



Mille Lacs Band of Ojibwe
Tribal Child Support Enforcement
43408 Oodena Dr.
Onamia, MN 56359
Tele: 320-532-7755
Fax: 320-532-7476

RE: Request for Payment History

Case Number: _____

PAYMENT HISTORY REQUEST

I, _____, am requesting a financial statement of all Child Support payments made to me for the last _____ months.

Custodial Parent Information:

Name:

Address:

Phone Number:

Child(ren) Name(s):

Date of Last Child Support Order:

Non-Custodial Parent Information:

Name:

Address:

Phone Number:

Date(s) of Birth:

Do understand our office (MLB TCSE) has up to 5 business days before a statement will be sent to you. Payment History Requests are processed in the order received.

Describe the reason or reasons you would like to have a financial statement sent to you:

Signature:

Date:

Print Name: