

Muscogee (Creek) Nation

Office of Child Support Enforcement



MCN Office of Child Support Enforcement (CSE) can help:

- Locate the parent of a child or the assets of the parent
- Establish paternity for a child
- Obtain a child support order
- Collect child support payments
- Review child support orders for possible modifications

Who may apply or is eligible?

You are eligible to apply for Child Support Enforcement (CSE) services if:

- You or the children are members or eligible for membership in the Muscogee (Creek) Nation.
- The children are members or eligible for membership in a federally recognized tribe and live within the boundaries of the Muscogee (Creek) Nation

Keep us informed about you, your children, and the other parent's:

- Current address and phone number
- Current work address and phone number

NOTE: The post office does not forward child support documents or payments. You must inform CSE of any change in your address to ensure you receive correspondence or legal documents. We must be able to get the necessary information to you to work your child support case.

Other Information:

Send CSE copies of any orders

- Establishing paternity
- Granting a divorce
- Granting custody
- Setting child support
- Awarding guardianship
- Granting custody or setting support in a juvenile court case

Please know:

- CSE will decide how to collect your child support.
- CSE staff represents only the Muscogee (Creek) Nation.
- Information you give CSE may be shared as required by law if needed to establish or enforce an order.

- CSE uses the address of record you provide as your public mailing address. Legal and other official papers will be sent to you by regular mail at this address.
- If family violence is an issue, please give an address of record different from your home address.
- You must provide your social security number.
- All payments must be made through the Muscogee (Creek) Nation Office of Child Support Enforcement.
- CSE can sign and negotiate payments related to child support.
- Payments must be made in the form of a cashier's check or money order.
- CSE distributes child support as required by federal and tribal law. Current support is applied to the month in which it is received by CSE.
- Some parents pay child support for children in more than one household. Payments are divided so that each household receives a share.
- If the custodial parent received Tribal TANF, TANF, or AFDC, the noncustodial parent's federal tax refund may be taken to repay that debt. Once state debt is repaid, those collections are sent to the family for past due support.
- If a custodial parent is overpaid child support, the custodial parent will be required to pay it back.

You must:

- Provide CSE with all requested information in a timely manner
- Inform CSE when your address of Address of Record changes
- Inform CSE if a child's address changes
- Inform CSE of all child support payments you receive from anyone other than CSE
- Inform CSE if you ask another person or agency to collect child support for you
- Inform CSE of any new information that relates to collecting child support

Your child support payments must be sent to:

Muscogee (Creek) Nation
Office of Child Support Enforcement
P.O. Box 100
Okmulgee, OK 74447

CSE contact information:

Phone number: (918) 295-0800
Fax number: (918) 295-0880
Toll Free: 1-800-482-1979

www.mcnchildsupport.com

Please keep these pages for your records



REMINDERS

1) Did you read, sign, and notarize:

- The application**
- Statement of Understanding**
- Affidavit of Direct Payments**

2) Attach copies of state issued birth certificates for all children
(Hospital issued birth certificates with baby footprints will not be accepted)

3) Attach copies of CDIB or tribal citizenship cards for all children

4) Attach copies of Social Security cards for all parties in the case

5) Attach copy of custodial parent's driver's license or photo identification

**6) Attach copies of court orders, divorce decrees, & paternity affidavits
(State Form 209)**

**7) List an address of record different from your home address if you or
your children are at risk for family violence**

Send original application to:

Muscogee (Creek) Nation
Department of Justice
Office of Child Support Enforcement
P.O. Box 100
Okmulgee, OK 74447

To visit our office:

Muscogee (Creek) Nation
Office of Child Support Enforcement
Housing Building, 2nd Floor
2951 N. Wood Drive
Okmulgee, OK 74447



Muscogee (Creek) Nation Office of Child Support Services (CSE)

Application for Child Support Services

OFFICE USE ONLY

Date Requested: _____ Date Sent: _____ MCNFGN: _____

Date Received: _____ FGN: _____

Request Type: Phone Walk-in Mail Website / Internet

Please mark all that apply:

- This is my first application with the Muscogee (Creek) Nation Child Support Enforcement.
- I am or the child(ren) are receiving assistance from the State of Oklahoma.
- I am reopening my case with the Muscogee (Creek) Nation or State of Oklahoma.

