

## Mille Lacs Band -Child Support Enforcement Program

43408 Oodena Dr. Onamia, MN 56359 Phone: (320)532.7755

Fax: (320)532.7476

## **APPLICATION FOR SERVICES**

- Please fill out this application as completely as possible. If you have questions about this application or need assistance in completing it, please contact the MLB Child Support Enforcement Program (MLB CSEP).
- There is no application charge for initial services.
- If you are unsure of information or do not know some of the information you can leave that portion blank.
- The more information you can provide the better job your child support worker can do on your case.
- PLEASE PRINT.

If yes, describe:	SECI	ION I: APPLICANT INFORMATION		
If you are not the parent, give parent's names: Mother:	Appli	cant's Full Name:		
If the children have different mothers or fathers, use a separate application for each absent parent.  Do you have a disability? [ ] YES [ ] NO  If yes, describe:	Your I	Relationship to Child(ren): [ ] Mother [ ] Father	er [ ] Gran	ndparent [ ] Guardian [ ] Other
Do you have a disability? [ ] YES [ ] NO  If yes, describe:	If you	are not the parent, give parent's names: Mother:		Father:
If yes, describe:		If the children have different mothers or fathers	, use a sepa	rate application for each absent parent.
Does your child have a disability? [ ] YES [ ] NO If yes, describe:	Do yo	u have a disability? [ ] YES [ ] NO		
SERVICES REQUESTED: (Please check all that apply)  Federal regulations require the MLB-TCSE to provide all services appropriate for your case based on your circumstances.  [ ] Establish Paternity		If yes, describe:		
Federal regulations require the MLB-TCSE to provide all services appropriate for your case based on your circumstances.  [ ] Establish Paternity	Does y			
Establish Paternity  [ ] Establish Child Support Order  [ ] Establish Child Support Order  [ ] Establish Medical Support Order  [ ] Enforce (Collect) Child Support  [ ] Locate Absent Parent  Please attach copies of any and all court orders, judgments, decrees or stipulations involving child support or child custody. Whenever there are changes in the information in the future, please send copies to the MLB-CSEP.  For office use only:  Date of Request:// Fees Due: \$ Fees Waived: [ ] YES [ ] NO  Case Type: [ ] IV-D [ ] Non-IV-D [ ] FIP/TANF [ ] Food Stamps [ ] Medicaid [ ] Locate Only [ ] Paternity Only	SERV	TCES REQUESTED: (Please check all that apply)		
Establish Child Support Order  [ ] Enforce (Collect) Child Support  [ ] Locate Absent Parent  Please attach copies of any and all court orders, judgments, decrees or stipulations involving child support or child custody. Whenever there are changes in the information in the future, please send copies to the MLB-CSEP.  For office use only:  Date of Request:// Fees Due: \$ Fees Waived: [ ] YES [ ] NO  Case Type: [ ] IV-D [ ] Non-IV-D [ ] FIP/TANF [ ] Food Stamps [ ] Medicaid [ ] Locate Only [ ] Paternity Only	Federa	al regulations require the MLB-TCSE to provide all se	ervices appro	opriate for your case based on your circumstances.
Enforce (Collect) Child Support  [ ] Locate Absent Parent  Please attach copies of any and all court orders, judgments, decrees or stipulations involving child support or child custody. Whenever there are changes in the information in the future, please send copies to the MLB-CSEP.  For office use only:  Date of Request:// Fees Due: \$ Fees Waived: [ ] YES [ ] NO  Case Type: [ ] IV-D [ ] Non-IV-D [ ] FIP/TANF [ ] Food Stamps [ ] Medicaid [ ] Locate Only [ ] Paternity Only	[ ]	Establish Paternity	[ ]	Review Support Order (Modification Request)
Please attach copies of any and all court orders, judgments, decrees or stipulations involving child support or child custody. Whenever there are changes in the information in the future, please send copies to the MLB-CSEP.  For office use only:  Date of Request:// Fees Due: \$ Fees Waived: [] YES [] NO Case Type: [] IV-D [] Non-IV-D [] FIP/TANF [] Food Stamps [] Medicaid [] Locate Only [] Paternity Only	[ ]	Establish Child Support Order	[ ]	Establish Medical Support Order
child support or child custody. Whenever there are changes in the information in the future, please send copies to the MLB-CSEP.  For office use only:  Date of Request:// Fees Due: \$ Fees Waived: [ ] YES [ ] NO  Case Type: [ ] IV-D [ ] Non-IV-D [ ] FIP/TANF [ ] Food Stamps [ ] Medicaid [ ] Locate Only [ ] Paternity Only	[ ]	Enforce (Collect) Child Support	[ ]	Locate Absent Parent
Date of Request:/ Fees Due: \$ Fees Waived: [ ] YES [ ] NO  Case Type: [ ] IV-D [ ] Non-IV-D [ ] FIP/TANF [ ] Food Stamps [ ] Medicaid [ ] Locate Only [ ] Paternity Only	chil	ld support or child custody. Whenever the		•
Date of Request:/ Fees Due: \$ Fees Waived: [ ] YES [ ] NO  Case Type: [ ] IV-D [ ] Non-IV-D [ ] FIP/TANF [ ] Food Stamps [ ] Medicaid [ ] Locate Only [ ] Paternity Only	T C			
Case Type: [ ] IV-D [ ] Non-IV-D [ ] FIP/TANF [ ] Food Stamps [ ] Medicaid [ ] Locate Only [ ] Paternity Only				
[ ] Inter Jurisdictional Deferral	Case 1	ype: [ ]IV-D [ ]Non-IV-D [ ]FIP/TANF [ ]Food [	Stamps [ ]]	Medicaid [ ] Locate Only [ ] Paternity Only

#### SECTION 2: CUSTODIAL PARTY (CP) INFORMATION

Custodial Party's Name (Last, F	First, Middle, Su	Maiden Name or Alias					
Social Security Number (SSN)	Date of I	Birth (DOB)	Age	Sex	Tribal Affiliation / Enrollment Number		
Birth City	<u>,                                     </u>		Birth Co	unty	Birth State Birth Country		
Home Phone	Work Phone				Cell	Phone	
Residence Address					·		
City						State	Zip
Mailing Address (If different from	n Residence)					•	
City							Zip
Member of Military? [ ] YES		If yes, [ ] Active		ired	Bran	nch:	
Date(s) of Service: From	То	)	Do y	ou receive	Veteran's Ber	nefits? [ ] YES	S [ ] NO
If Applicant is Child(ren)'s paren	t, please check	current marital status:					
[ ] Married [ ] Separated [	] Divorced [	] Widowed [ ] Ne	ever marrie	ed			
Current relationship to absent par	ent:						
[ ] Married Da	te	State	Co	ounty	C	ity	
[ ] Separated Da	te	State	Co	ounty	C	ity	
[ ] Divorced Da	te	State	Co	ounty	C	ity	
[ ] Annulled Da	te	State	Co	ounty	C	ity	
-					<u>'</u>		
If a child was conce legal father.	ived or bor		PORTAI riage,			s that the h	usband is the

If you believe that someone other than the husband may be the father, provide information about him here. The information in the remainder of this form should be about the husband and wife in the marriage and NOT the person listed here.

Name	Date of Birth	Social Security Number
Street Address	City	State Zip

## **SECTION 2: CUSTODIAL PARTY INFORMATION (cont.)**

Has the custodial part	y ever received any of the	following:						
Child Support Somi-	es [ ] YES [ ] NO	Ctota/T:1	be received from		D-4.	es received:		
Child Support Service	es [ ] TES [ ] NO	State/1111	be received from	:	Date	es received:		
T.A.N.F. /F.I.P.	[ ] YES [ ] NO	State/Tril	be received from		Date	es received:		
1.71.11.1	[ ] ILS [ ] NO	State/111	be received from	•	Date	es received.		
Food Stamps	[ ] YES [ ] NO	State(s) r	eceived from:		Date	es received:		
1								
Medicaid	[ ] YES [ ] NO	State(s) r	eceived from:		Date	es received:		
Child Care	[ ] YES [ ] NO	State(s) r	eceived from:		Date	es received:		
	C	Custodial	Party's Emp	loyment a	and Income			
Employer Name:								
Address:				City:		State	Zip	
Phone Number:			<u> </u>	Fax Num	iber:	L		
Your Start Date:	Job Title:		Hours worked	per week:	Hourly Pay Ra	nte: How often	are you paid?	
					\$	[ ] Daily [ ] Weekly [ ] Bi-Weekly [ ] Monthly		
	pational/Professional Licer	nse?			If yes, type of		ckry [ ] Wonting	
[ ] YES [ ] NO								
					· ·			
SECTION 3: C	HILD CARE INFOR	RMATIO	N					
Do you have child can	re Expenses?		Names o	f children re	ceiving child care	e:		
[ ] YES [ ] NO			1					
			2					
			4. <u> </u>					
Number of Hours per	wools for shild some		Cost per	IIoum ¢				
Number of Hours per	week for child care:		Cost per	Hour: \$				
Name/Address/Phone	Number of Child Care Pro	ovider:	Check th	e reason for	child care:			
			[ ] Worl		[ ] Looking for	Employment		
						o improve employr	ment opportunities	
							••	

