



KICKAPOO CHILD SUPPORT ENFORCEMENT PROGRAM
822 Hwy K-20 Box C ~ Horton, Kansas 66439-9570
785-486-2662

APPLICATION FOR CHILD SUPPORT

Dear Applicant:

Enclosed is an application necessary to initiate support services from the Kickapoo Child Support Enforcement (KCSE) Program. 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 children. A KCSE attorney handles all cases requiring court action. Court hearings are held in the Kickapoo Tribal Court.

Please provide copies of your children's birth certificate; CDIB cards; copies of Social Security card(s); copies of current payroll stubs (two most recent); copies of divorce decree; all orders signed by the court and a copy of the paternity affidavit, if applicable. Failure to submit documentation will delay your child support case until all information is received (see "reminders" on page 10)

Once you have returned the application to this office, all child support payments shall be paid directly to the **Kickapoo Child Support Enforcement Program** by the non-custodial parent.

Please advise KCSE if you are receiving assistance from the State of Kansas, if there is a pending court hearing prior to filing your court case with our office or if legal counsel represents you.

You must notify KCSE of any change of address or employment for yourself or the non-custodial parent. **The post office will not forward your child support payment to you.** 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.

Please read Section VIII: Statement of Understanding carefully. If you have any questions, you should contact the KCSE office prior to signing the document.

You will be contacted only if additional information is needed, to relay court dates or discuss offers of settlement. To obtain case status information, please write to:

**Kickapoo Child Support Enforcement Program
822 Hwy K-20 Box C
Horton, Kansas 66439-9570**

Or you may call us at: 785-486-2662.

Please sign and date this cover letter. Return original with the application and make a copy for your records.

APPLICANT'S SIGNATURE: _____ DATE: _____

KICKAPOO CHILD SUPPORT ENFORCEMENT PROGRAM

APPLICATION FOR CHLD SUPPORT SERVICES

OFFICE USE ONLY:

Date Requested: _____ **Date Received:** _____ **FGN:** _____

PLEASE PRINT WITH BLUE OR BLACK INK

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

Legal name: Last First Middle			Maiden/Alias name:		
Date of birth:		Social Security number		Sex: (please circle) Male Female	
Race:		If Native American, what tribe?			
What is the relationship of children to the custodial parent?				Who has legal custody?	
Mailing Address:			City	State	Zip Code
Home Address:			City	State	Zip Code
County of residence:		Home phone number:		Alternate phone number:	
Employer's name:				Employer's phone:	
Employer's address:			City	State	Zip Code
Income: \$ _____ /Hour \$ _____ /Month					
Is/Are the child(ren) receiving TANF, Medicaid, or medical benefits? (please circle) Yes No				If yes, where?	
Is a private attorney currently working on your child support case? (please circle) Yes No				Name of attorney?	
Attorney's phone number:		Attorney's address:			

DOMESTIC VIOLENCE INFORMATION

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

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

Full legal name of child: Last First Middle			Social Security number:
Date of birth:		Where was the child born? (city, state)	
Sex: Male Female	Race:	If Native American, what tribe?	Has CDIB card been issued? Yes <input type="checkbox"/> No <input type="checkbox"/>
Legal status: Support ordered for this child: YES NO Paternity established, but no support ordered: YES NO Paternity needs to be established: YES NO Parents married, living apart, no support ordered: YES NO			
Does this child live with you? Yes <input type="checkbox"/> No <input type="checkbox"/>		If the child is 18, is he/she currently in high school? Yes <input type="checkbox"/> No <input type="checkbox"/>	
School address: City State Zip Code			School must provide verification of enrollment.
Will the father name anyone else as a possible father? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, who? Last name First name	

Full legal name of child: Last First Middle			Social Security number:
Date of birth:		Where was the child born? (city, state)	
Sex: Male Female	Race:	If Native American, what tribe?	Has CDIB card been issued? Yes <input type="checkbox"/> No <input type="checkbox"/>
Legal status: Support ordered for this child: YES NO Paternity established, but no support ordered: YES NO Paternity needs to be established: YES NO Parents married, living apart, no support ordered: YES NO			
Does this child live with you? Yes <input type="checkbox"/> No <input type="checkbox"/>		If the child is 18, is he/she currently in high school? Yes <input type="checkbox"/> No <input type="checkbox"/>	
School address: City State Zip Code			School must provide verification of enrollment.
Will the father name anyone else as a possible father? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, who? Last name First name	

Full legal name of child: Last First Middle			Social Security number:
Date of birth:		Where was the child born? (city, state)	
Sex: Male Female	Race:	If Native American, what tribe?	Has CDIB card been issued? Yes <input type="checkbox"/> No <input type="checkbox"/>
Legal status: Support ordered for this child: YES NO Paternity established, but no support ordered: YES NO Paternity needs to be established: YES NO Parents married, living apart, no support ordered: YES NO			
Does this child live with you? Yes <input type="checkbox"/> No <input type="checkbox"/>		If the child is 18, is he/she currently in high school? Yes <input type="checkbox"/> No <input type="checkbox"/>	
School address: City State Zip Code			School must provide verification of enrollment.
Will the father name anyone else as a possible father? Yes <input type="checkbox"/> No <input type="checkbox"/>		If yes, who? Last name First name	

IV. INFORMATION ABOUT CHILD SUPPORT OBLIGATION.

What was the relationship between the mother and father of the child(ren)? Never married <input type="checkbox"/> Married/living apart <input type="checkbox"/> Divorced <input type="checkbox"/>			
Date of separation:			
Date of marriage:	City:	County:	State:

Have you ever appeared in any court for one of the following reasons? (please check)

Child support Divorce Child custody Legal paternity Domestic violence

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

Please complete portions A, B and C 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 you divorce decree, paternity order, custody order or any tribal order, etc.)