1. PERSON APPLYING FOR CHILD SUPPORT SERVICES:

- I am the custodial parent. I am requesting services for the child(ren) living with me.
I seek child support from:
 - The child(ren)'s mother, _____ (mother's name)
 - The child(ren)'s father, _____ (father's name)
- I am the non-custodial parent. I am requesting services for the child(ren) living with the custodial parent listed in section 2.

2. CUSTODIAL PARENT:

The custodial parent is the person with whom the child(ren) is living. All questions in this section are about the custodial person.

Legal Last Name: First Middle		Maiden/alias name
Date of Birth:	Social Security Number:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Race:	If Native American, what tribe?	
What is the relationship of the child(ren) to the custodial parent?		Who has legal custody?
Mailing Address:	City	State Zip Code

Physical Address:	City	State	Zip Code
Home phone number:	Cell phone number:	Email Address:	
Employer's Name:		Employer's Phone Number:	
Employer's Address:	City	State	Zip Code
Income: Check box and complete. Please attach a copy of check stub.			
<input type="checkbox"/> \$ _____ /Hour <input type="checkbox"/> \$ _____ /Month			

Are benefits, such as TANF or SoonerCare (Medicaid), being provided?	What tribe/state is providing the benefits?
--	---

Do you have a private attorney currently working on this case? yes no
If yes, name of attorney: _____
Attorney's address & phone number: _____

3. ADDRESS OF RECORD:

The address you give on this application will be your address of record. An address of record is the address where you get legal and other official documents by regular mail. This address is available to the public in legal documents.

FAMILY VIOLENCE:

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?	
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:

I, _____, state that:
Print your name

Family violence **IS** a risk to me or my child(ren) from:

Name of potentially dangerous person

Family violence **IS NOT** an issue in my case.

If family violence is an issue, your address of record should be different from a home address. Please use the following address as my address of record:

Street or P.O. Box	City	State	Zip
--------------------	------	-------	-----

4. NON-CUSTODIAL PARENT:

This section is about the person who does not have custody of the child(ren).

Legal Last Name:	First	Middle	Alias names:
Date of Birth:	Place of Birth (city, state):		Social Security Number:
Race:	If Native American, what tribe?		
Height:	Weight:	Eye Color:	Hair Color:
Identifying Marks (tattoos, scars, etc.):			
Photograph Attached? <input type="checkbox"/> yes <input type="checkbox"/> no		Date of Photograph:	
Home Address:	City,	State	Zip Code
Home Phone Number:	Cell phone number: Message phone number:		
Is non-custodial parent currently married?	If yes, to whom?		
Employer's Name:		Employer's Phone Number:	
Employer's Address:	City	State	
Zip Code			
Income: (check box and complete)			
<input type="checkbox"/> \$ _____/Hour <input type="checkbox"/> \$ _____/Month			
Usually employed as a (plumber, mechanic, fast food, etc.):			
Is the non-custodial parent retired?	Where did he/she retire from?	Is the non-custodial parent disabled?	
<input type="checkbox"/> yes <input type="checkbox"/> no		<input type="checkbox"/> yes <input type="checkbox"/> no	

Is the non-custodial parent employed by:

- The state of _____
- The federal government, agency of _____
- The tribal government of _____
- The military, branch of _____

Reserve Information: Is the non-custodial parent enlisted in the reserve? yes no

Does the non-custodial parent have an occupational license? yes no

If yes, what kind? _____

Does the non-custodial parent have a hunting or fishing license? yes no

Does the non-custodial parent belong to a union? yes no

If yes, what is the name and address of the union?