## SECTION 4: NON-CUSTODIAL PARTY (NCP) INFORMATION

This is the parent who is absent from the home and/or the alleged father. Use separate form for each absent parent.

Non-Custodial Party's Name (Last,	le, Suffix – Sr., Jr., et	c.)	Maiden Name or Alias					
Social Security Number (SSN)	Date of E	Birth (DOB)	Age	Sex	Tribal Affi	liation / Enrollm	ent Number	
Birth City			Birth Co	ounty		Birth State	Birth Countr	ry
Home Phone		Work Phone	•		Ce	ell Phone		
Residence Address						[](	Current [ ] Las	st Known
City						State	Zip	
Mailing Address (If different from Re	esidence)						Current [ ] La	ast Known
City		State	Zip					
Member of Military? [ ] YES [	-	If yes, [ ] Active			Brai			
Date(s) of Service: From	To	)	Do th	ey receive	Veteran's Be	enefits? [ ] YE	ES [ ] NO [ ]	Unknown
Distinguishing Marks (Tattoos, Scars,	ss, etc.)	Heigh	Height Weig		ght Eyes	Hair	Race	
Current Marital Status:  [ ] Married [ ] Separated [ ] D	ivorced [	] Widowed [ ] No	ever Marri	ed [ ] Un	ıknown			
Mother's Maiden Name			Fathe	r's Name				
Has Non-Custodial Party Ever Been Of a Crime? [ ] YES [ ] NO		Date and Place of A	rrest:		Prob	oation/Parole Off	icer:	
Date(s) Non-Custodial Party lived in From		-	C	City/State				
Please provide any additional of friends or relatives who mi		•		-		-		

		Non	-Custod	ial Party's Em	ployme	nt and In	come			
Employer Name:										
Address:							S	State	Z	ip
Phone Number:					Fax Nur	nber:				
Start Date: Job Title: Hours worked per week: Hourly pay Rate: How often paid?										
Start Date.	Job Title.			riours worked p	ci week.	\$   Flourity pay Rate:   How often paid?				
Does Non-Custodial Party have an Occupational/Professional License? [ ] YES [ ] NO [ ] Unknown						If yes, t	ype of license	:		
Health Insurance Ava				ersons covered by t	he Health	Premiun	n amount paid	:	Per: [	] Pay Period
Please check all that a	pply.		Insurance	:		\$	Famil	v Plan	] [	] Week ] Month
[ ] Medical [ ] Den	tal [ ] Optical								L	,
						\$	Single	Plan		
SECTION 5: C	HILD(REN)'S	INFO	RMATI	ON						
Complete for th	ne child(ren) y	ou are	request	ing services fo	or.					
			1							
Are you applying	g for services for	or an ui	nborn chi	ld? [ ] NO	[ ] Y	ES if ves.	expected d	ue date	<del>2</del> :	
If No, please pro						,	<b>-</b>			
1. Child's Name (Las					hild's Nic	kname				
1. Clind & Ivallie (Las	st, Prist, Middle, St	uiiix – 5	1., 31., etc.)		iiiu s ivic	Kilailie				
Social Security Numb	er	Age	;	[ ] Female T	Tribal Affiliation					
				[ ] Male						
Date of Birth	Place of Concept	ion (City	, State)	Place of Birth (C	City)		Birth Count	y Bi	irth State	Birth Country
Were parents married		as		id father sign volu			If YES, Stat	e:		
born? [ ] YES [	] NO		acknowl	edgement form?	[ ] YES	[ ] NO	Agency:			
Does this child live w	ith you?		Do you	have custody of thi	s child?		Date Custoo	ly Obtai	ned:	
[ ] YES [ ] NO If no, where does child	d live?			ES [ ] NO ho has custody?			County and	State of	Order:	
Is there an existing su	pport   County ar	nd State	where	Date of Order:		Who are	child support		Is this child	d covered by
order for this child?	Order was					paymen	ts made to?		health insu	rance?
[ ] YES [ ] NO				Case Number:		[ ] Sta	te [ ] Tribe		[ ] YES	[ ] NO
Is child still in school	? [ ] YES [ ]	NO			Ant	icipated Gra	duation Date:	•		
School Name		Addres	S		City	7		St	ate	Zip
Does this child have a	•						e: [ ] SSI		SSDI	
If yes, describe disabi	-				Am	ount: \$	/ per	month		
Does Child Receive S	ocial Security Ben	efits? [	] YES	[ ] NO						

