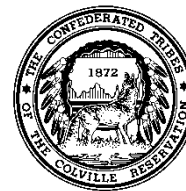




**COLVILLE CONFEDERATED TRIBES  
CHILD SUPPORT PROGRAM**



**INFORMATION CHANGE NOTICE**

The Colville Tribes Child Support (CTCSP) will update your case files with the information you provide below. Please type or print your responses. If you are receiving public assistance or medical assistance, be sure to report your changes to your Community Services Office/Social Worker.					
<b>YOUR IDENTIFICATION INFORMATION</b> (This is the information that CTCSP now has for your case)					
Full Name: Last		First:		Middle:	
Social Security Number:		Date of Birth:		Case Number:	
Do you have more than one case with CTCSP? <input type="checkbox"/> Yes <input type="checkbox"/> No					
<b>YOUR NEW NAME INFORMATION</b>					
Full Name: Last		First:		Middle:	
<b>YOUR NEW ADDRESS INFORMATION</b>					
P.O. Box or Street Number					
City		State		Zip Code	
Is this address located o an Indian Reservation? <input type="checkbox"/> No <input type="checkbox"/> Yes			If yes, which reservation?		
Home Telephone Number (include area code)			Message Telephone Number (include area code)		
<b>YOUR NEW EMPLOYER/SOURCE OF INCOME OR EARNINGS</b>					
Name of New Employer or Source of Income/Earnings					
P.O. Box or Street Number					
City		State		Zip Code	
Telephone Number (include area code)		Average Net Monthly Income/Earnings		Pay Period: <input type="checkbox"/> Weekly <input type="checkbox"/> Twice Each Month <input type="checkbox"/> Monthly <input type="checkbox"/> Other: _____	
Does your employer or union have health insurance available for your children? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Employer or Source of Income is: <input type="checkbox"/> Tribe <input type="checkbox"/> Indian-owned Business Located on a Reservation <input type="checkbox"/> Tribally-owned Business <input type="checkbox"/> Other Business					
<b>NEW HEALTH INSURANCE INFORMATION</b>					
Name of New Health Insurance Company				Premium to Cover your Children \$	
P.O. Box or Street Number					
City		State		Zip Code	

<b>NEW CHILD SUPPORT ORDER INFORMATION</b>		
--	--	--

Name of Court or Tribunal That Entered Your New Order	Place Entered (county and state)
---	----------------------------------

Date Entered	Cause/Docket Number	Child Support Amount Ordered \$ _____ each
--------------	---------------------	---

<b>CHILDREN’S CHANGE OF RESIDENCE INFORMATION</b>		
(If you have changes for more than one child, use this form for one child and a separate sheet for the other children. Attach the separate sheet to this form.)		

Child’s Full Name: Last	First	Middle
-------------------------	-------	--------

New Residence P.O. Box or Street Number		
---	--	--

City	State	Zip Code
------	-------	----------

New custodian’s Name: Last	First	Middle
----------------------------	-------	--------

New Custodian’s Relationship to the Child	Date Entered New Residence
---	----------------------------

<b>YOUR SIGNATURE</b>	
-----------------------	--

Date	Signature
------	-----------

No person, because of race, color, national origin, creed, religion, sex, age, or disability, shall be discriminated against in child support services, or any aspect of the program’s activities.

<b>FOR CTCSP OFFICE USE ONLY</b>	
----------------------------------	--

Date CTCSP File Updated	Signature
-------------------------	-----------