Union name	Address
------------	---------

Has the non-custodial parent ever been in prison or jail? yes no

When?	Location: City	State
-------	----------------	-------

Has the non-custodial parent ever been on probation or parole? yes no

If so, name of parole or probation officer, city, and state:

Are there any pending lawsuits or claims for money? yes no

If yes, please explain: _____

Does the non-custodial parent receive or pay child support payments from or to a source other than this case? yes no

If yes, please explain: _____

Information about the non-custodial parent's vehicle:

Year:	Make:	Model:	Color:	Tag Number:	Tribal Tag:
-------	-------	--------	--------	-------------	-------------

Does the non-custodial parent own property or assets? yes no

Real Estate (indicate the city, county, and state in which the property is located)
Registered vehicles, other than the one listed above
Names and Addresses of financial institution and account numbers
Other (possessions of value, such as stocks, bonds, pensions, etc.)

Please provide information about the non-custodial parent's mother and father:

Mother's Last Name:	First	Middle	Telephone Number:
Address:	City	State	Zip Code
Father's Last Name:	First	Middle	Telephone Number:
Address:	City	State	Zip Code
What else can you tell us that may help us locate the non-custodial parent?			

5. INFORMATION ABOUT THE CHILD(REN):

Information in this section concerns the child(ren). List only those child(ren) belonging to the same mother and father. A child(ren) of a different set of parents requires a separate application.

1st Child

Legal Last Name of Child:		First	Middle	Social Security Number:
Date of Birth:		City of Birth:		State of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	If Native American, what tribe?	Has CDIB been issued? <input type="checkbox"/> yes <input type="checkbox"/> no	

Does the child live with you? yes no

Name of school child attends: _____

Estimated high school graduation date: _____

If the child is 18, is he/she in high school? yes no

- Legal Status:**
- Support ordered for this child.
 - Paternity established, no support ordered.
 - Paternity needs to be established legally.
 - Parents married, living apart, no child support ordered.

Will the father name anyone else as a possible father? yes no

If yes, provide name: _____

2nd Child

Legal Last Name of Child:		First	Middle	Social Security Number:
Date of Birth:		City of Birth:		State of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	If Native American, what tribe?	Has CDIB been issued? <input type="checkbox"/> yes <input type="checkbox"/> no	

Does the child live with you? yes no

Name of school child attends: _____

Estimated high school graduation date: _____

If the child is 18, is he/she in high school? yes no

- Legal Status:**
- Support ordered for this child.
 - Paternity established, no support ordered.
 - Paternity needs to be established legally.
 - Parents married, living apart, no child support ordered.

Will the father name anyone else as a possible father? yes no

If yes, provide name: _____

3rd Child

Legal Last Name of Child:		First	Middle	Social Security Number:
Date of Birth:		City of Birth:		State of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	If Native American, what tribe?	Has CDIB been issued? <input type="checkbox"/> yes <input type="checkbox"/> no	

Does the child live with you? yes no

Name of school child attends: _____

Estimated high school graduation date: _____

If the child is 18, is he/she in high school? yes no

- Legal Status:**
- Support ordered for this child.
 - Paternity established, no support ordered.
 - Paternity needs to be established legally.
 - Parents married, living apart, no child support ordered.

Will the father name anyone else as a possible father? yes no

If yes, provide name: _____

4th Child

Legal Last Name of Child:		First	Middle	Social Security Number:
Date of Birth:		City of Birth:		State of Birth:
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	If Native American, what tribe?	Has CDIB been issued? <input type="checkbox"/> yes <input type="checkbox"/> no	

Does the child live with you? yes no

Name of school child attends: _____

Estimated high school graduation date: _____

If the child is 18, is he/she in high school? yes no

- Legal Status:**
- Support ordered for this child.
 - Paternity established, no support ordered.
 - Paternity needs to be established legally.
 - Parents married, living apart, no child support ordered.