# SECTION 5: CHILD(REN)'S INFORMATION (cont.)

2. Child's Name (Last, First, Middle, Suffix – Sr., Jr., etc.)						Child's Nickname						
Social Security Numb	per		Age		[ ] ]	Female	Tribal Affilia	tion				
					[ ] ]	Male						
Date of Birth	Place of	Conception	(City,	State)	Plac	e of Birth	ı (City)		Birth County	Birth State	Birth Country	
Were parents married		s child was					oluntarily					
born? [ ] YES [	] NO			acknow	ledgem	ent form	? [ ] YES [	] NO	Agency:			
Does this child live w	ith you?			Do vou	have c	ustody of	this child?		Date Custody O	btained:		
[ ] YES [ ] NO	-			[ ] Yl	ES [	] NO			•			
If no, where does chil	d live?			If no, w	ho has	custody?			County and Stat	te of Order:		
Is there an existing su		County and S			Date	of Order	:		child support		d covered by	
order for this child? [ ] YES [ ] NO	(	Order was en	tered:		Case	Number	:		s made to? e [ ] Tribe	health insu	ırance? [] NO	
								[ ] CP			. ,	
Is child still in school? [ ] YES [ ] NO								Anticipat	ted Graduation Da	ate:		
School Name			1	Address				City		State	Zip	
Does this child have a	a disability	/? [ ] YE	ES [	] NO				If yes, cl	heck one: [ ]	SSI [ ] SS	DI	
If yes, describe disab	ility:							/ per month				
Does Child Receive S	Social Seco	urity Benefit	s? [ ]	YES	[ ] N	O						
3. Child's Name (Las	st, First, N	Iiddle, Suffix	x – Sr	., Jr., etc.	)		Child's Nickr	name				
Social Security Numb	er		Age		[ ] ]	Female	Tribal Affilia	tion				
					[ ] ]	Male						
Date of Birth	Place of	Conception	(City,	State)	Plac	e of Birth	ı (City)		Birth County	Birth State	Birth Country	
Were parents married		s child was					oluntarily		If YES, State: _			
born? [ ] YES [	] NO			acknow	ledgen	ent form	? [ ] YES [	] NO	Agency:			
Does this child live w	rith you?			Do you	have c	ustody of	this child?		Date Custody O	btained:		
[ ] YES [ ] NO	-			[ ] Y]	ES [	] NO		·				
If no, where does chil	d live?			If no, w	ho has	custody?			County and Stat	te of Order:		
Is there an existing su		County and S			Date	of Order	:		child support		d covered by	
order for this child?	(	Order was en	tered:		Case	Number			s made to?	health insu		
[ ] ILS [ ] NO	[ ] YES [ ] NO			Case Number:			•	[ ] State [ ] Tribe [ ] YES [ ] NO			[ ] NO	
Is child still in school? [ ] YES [ ] NO						Anticipated Graduation Date:						
15 011110 50111 111 5011001	? [ ] Y	ES [ ] N	O						ted Graduation D	ate:		
School Name	? [ ] Y	ES [ ] No		Address					ted Graduation D	ate: State	Zip	
	? [ ] Y	ES [ ] N		Address	<u> </u>			Anticipa	ted Graduation D		Zip	
			1				If yes, check	Anticipa City		State	Zip	
School Name	ı disability		1				If yes, check of Amount: \$	Anticipa City one: [ ]	SSI [ ] SSI	State	Zip	
School Name  Does this child have a	ı disability		1				-	Anticipa City one: [ ]	SSI [ ] SSI	State	Zip	

