



CENTRAL COUNCIL

Tlingit and Haida Indian Tribes of Alaska

Tribal Child Support • Edward K. Thomas Building
410 Willoughby Ave • Juneau, Alaska 99802

Tlingit & Haida Tribal Child Support Application

Please indicate which service you want. You must provide all information necessary for these services. Attach complete copies of orders or documents relating to custody, support and paternity. **DO NOT SEND ORIGINALS.** Incomplete applications may be returned.

- Support Order Establishment Paternity Establishment (Complete Paternity Witness Affidavit)
 Location Services Medical Support Order Establishment
 Modification & Enforcement of an Existing Order Foster Care

Please answer each question as fully as possible (*incomplete information may delay your application process*). Print or type all answers. Complete one form for each Corresponding Parent on behalf of the concerned child(ren). If you do not know an answer, put "UNK" or if it not applicable put N/A in the space. If you need more space, use a separated sheet and attach it to this from.

Check here if you are a victim of domestic violence and you want your address kept confidential from the other party. Please submit an "Affidavit and Request for Address Confidentiality" in order to petition your address confidential. TCS will respond in writing with a decision.

You Are the: Custodial Parent Non-Custodial Parent
 Third Party - fill out applications for each parent Mother Father

Information about You:

Name (Last, First, Middle)		Previous Names	SSN	Date of Birth
Mailing Address		City	State/Zip	Sex <input type="checkbox"/> M <input type="checkbox"/> F
Physical Address		City	State/Zip	
Telephone (Home)	(Work)	(Message or Cell)	Email Address	

Enrolled Member or eligible to be enrolled with Tlingit & Haida? Yes No If no, enrolled with what tribe: _____

Are the children enrolled or eligible to be enrolled with Tlingit & Haida? Yes No If no, enrolled with another tribe: _____

Are you currently receiving TANF/Cash Assistance? Yes No If yes, Where? _____

Have you ever received TANF/Cash Assistance? Yes No If yes, When? _____
Where? _____

Does an attorney represent you in any matters related to the child or the parents? Yes No If yes, provide attorney's name address, and phone: _____

Your Driver's License Issued State _____ and License # _____

Are you currently employed? Yes No If yes, Where? _____ Employer Phone# _____

Children concerned with Child Support for (add pages if necessary)

Complete the following information for each child. Attach Birth Certificate to Application

You are the: Mother Father Relative _____ Legal Custodian by court order _____

SSN	Child Full Name	Sex	DOB	Place of Birth	Mother's Name	Father's Name

Is there split custody? Yes No If Yes what % do you have the child(ren) _____

Information on Other Parent- Mother Father:

Name (Last, First, Middle)		Previous/Other Names		SSN	Date of Birth	
Address (PO or Street)- Residential		City		State/Zip	Current Address? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Address (PO or Street)- Mailing		City		State/Zip	Last Known as of _____	
Telephone (Home)	(Work)	(Message or Cell)		Email Address		
Enrolled Member of CCTHITA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If enrolled with another tribe indicate name: _____			
Place of Birth	Race	Sex <input type="checkbox"/> M <input type="checkbox"/> F	Color of Eyes	Color of Hair	Height	Weight
Does this person have relatives in Alaska? Who and where _____						
Does this person have an attorney regarding child support? <input type="checkbox"/> Yes <input type="checkbox"/> No Who? _____ Phone # _____						

Is this Parent Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, Date of Death _____	City/State _____
Is estate in probate? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, who is Trustee? _____	Phone # _____

Other Parent's Employer

Usual occupation _____ Are they a Union Member? _____

Does this person work in Alaska currently? Yes No I don't know

Did this parent used to work in Alaska? Yes No If Yes, when did they leave Alaska? _____

What was their last address in Alaska? _____

Current or last Known Employer	Employer Address	Employer Phone	Dates of Employment

Does this Parent have Health Insurance available through Employer, Union, or Indian Health Services (IHS)? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> I don't know If yes, name of Insurance Company or IHS _____ Phone number of Insurance Company or IHS _____	If yes, Type of Coverage <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Both <input type="checkbox"/> Other _____
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Other Parent's Income or Assets

Does this Parent have other income? Yes No

If yes, Type of Income: Retirement Veterans Social Security Other _____

Does this Parent have Native Shares/Dividends?: Yes No If yes, Where: _____

Do the children receive benefits based on a disability from this Parent? Yes No

If yes, Source of Disability Benefit: _____ Monthly amount _____

Does this Parent have a bank account? Yes No

If yes, Bank Name: _____ Account #: _____

Bank Name: _____ Account #: _____

Does this Parent have a vehicle? Yes No If yes, License #: _____

Make: _____ Model: _____ Year: _____ Color: _____

Does this Parent have Property? Yes No If yes, Where: _____

List any other information that could assist TCS to locate this Parent (Names/Addresses/phone numbers of relatives, friends, creditors and schools attended, any known arrests, etc...)