Will the father name anyone else as a possible father? yes no

If yes, provide name: _____

6. INFORMATION ABOUT CHILD SUPPORT OBLIGATION AND CUSTODY OF THE CHILD(REN).

What is the relationship between the mother and father of the child(ren)?			
<input type="checkbox"/> Never Married <input type="checkbox"/> Married / Living Apart <input type="checkbox"/> Divorced			
Date of Separation:			
Date of Marriage:	City:	County:	State:

Please check if you have ever appeared in any court for one of the following reasons?

Child Support Divorce Child Custody Legal Paternity Domestic Violence

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

COURT ORDER INFORMATION:

Provide a complete copy of any court order, such as a divorce decree, paternity order, custody order, or tribal order. Attach a copy to this form.

Date of order:	Court Case Number:	Where was the court order issued?	
If tribal court, what tribe?			
City:	County:	State:	Zip Code:
Was child support ordered? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, how much?	Per week, bi-weekly, or per month?	
Was a private attorney consulted for this order? <input type="checkbox"/> yes <input type="checkbox"/> no	Name of attorney and phone number:		

PENDING COURT ORDERS:

Is there any legal actions pending that affect the child(ren)? <input type="checkbox"/> yes <input type="checkbox"/> no			
Check all that apply: <input type="checkbox"/> Visitation <input type="checkbox"/> Custody <input type="checkbox"/> Other:			
If yes, provide a copy and fill in the blanks below.			
Date of Filing:	Case Number	County	State
Is the child(ren) in Indian Child Welfare (ICW) or Child Welfare custody? <input type="checkbox"/> yes <input type="checkbox"/> no			
Date child(ren) placed in ICW/CW custody:		If child 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? _____

MODIFICATION OF CHILD SUPPORT:

Date of Modification:	Court Case Number:	Court order was granted in (state/tribe):
City:	County:	State:

7. HEALTH INSURANCE COVERAGE:

Is the child(ren) enrolled in a health insurance plan? <input type="checkbox"/> yes <input type="checkbox"/> no			
Who is the provider of health insurance? <input type="checkbox"/> Father <input type="checkbox"/> Mother <input type="checkbox"/> Other person:			
List Children Enrolled:			
Cost per month to cover only the child(ren)? \$ _____		Effective date:	
Name of Insurance Company:			
Address:		City	State
			Zip Code
Health Insurance Group Number		Policy Number	Area Code & Phone Number
Does your child(ren) have an established file at any Muscogee (Creek) Nation Health Facility or any other Indian Health Service (IHS) facility? <input type="checkbox"/> yes <input type="checkbox"/> no			

8. CHILD CARE EXPENSES:

What amount do you pay for child care for the child(ren) listed on this application? \$ _____ <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Monthly

9. REFERRAL SECTION

How were you referred to MCN CSE?

Friend Walk-in MCN TANF State Office Other: _____

After submitting your completed application, you must forward to CSE all child support payments you receive from anyone other than CSE. Mail payments to:

Muscogee (Creek) Nation
Office of Child Support Enforcement
P.O. Box 100
Okmulgee, OK 74447
www.mcnchildsupport.com

10. CHILD SUPPORT PAYMENTS:

If our office is able to enforce a child support order, your child support will be issued in the form of a debit card or direct deposit. If you wish to enroll in direct deposit, please complete page 14 and return with this application. Otherwise, you will automatically be enrolled in the debit card program.

11. STATEMENT OF CHILD SUPPORT PAYMENTS RECEIVED:

Custodial Parent Name:	Non-custodial Parent Name:
Child's Name:	Child's Date of Birth:
Child's Name:	Child's Date of Birth:
Child's Name:	Child's Date of Birth:

1. I, _____, state that child support in the amount of \$ _____ per month is due from _____.

2. I, _____, have (check one): received paid child support payments as shown below. (List all child support payments below).