## SECTION 5: CHILD(REN)'S INFORMATION (cont.)

4. Child's Name (Las	st, First, Middle, Suff	ix – Sr	., Jr., etc.	)	Child's Nickname				
					TO THE ACCUMANT				
Social Security Numb	oer	Age		[ ] Female Tribal Affiliation					
		l		[ ] Male					
Date of Birth	Place of Conception	n (City,	, State)	Place of Birth	n (City) Birth County			Birth State	Birth Country
			74370				707777		
Were parents married born? [ ] YES [				lid father sign vo ledgement form	If YES, State:				
Does this child live w	ith you?			have custody of	this child?		Date Custody O	btained:	
[ ] YES [ ] NO If no, where does child live?  [ ] YES [ ] If no, who has cus						County and Stat	e of Order:		
Is there an existing su				Date of Order	•		child support		d covered by
order for this child? [ ] YES [ ] NO				:		s made to? e [ ] Tribe	health insu		
Is child still in school	? [ ] YES [ ] ]	NO				_	ted Graduation Da	ate:	
School Name Address						City		State	Zip
Does this child have a	disability? [ ] Y	ES [	] NO		If yes, check	one: [	SSI [ ] SSD	I	
If yes, describe disabi	lity:				Amount: \$		/ per month		
Does Child Receive S	ocial Security Benef	its?[	] YES	[ ] NO					
5. Child's Name (Las	st, First, Middle, Suf	ix – Sr	., Jr., etc.	)	Child's Nickname				
C '1C '4 N 1			T						
Social Security Numb	Social Security Number Age [ ] Female			f 1 P 1	TE '1 1 A CC'1'				
[ ] Male					Tribal Affilia	tion			
Data of Birth				[ ] Male		tion	Dieth County	Divth State	Dieth Country
Date of Birth	Place of Conception					tion	Birth County	Birth State	Birth Country
Were parents married	Place of Conception		, State)	[ ] Male  Place of Birth  lid father sign vo	n (City)		Birth County  If YES, State: _	Birth State	Birth Country
	Place of Conception		, State)	[ ] Male Place of Birth	n (City)		If YES, State: _ Agency:		
Were parents married born? [ ] YES [  Does this child live w	Place of Conception when this child was NO		, State)  If NO, cacknow  Do you	[ ] Male  Place of Birth  lid father sign voledgement form  have custody of	n (City) Dluntarily ? [ ] YES [		If YES, State: _		
Were parents married born? [ ] YES [	Place of Conception when this child was NO ith you?		, State)  If NO, cacknow  Do you  [ ] YI	[ ] Male  Place of Birth  lid father sign voledgement form	oluntarily ? [ ] YES [		If YES, State: _ Agency:	btained:	
Were parents married born? [ ] YES [  Does this child live w [ ] YES [ ] NO If no, where does child list there an existing su	Place of Conception when this child was NO ith you? d live? pport   County and	n (City.	Jo you  [ ] Yl If no, w	[ ] Male  Place of Birth  lid father sign voledgement form  have custody of ES [ ] NO	o (City)  Doluntarily  [ ] YES [  this child?	NO Who are	If YES, State: _ Agency:  Date Custody O County and Stat child support	btained: e of Order: Is this chile	d covered by
Were parents married born? [ ] YES [  Does this child live w [ ] YES [ ] NO If no, where does child live were does	Place of Conception when this child was NO ith you? d live?	n (City.	Jo you  [ ] Yl If no, w	[ ] Male  Place of Birth  lid father sign voledgement form  have custody of ES [ ] NO ho has custody?	oluntarily ? [ ] YES [ this child?	Who are payment	If YES, State: _ Agency:  Date Custody O  County and State	btained: e of Order:	d covered by
Were parents married born? [ ] YES [ Does this child live w [ ] YES [ ] NO If no, where does child list there an existing su order for this child?	Place of Conception when this child was NO ith you? d live?  pport   County and Order was e	State v	Jo you  [ ] Yl If no, w	[ ] Male  Place of Birth  lid father sign voledgement form  have custody of ES [ ] NO ho has custody?  Date of Order	oluntarily ? [ ] YES [ this child?	Who are payment [ ] Stat [ ] CP	If YES, State: _ Agency:  Date Custody O County and Stat child support s made to?	btained: e of Order: Is this child health insu [ ] YES	d covered by
Were parents married born? [ ] YES [ Does this child live w [ ] YES [ ] NO If no, where does child list there an existing su order for this child? [ ] YES [ ] NO	Place of Conception when this child was NO ith you? d live?  pport   County and Order was e	State v	Jo you  [ ] Yl If no, w	[ ] Male  Place of Birth  lid father sign voledgement form  have custody of ES [ ] NO ho has custody?  Date of Order	oluntarily ? [ ] YES [ this child?	Who are payment [ ] Stat [ ] CP	If YES, State: _ Agency:  Date Custody O County and State child support s made to? e [ ] Tribe	btained: e of Order: Is this child health insu [ ] YES	d covered by
Were parents married born? [ ] YES [ Does this child live w [ ] YES [ ] NO If no, where does child Is there an existing su order for this child? [ ] YES [ ] NO Is child still in school School Name	Place of Conception when this child was NO ith you? d live?  pport   County and Order was e	State ventered:	Jef NO, of acknown ack	[ ] Male  Place of Birth  lid father sign voledgement form  have custody of ES [ ] NO ho has custody?  Date of Order	oluntarily ? [ ] YES [ this child?	Who are payment [ ] Stat [ ] CP Anticipa	If YES, State: _ Agency:  Date Custody O County and Stat  child support s made to? e [ ] Tribe  ted Graduation Da	btained: e of Order: Is this child health insu [ ] YES ate: State	d covered by trance?
Were parents married born? [ ] YES [ ]  Does this child live w [ ] YES [ ] NO If no, where does child list there an existing su order for this child? [ ] YES [ ] NO Is child still in school School Name	Place of Conception when this child was NO ith you? d live?  pport   County and Order was expected or conception or content or conte	State ventered:	, State)  If NO, of acknow  Do you  [ ] YI  If no, w  where  Address	[ ] Male  Place of Birth  lid father sign voledgement form  have custody of ES [ ] NO ho has custody?  Date of Order  Case Number	oluntarily ? [ ] YES [ this child? :	Who are payment [ ] Stat [ ] CP Anticipa	If YES, State:Agency:  Date Custody O' County and State child support s made to? e [ ] Tribe ted Graduation Date  SSI [ ] SSD	btained: e of Order: Is this child health insu [ ] YES ate: State	d covered by trance?
Were parents married born? [ ] YES [ Does this child live w [ ] YES [ ] NO If no, where does child Is there an existing su order for this child? [ ] YES [ ] NO Is child still in school School Name	Place of Conception when this child was ] NO ith you? d live?  pport   County and Order was expected order was expected order.	State ventered:	Jef NO, of acknown ack	[ ] Male  Place of Birth  lid father sign voledgement form  have custody of ES [ ] NO ho has custody?  Date of Order  Case Number	oluntarily ? [ ] YES [ this child?	Who are payment [ ] Stat [ ] CP Anticipa	If YES, State:Agency:  Date Custody O' County and State child support s made to? e [ ] Tribe ted Graduation Date  SSI [ ] SSD	btained: e of Order: Is this child health insu [ ] YES ate: State	d covered by trance?