Date of order:	Court case number:	Where is order from? (district court, tribal court, CFR)	
City:	County:	State:	If tribal or CFR court what tribe issued the order?
Was child support order? Yes <input type="checkbox"/> No <input type="checkbox"/>	If yes, how much? _____ (circle one) \$ _____ / Weekly Bi-weekly, Monthly		
Was a private attorney consulted for this order? Yes <input type="checkbox"/> No <input type="checkbox"/>	Name of attorney?		

B. PENDING COURT ORDERS. (Please attach copy)

Is there any legal action that affects the children? Yes <input type="checkbox"/> No <input type="checkbox"/>	Is/Are the child(ren) in Indian Child Welfare (ICW) or Child Welfare custody? Yes <input type="checkbox"/> No <input type="checkbox"/>	
Date child(ren) placed in ICW/CW custody:	If child is in ICW care, what tribe?	
Date of filing:	Court case number:	County:
State:	What court is the paperwork filed at?	If tribal court, what tribe?
If child support has been ordered, how much is the non-custodial parent ordered to pay?		How often?
Is a private attorney currently working on this order? Yes <input type="checkbox"/> No <input type="checkbox"/>		Name of attorney?

C. MODIFICATION OF CHILD SUPPORT . (Please attach copy)

Date of modification:	Court case number:	Where is order from? (district court, tribal court, CFR)	
City:	County:	State:	If tribal or CFR court what tribe issued the order?
What was the child support order modified to? \$ _____ / Weekly Bi-weekly, Monthly			(circle one)
Was a private attorney consulted for this order? Yes <input type="checkbox"/> No <input type="checkbox"/>		Name of attorney?	

V. AFFIDAVIT OF CHILD SUPPORT RECEIVED. Use one form for payments RECEIVED from one parent.

1. If you have not received any child support payments from the non-custodial parent, please complete section A. Do not forget to sign and date the Affidavit before a notary public.
2. If you have received child support from the non-custodial parent, complete section A and B. Start with the most recent year you received child support or were given a judgment and work back. Do not forget to sign and date the Affidavit before a notary public.

SECTION A:

I, _____, state the following to be a record of any/all direct payments.

- I have not received any child support payments from the non-custodial parent.
- I have received child support payments from the non-custodial parent. These payments were made directly to me, not through the State of Kansas, or through any court, from the date of my original order, for the following children:

NAME	DATE OF BIRTH

SECTION B:

INCLUDE ONLY PAYMENTS RECEIVED FOR CHILD SUPPORT

Indicate by and "x" anytime the children were not in you care for 30 days or more.

	20	20	20	20	20	20
JANUARY						
FEBRUARY						
MARCH						
APRIL						
MAY						
JUNE						
JULY						
AUGUST						
SEPTEMBER						
OCTOBER						
NOVEMBER						
DECEMBER						

CUSTODIAL PARENT'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 number: _____

Commission expires on : _____

VI. REFERRAL SECTION:

Where you referred to KCSE from another agency or department? YES NO

If yes, by whom.

VII. COMMENTS: Please provide additional information that you feel could assist our office in enforcing your child support order.

VII. STATEMENT OF UNDERSTANDING:

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 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 the 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 give KCSE permission to give any necessary information to law enforcement officers, public officials, court or others to assist me to collect child support or medical support.
2. I understand that KCSE 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. 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.
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 KCSE cannot **guarantee** it can determine who the biological father of my child is, collect the 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.
6. I agree KCSE will decide on the best way to collect the child support. This will include taking the overdue support from federal and state tax refunds that are due to the NCP. 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 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.
7. I agree that starting with the date of my application all money paid for child support will go through the Kickapoo Child Support Enforcement 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.
8. I understand that if I keep child support payments to which I am 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 refund.

- 9. 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.
- 10. I understand and agree to all the term above. I understand that if I violate any of the agreements or fail to cooperate with the KCSE, my case will be closed. The information provided in this application is true and correct to the best of my knowledge.

APPLICANTS 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 number: _____

Commission expires on: _____

REMINDERS:

- **Did you read, sign and notarize:**
Statement of Understanding? YES _____ NO _____
Affidavit of Direct Payments? 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 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 _____

**Send original application to: Kickapoo Child Support Enforcement Program
822 Hwy K-20 Box C
Horton, KS 66439-9570**

DO NOT FAX APPLICATION TO OFFICE.