3. I, _____, have received no child support from the non-custodial parent.

Month	Year:
Jan	\$
Feb	\$
Mar	\$
Apr	\$
May	\$
June	\$
July	\$
Aug	\$
Sept	\$
Oct	\$
Nov	\$
Dec	\$

Month	Year:
Jan	\$
Feb	\$
Mar	\$
Apr	\$
May	\$
June	\$
July	\$
Aug	\$
Sept	\$
Oct	\$
Nov	\$
Dec	\$

Month	Year:
Jan	\$
Feb	\$
Mar	\$
Apr	\$
May	\$
June	\$
July	\$
Aug	\$
Sept	\$
Oct	\$
Nov	\$
Dec	\$

Month	Year:
Jan	\$
Feb	\$
Mar	\$
Apr	\$
May	\$
June	\$
July	\$
Aug	\$
Sept	\$
Oct	\$
Nov	\$
Dec	\$

Month	Year:
Jan	\$
Feb	\$
Mar	\$
Apr	\$
May	\$
June	\$
July	\$
Aug	\$
Sept	\$
Oct	\$
Nov	\$
Dec	\$

Month	Year:
Jan	\$
Feb	\$
Mar	\$
Apr	\$
May	\$
June	\$
July	\$
Aug	\$
Sept	\$
Oct	\$
Nov	\$
Dec	\$

4. The following is an explanation regarding the period(s), if any, for which support may be due but no request is being made to collect:

I state under penalty of perjury under the laws of the Muscogee (Creek) Nation and State of Oklahoma that the foregoing is true and correct.

Form must be signed in the presence of a notary public

Applicant's Signature

Date

(NOTARY USE ONLY)	
STATE OF:	_____
COUNTY OF:	_____
I verify that the above named person signed this affidavit before me on this _____ day of _____, 20_____.	
Notary Public:	_____
My Commission Expires:	_____
Commission Number:	_____

**AUTHORIZED AGREEMENT FOR AUTOMATIC CREDITS
(DIRECT DEPOSIT)**

I (we) hereby authorize **Muscogee (Creek) Nation Office of Child Support** to initiate credit entries to my (our) account indicated below and the financial institution named below, hereinafter called **FIRSTAR BANK**, to **CREDIT** the same account. I (we) acknowledge that the origination of ACH transactions to my (our) account must comply with the provisions of U.S. law.

PRIMARY ACCOUNT:

(Financial Institution Name)

(Branch)

(Address)

(Primary Account Name)

(Routing / Transit Number)

(Account Number)

Type of Account: Checking Savings

This authority is to remain in full force and effect until **Muscogee (Creek) Nation Office of Child Support** has received written notification from me (or either of us) of its termination in such time and manner as to afford **Muscogee (Creek) Nation Office of Child Support** and **Firststar Bank** a reasonable opportunity to act on it.

(Authorized Signature)

(Authorized Signature)

(Printed Name)

(Printed Name)

(Date)

(Date)

PLEASE ATTACH COPY OF VOIDED CHECK TO THIS FORM!

12. PATERNITY QUESTIONNAIRE:

Complete one paternity questionnaire for each child.

Information about the mother of the child:

Legal Last Name	First	Middle	Date of Birth
Currently Pregnant? <input type="checkbox"/> yes <input type="checkbox"/> no	If yes, who is the biological parent?	When is the baby due?	

Information about the child:

Legal Last Name	First	Middle	Date of Birth
Was the child conceived in the State of Oklahoma? <input type="checkbox"/> yes <input type="checkbox"/> no		If no, what state?	

Has an acknowledgment of paternity form been signed? yes no

If yes, date completed: _____

If yes, what state? _____

Has the acknowledgment been withdrawn? yes no

If yes, date withdrawn? _____

Has genetic testing to determine paternity been conducted for this child? yes no

If yes, please explain: _____

Information about the mother's relationship with the alleged biological father:

Has the alleged biological father ever paid any bills for this child? yes no

If yes, attach a list of dates and amounts. Keep the receipts, if any.

Did the mother have a sexual relationship with anyone other than the alleged biological father within 90 days before or after the date the mother became pregnant with this child?

yes no

Last name of this person	First	Middle	Phone Number:
Mailing Address	City	State	Zip Code

Has any other person been named the father of this child? yes no

If yes, person's full name: _____

Information about the mother’s husband when the child was born:

Please complete this section if the mother had a husband at the time of this child’s conception or birth and the husband is **NOT** the father of the child.