If you need additional space for more children, please request a supplemental form from your caseworker.

### SECTION 6: HEALTH/MEDICAL INSURANCE INFORMATION

Who is the PRIMARY policy holder for the children's health insurance?				lations!:- '	Child()
Name, Address and phone number of medical insurance company:	me	Policy Number:	Re	lationship to Effective D	
rame, radices and phone number of medical insurance company.		1 oney i tumber.		Literate	·uw.
		Group Number:			
Name, Address and phone number of dental insurance company:		Policy Number:		Effective D	Date:
•					
		C N I			
		Group Number:			
Name, Address and phone number of optical insurance company:		Policy Number:		Effective D	Date:
		Group Number:			
		Group (vanioer.			
What dependent insurance coverage is available to you at no cost? [ ] N	ledical [	] Dental [	] Optical	·	
What dependent insurance coverage is available to you by payment of a pren	nium? (specify o	cost per pay period)			
[ ] Medical \$ per [ ] Dental \$ per					
List all the individuals currently covered by your insurance and check which					
Name	Birth Date	Relationship	Medical	Dental	Optical
	1	<u> </u>	1	1	
07 07 0 1 2 1 D 2 7 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2					
SECTION 7: ADDITIONAL INFORMATION					

#### **SECTION 8: INSTRUCTIONS FOR DOCUMENTATION**

<u>IMP</u>	ORTANT!	
Plea	se provide a	copy of the following documents when you submit this application:
	All orders o	currently in place that affect each child listed such as:
	o <b>D</b>	Divorce Order
	o <b>C</b>	custody Order
	o <b>C</b>	hild Support Order
	o <b>C</b>	Other
	Copy of you	ur driver's license or other government issued ID
	Your enroll	ment card;
	Copy of you	ur social security card;
	Your four (4	4) most recent paycheck stubs (or a statement from your employer(s) of wages and deductions and
	year-to-dat	te earnings);
	o <b>Y</b>	our last tax return;
	o If	self-employed you must provide a copy of your three (3) most recent business tax returns and/or
	C	orporation returns.
	Copy of chi	ldren's social security cards;
	Children's	certified birth certificates;
	Children's	enrollment cards or Certificate of Indian Blood
I un	derstand tha	at by submitting this application to the Mille Lacs Band -Child Support Enforcement Program
(ML	LB-CSEP) a	gency I am requesting child support services under Title IV-D of the Social Security Act. I
furtl	her understa	nd that some enforcement services, such as tax offset, may be provided through a referral to the
State	e of Minneso	ota IV-D agency or other state IV-D agency.
I de	eclare that tl	he information I provided in this application is true and accurate to the best of my
kno	wledge and	belief.
Appli	licant Signature	Date

Mille Lacs Band of Ojibwe is an equal opportunity employer and service provider. If you have a disability and need to access this information in an alternative format, or need it translated to another language, please contact the MLB-CSEP at 320-532-7755.

The MLB-CSEP Attorney does not represent either party but rather represents the Mille Lacs Band's interest in establishing and enforcing a child support and/or paternity order.

Information provided on this form (including attachments) may be shared with others for the sole purpose of administration of the tribal child support agency and other related programs.

# CASE CLOSURE REQUEST

TO:	STATE OF MINNESOTA CHILD SUPPOR	T ENFORCEMEN	IT AGENCY
CP:	SSN	V:	DOB:
NCP:	SSN	V:	DOB:
CHILD:	SSN	J:	DOB:
CHILD:	SSN	J:	DOB:
CHILD:	SSN	V:	DOB:
CHILD:	SSN	V:	DOB:
CHILD:	SSN	V:	DOB:
CHILD:	SSN	J:	DOB:
I,	, hereb	y request that the	State of Minnesota Child Suppor
	Agency in the County of		
enforcement (	case so that the Mille Lacs Band Child Suppo	ort Enforcement Pr	ogram (MLB-CSEP) can assume
management	and jurisdiction over my case.		
I understand t	that if there are state-owed debts associated wi	th my case, my cas	se will remain open in the State or
Minnesota ho	wever the MLB-CSEP will be the agency to	enforce and collec	t on those debts on behalf of the
State.			
I understand	that if I am receiving public assistance benefi	ts through the Stat	e of Minnesota or the Mille Lacs
Band that I i	must cooperate with MLB-CSP and assist in	establishing and	enforcing child support/paternity
orders.			
In the event the	hat, I have a child support case with Mille Lac	s Band Tribal Cou	ert, I authorize the court to release
any and all do	ocumentation and court orders related to my ch	ild support case to	the MLB-TCSE office.
Signature		Date	

### DOMESTIC VIOLENCE QUESTIONNAIRE

·	n, the Tribal Child Support Agency (TCSA) can release inford support agencies, Tribal Courts and possibly to the child	
Your Name:	Child Support Case ID:	
Other Parties' Name:		
person who is a party to your child support of the	victim of domestic violence or child abuse committed by case?  [ ] YE emergency protective order, personal protective order, or your child support case? If yes, please attach a copy of the Court Case Number: Expiration Date of Order: essistance, do you want to claim "Good Cause" because of the course of	es [] NO or ne order es [] NO of the
	ttach additional pages if needed) about any domestic viol	ence
Section III: Check the appropriate box, sign and date	te and return this form to your Tribal Child Support Agen	cy (TCSA).
or the child(ren) in my care. I am requesting that my	on identifying my location and/or employer could be harm address and other identifying information not be given to disclosure of information will remain in effect until I notifformation.	o the other
	on identifying my location and/or employer is not harmful on may be made available to other agencies or the courts part of my child support case management.	
I declare under penalty or perjury under the Tribal la the laws of the State of	aws of thethat the following is true and correct.	_ and/or
Signature	 Date	