Relationship Between Parents (Attach documentation)

<input type="checkbox"/> Divorced	Date of Separation _____ Date of Divorce _____ Court Case # _____ City/State _____ Attach a complete copy of the divorce decree/order
<input type="checkbox"/> Married but Separated	Marriage Date _____ City/State _____ Separation Date _____
<input type="checkbox"/> Divorce/Dissolution pending	Date filed _____ Separation Date _____ City/State _____ Court Case # _____
<input type="checkbox"/> Never Married	Separation date (if parents lived together) _____ Child: _____ Did father sign an Affidavit of Paternity <input type="checkbox"/> Yes <input type="checkbox"/> No Is the father's name on the birth certificate <input type="checkbox"/> Yes <input type="checkbox"/> No In what state was the birth certificate issued _____ Child: _____ Did father sign an Affidavit of Paternity <input type="checkbox"/> Yes <input type="checkbox"/> No Is the father's name on the birth certificate <input type="checkbox"/> Yes <input type="checkbox"/> No In what state was the birth certificate issued _____ Child: _____ Did father sign an Affidavit of Paternity <input type="checkbox"/> Yes <input type="checkbox"/> No Is the father's name on the birth certificate <input type="checkbox"/> Yes <input type="checkbox"/> No In what state was the birth certificate issued _____ Attach complete copy of the Affidavit of Paternity
<input type="checkbox"/> Other (explain) _____	

Instructions for Completion of Paternity Witness Statement

The Tlingit & Haida Tribal Child Support (TCS) will start an action to establish paternity if the father is not listed on **each** birth record. **If you are the Mother of the children, YOU MUST fill out the following Paternity Witness Statement for each child. If you are a 3rd party (not Mother or Father) and are applying for services, you DO NOT need to complete this form**

- Read each question carefully and answer all the questions as best as you can.
- Please use ink to answer each question.

After you complete the Paternity Witness Statement(s):

- Sign the form(s) in front of a “Witness”. This would be an adult that watched you sign the form and verified your identification.
- Be sure the “Witness” completes their portion – at the bottom of the form.

PATERNITY WITNESS AFFIDAVIT

Petitioner:

TCS Case No: _____

**Central Council Tlingit & Haida Indian Tribes of Alaska
Tribal Child Support**

A Separate Statement is required for Each Child needing Paternity Established
(Use the back of the form if additional space is needed)

1. I, _____, on oath, under penalty of perjury depose and allege:

I am the natural mother of the child named below.

Child's Full Name (First, Middle, Last)	Child's Date of Birth	Child's Gender
Place of Birth, (City, County, State)		
Date Mother Pregnant (Month, Date, Year)	Full Term Pregnancy Yes No (If no explain)	Where Mother Got Pregnant (City, County, State)

The child was conceived as a result of sexual intercourse between _____ and me during the time stated above.

a. A man is named as the father on the child's birth certificate. Yes No

If Yes, the man's name and address are: _____

If the child was born in another state or country, you must send TCS a copy of the birth certificate.

b. I was married at the time of this child's birth. Yes No. (If Yes, complete the following).

A. Husband's name (first, middle, last) and last known address: _____

B. State why husband is not the father of this child and send all appropriate documents, including divorce decree, genetic test results and prior findings of non-paternity, if any. _____

c. Genetic tests were completed to determine the father of the child. Yes No

If Yes, send results, explain outcome, and list name(s) and address(es) of man/men tested: _____

2. I had sexual intercourse with another man (other than the man I am naming as the child's natural father) during the time 30 days before or 30 days after the child was conceived. Yes No (If Yes, complete the following).

a. The name(s) and address(es) of the other man/men: _____

b. The other man/men are biologically related to the man I am naming as the child's natural father. Yes No
If Yes, state the biological relationship (e.g., brother, cousin, uncle, etc.) _____

c. I do not believe the other man/men is/are the father because: _____

All of the information and facts contained in this AFFIDAVIT IN SUPPORT OF ESTABLISHING PATERNITY are true and correct to my best knowledge and belief. I agree to submit myself and, if I am the custodian, my child to genetic testing as may be necessary to establish paternity.		
DATE _____	SIGNATURE _____	(Do <u>not</u> sign unless you are before a witness)
Witness (Print Name) _____	Witness Signature _____	
Date Signed _____	Address of Witness _____	Telephone # of Witness _____



Domestic Violence Form
Affidavit and Request for Nondisclosure of Identifying Information

Complete this affidavit **only** if you do not want your contact information, including your address and information about your location, to be released to a person (such as a parent or custodian) **who would otherwise be entitled to have the information.**

I, _____, swear under penalty of perjury that all of the information provided below is true and correct to the best of my knowledge and belief.