Legal Last Name	First	Middle	Other names used
-----------------	-------	--------	------------------

Address: present or last known

Street Address	City	State	Zip Code	Phone Number
----------------	------	-------	----------	--------------

Husband’s Description:

Date of Birth		Birthplace			
Social Security Number	Race	Height	Weight	Hair Color	Eye Color
Identifying Marks, such as scars or tattoos					
Current Employer’s Name		Area Code	Employer’s Phone Number		

What is the current relationship between the husband and the mother of the child?

Married Divorced – Date of Divorce: _____ Married / Separated

Type of Marriage: Common-Law Licensed

Has a court order stated the husband is not the father? yes no

Attach a copy of all orders.

13. COMMENTS:

Please write any comments or additional information that you may have that you feel could assist our office in establishing and enforcing your child support order.
(If necessary, you may use the back of the page.)

STATEMENT OF UNDERSTANDING

****Signature and Notarization Required****

By signing this application, I authorize CSE to:

- Take child support establishment and enforcement action CSE finds appropriate
- Endorse and negotiate payments related to child support, including cashiers checks, money orders, and electronic payments on my behalf and on behalf of the child(ren) in my case, if I am the custodial parent.

1. I understand the Muscogee (Creek) Nation Office of Child Support Enforcement (CSE) is here to act in the public interest of the child 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 CSE 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 CSE 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 CSE ensures that all personal information provided to CSE such as addresses, telephone numbers, employer names, etc. shall remain confidential. No personal information will be shared between the custodial parent and non-custodial parent.

3. I understand that CSE uses the address of record I provide as my public mailing address. Legal and other official documents will be sent to me by regular mail at this address.

4. I should provide an address of record different from my home address if I believe I or my child(ren) could be at serious risk of emotional or physical harm.

5. I understand that the post office does not forward child support payments to a new address I have provided them. I must inform CSE of my new address in order to receive my child support payments, and court and other legal documents.

6. I understand that **CSE attorneys or the child support staff does not personally represent me nor give any party legal advice. I have the option to hire an attorney at my own expense.** At the time of obtaining a private attorney, CSE will no longer correspond with me directly; **ONLY** my attorney will contact the CSE attorney directly.

7. I agree to complete forms and affidavits as requested, to submit genetic testing, and attend court to give testimony. I agree to cooperate fully with CSE, law enforcement officers, and the court. **I will notify CSE of my new address in writing every time I move.**

8. 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 the biological father of my child(ren) is. This includes any information that I know about or any documentation that I have.

9. I understand that CSE cannot help with issues such as custody and property settlements. I agree to tell CSE if I hire a private attorney to collect or modify child support or spousal support for me.

10. I agree CSE will decide the best way to collect child support.

11. I understand that CSE has an agreement with the State of Oklahoma to submit my case for tax offset and other enforcement activities as needed to provide the full support for my children. I further understand that the State of Oklahoma will open my case for limited services only.

12. I understand that money collected from federal and state tax intercepts will first be applied to monies owed to the tribe or state for funds expended on behalf of my children and myself. I understand that tax intercepts may take refunds due to both the NCP and the current spouse on joint returns. I understand that CSE or a state agency will hold the intercept for up to six months. I further 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 the Office of CSE.

13. I agree that starting with the date of my application, I give CSE the authority to endorse child support checks made out to me. I understand that if I do not notify CSE of direct payments or turn in child support paid directly to me, my case may be closed.

14. 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, CSE will recover the overpayments from me. I understand CSE shall be entitled to recover the overpayment by withholding amounts from my child support payments and/or through interception of my federal and/or state tax refund.

15. I understand that it is law that CSE will collect money owed to the tribe or state for any TANF/AFDC my children received in the past or 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.

