- Attach copies of court orders, Divorce Decree, Paternity Affidavits? YES _____ NO _____

Failure to submit documentation will delay your child support case until all information is received.

Send **ORIGINAL** application to:

Kickapoo Child Support Enforcement
P.O. Box 163
Horton, KS 66439

DO NOT FAX APPLICATION TO OFFICE