Name of person I do not want information released to:

Person's relationship to me or the child(ren): _____

TCS case number: _____

Please check all that apply:

- 1. The person identified above has committed domestic violence (threatened, harassed, physically or mentally abused, or committed sexual assault or incest) against me or my child(ren).
- 2. A restraining order or protection order has been issued against the person.
- 3. The person has been charged with a crime (such as assault or harassment) or has been involved in a criminal case in which I was a party, a witness, or otherwise involved.
- 3. The release of my contact information would jeopardize the health, safety, or liberty of my child(ren) and/or myself.

Signature _____

Date _____

Printed name: _____



Tribal Citizen/Client & Business Account Setup Form

(This form is used in lieu of the W9 form published by the Internal Revenue service for the creation of accounts for payment processing.) **All forms must be completed, signed and sent to thap@tingitandhaida.gov before payment can be issued.**

<input type="checkbox"/> New account		<input type="checkbox"/> Update to account	
Legal Name (as shown on your tax return)		Social Security Number (for individuals)	
Business Name (if different from above)		EIN (for businesses)	
Mailing Address: _____		Telephone Number: () _____	
City: _____	State: _____	Zip: _____	Email Address: _____

Payee Type (Check All That Apply)

<input type="checkbox"/> Tribal Citizen/Client	<input type="checkbox"/> Council Delegate	<input type="checkbox"/> Non-Profit	<input type="checkbox"/> Government
<input type="checkbox"/> Employee	<input type="checkbox"/> Corporation	<input type="checkbox"/> Landlord	<input type="checkbox"/> Daycare Provider
<input type="checkbox"/> Medical Provider	<input type="checkbox"/> Attorney	<input type="checkbox"/> Partnership	<input type="checkbox"/> Sole Proprietor
<input type="checkbox"/> LLC: C or S Corp	<input type="checkbox"/> LLC: Partnership	<input type="checkbox"/> Other (Specify)	

Certification

Under penalties of perjury, I certify that:

- 1) The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me and
- 2) I am not subject to backup withholding because: (a) I am exempt from backup withholding; or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding and
- 3) I am a US person (including a US Resident alien)

Certification instructions: You must cross out 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return.

Signature _____ **Date** _____

Penalties:

Failure to furnish TIN: If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50.00 for each such failure unless your failure is due to a reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding: If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500.00 penalty.

Criminal penalty for falsifying information: Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs: If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Finance Only	
Debarment Certification:	Date



**Central Council
Tlingit and Haida Indian Tribes of
Alaska**
Thomas Building
9097 Glacier Hwy

Authorization for Automatic Deposits

I hereby authorize Tlingit & Haida to initiate automatic deposits to my account at the financial institution named below. I also authorize Tlingit & Haida to make withdrawals from this account in the event that a credit entry is made in error.

Further, I agree not to hold Tlingit & Haida responsible for any delay or loss of funds due to incorrect or incomplete information supplied by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

This agreement will remain in effect until Tlingit & Haida receives a written notice of cancellation from me or my financial institution, or until I submit a new direct deposit form to the Finance Department.

Name and Address (Please Print) <input type="checkbox"/> (new address)	For verification purposes please provide your Social Security Number																		
	Phone Number																		
	Email Address																		
Name of Financial Institution	Financial Institute Phone Number																		
Your Account Number <input type="checkbox"/> Checking or <input type="checkbox"/> Savings																			
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Please attach a voided check, deposit slip or other form of bank verification and return this form to the Finance Department.

Authorization Signature

Date



Tlingit & Haida Tribal Child Support (TCS) Text Messaging Consent Form

Client Information

Full Name: _____

Date of Birth: _____

Case Number(s): _____

Phone Number for Text Messaging: _____

Consent to Receive Text Messages

The Tlingit & Haida Tribal Child Support (TCS) offers text messaging as an optional method of communication to improve engagement and provide general case-related reminders.

Important: By signing this form, you are voluntarily consenting to receive text messages from TCS.

Acknowledgments (Initial Each)

____ Text messaging is not a secure form of communication.

____ Text messages from TCS may be viewed by others with access to my phone.

____ My phone's security settings may impact the privacy of text messages from TCS.

____ Standard messaging/data rates may apply.

____ TCS is not responsible for charges I incur as a result of text messaging.

____ It is my responsibility to keep my contact information up to date.

____ TCS cannot receive/respond to texts.





- ____ TCS will not send or request confidential information or payments via text.
- ____ Text messaging is supplemental to other required communications from TCS.
- ____ I may opt-out of receiving text messages from TCS at any time, in writing.

Approved Uses of Text Messaging

- Appointment reminders
- Court date reminders
- Requests to contact TCS
- Requests to submit or pick up documents
- Employment/service-related follow-ups

By signing below, I consent to TCS’s use of text messaging to communicate with me in the manner described above, and I consent to TCS using my most recently updated phone number to communicate with me via text.

Client Signature: _____

Date: _____

TCS Staff Use Only

Staff Name: _____

Consent Received Date: _____

Consent Form Entered in Case File: Yes No

FVI Present: Yes No