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

17. I request any tribal, state, or federal IV-D agency to close their case as allowable under Tribal, State, or Federal Law.

I understand CSE cannot guarantee the following:

- 1) Identification and location of the biological father**
- 2) Issuance of a support order from the court**
- 3) Enforcement of a child support order**
- 4) Collection of child support money from the non-custodial parent**

I have read and understand the Office of Child Support Enforcement (CSE) Services and Responsibilities at the beginning of this application. Further, I state under penalty of perjury that the foregoing is true and correct and that all of the information I have given, particularly information that relates to all individuals who might be the father of the child(ren), is true and correct. I acknowledge the truth of all information provided in all sections in this information packet. I understand this acknowledgment applies to the information packet as a whole and to each individual section.

Form must be signed in the presence of a notary public

Applicant's signature: _____ **Date:** _____

(NOTARY USE ONLY)	
STATE OF:	_____
COUNTY OF:	_____
I verify that the above named person signed this affidavit before me on this _____ day of _____, 20_____.	
Notary Public:	_____
My Commission Expires:	_____
Commission Number:	_____

Muscogee (Creek) Nation Office of Child Support Enforcement



AUTHORITY FOR RELEASE OF INFORMATION

To Whom It May Concern:

I hereby authorize any investigator bearing this release, or a copy thereof, within one year of its date, to obtain any information relating to my activities from schools, credit bureaus, residential management agents, employers, criminal justice agencies or individuals. This information may include but is not limited to: academic, residential, achievement, performance, attendance, personal history, disciplinary, arrest or conviction records. I hereby direct you to release such information upon request of the bearer. I understand that information released is for official use and may be disclosed to such third parties as necessary in the fulfillment or official responsibilities.

I hereby release any individual, including record custodians, from any and all liability for damages of whatever kind and nature which may at anytime result to me on account of compliance, or any attempts to comply with this authorization. Should there be any questions as to the validity of this release, you may contact me as indicated below.

Date: _____/_____/_____

Signature (full name): _____

Full Name (print): _____

Aliases: _____
(Include any married names, nicknames, and/or maiden names)

*Social Security Number: _____ - _____ - _____

Date of Birth: _____ - _____ - _____

Current Address: _____
Address City State Zip

Telephone Number: (_____) _____ - _____

*The request of your Social Security Number is a means to uniquely identify your application records within our tribal files. By providing an accurate Social Security Number and full name, you assure the accomplishment of the application process.

**Muscogee (Creek) Nation
Office of Child Support Enforcement**



Affidavit to Withdraw from IV-D Services

I, _____, would like my child support case to be worked by **Muscogee Creek Nation Office of Child Support Enforcement**. I believe I have an open case with one or more of the following child support programs:

- | | | |
|--|---|--|
| <input type="checkbox"/> State of Oklahoma | <input type="checkbox"/> Modoc Tribe | <input type="checkbox"/> Comanche Nation |
| <input type="checkbox"/> State of Kansas | <input type="checkbox"/> Osage Nation | <input type="checkbox"/> Delaware Tribe |
| <input type="checkbox"/> State of Arkansas | <input type="checkbox"/> Kaw Nation | <input type="checkbox"/> Apache Tribe |
| <input type="checkbox"/> Cherokee Nation | <input type="checkbox"/> Kickapoo Tribe | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Chickasaw Nation | <input type="checkbox"/> Ponca Tribe | |

Statement of Understanding:

I have read and understand the following: (Please initial the following)

_____ Enforcement action will be taken over by MCNCSE and I request my case to close with all other CSE agencies.

_____ If state monies are owed on my case, the case may remain open with both agencies, but enforcement action will only be taken by MCNCSE.

_____ I cannot waive any state monies that may be owed on my behalf.

Applicant's signature: _____ **Date:** _____

(NOTARY USE ONLY)
STATE OF: _____
COUNTY OF: _____
I verify that the above named person signed this affidavit before me on this _____ day of _____, 20_____.
Notary Public: _____
My Commission Expires: _____
Commission Number: _____