



COLVILLE CONFEDERATED TRIBES CHILD SUPPORT PROGRAM  
 P.O. Box 468, Nespelem, WA 99155  
 (509)634-2030 or Toll Free (877)515-2544 Fax: (509)634-2031  
<https://www.cct-hhs.com/child-support.html>

CTCSP Outreach Offices  
 Omak: 630 Benton St.  
 Omak, WA 98841  
 (509) 422-7700  
 Nespelem: 21 Colville St.  
 Nespelem, WA 99155  
 (509)634-2030  
 Inchelium: 3 Community Center Loop Rd.  
 Inchelium, WA 99138  
 (509)722-7081

**COLVILLE CONFEDERATED TRIBES CHILD SUPPORT APPLICATION FOR SERVICES**

I am the:  Custodial Parent  Noncustodial Parent

Applicant Name (Person completing this form)				Note: The custodial party is the person or party who has primary/physical custody of the minor child(ren).			
<b>FACTS ABOUT CUSTODIAL PARTY OR GUARDIAN AND CHILD(REN)</b>							
FULL NAME (LAST, FIRST, MIDDLE, SUFFIX)				TRIBAL MEMBER <input type="checkbox"/> YES <input type="checkbox"/> NO		NAME OF TRIBE	
MAIDEN NAME (IF APPLICABLE)		RELATIONSHIP TO CHILD(REN) <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER(SPECIFY)		TELEPHONE NUMBERS HOME: WORK: CELL:		BEST TIME TO BE REACHED: <input type="checkbox"/> A.M. <input type="checkbox"/> P.M.	
NAME OF CURRENT SPOUSE				MAILING ADDRESS (BOX #, CITY, STATE AND ZIP)			
RESIDENTIAL ADDRESS (STREET, CITY, STATE AND ZIP)				E-MAIL ADDRESS			
SOCIAL SECURITY NUMBER				DRIVERS LICENSE NUMBER		STATE	
NAME OF PRESENT EMPLOYER-IF NOT CURRENTLY EMPLOYED PUT "UNEMPLOYED"				JOB TITLE/OCCUPATION		MONTHLY INCOME	
ADDRESS OF PRESENT EMPLOYER (STREET, CITY, STATE AND ZIP CODE)				HEALTH INSURANCE AVAILABLE FOR THE CHILD(REN) <input type="checkbox"/> YES <input type="checkbox"/> NO			
<b>DATE AND PLACE OF MARRIAGE (IF NEVER MARRIED, MARK "NONE")</b>				<b>DATE AND PLACE OF DIVORCE (IF NO DIVORCE, MARK "NONE")</b>			
DATE OF MARRIAGE TO NONCUSTODIAL PARENT		COUNTY	STATE	<input type="checkbox"/> NONE	DATE OF DIVORCE	COUNTY	STATE
							<input type="checkbox"/> NONE
<b>IF PARENTS WERE NEVER MARRIED, PLEASE ANSWER QUESTIONS 1-5 BELOW.</b>							
1. Has noncustodial parent ever lived on Colville Reservation?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, When?		Where?	
2. Has noncustodial parent ever worked on Colville Reservation?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, When?		Where?	
3. Were the child(ren) conceived on the Colville Reservation?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	If yes, When?		Where?	
(Use number for each child listed below)		Child #1	Child #2	Child #3	Child #4		
4. Was a Paternity Affidavit signed at a WA State hospital or agency?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW		If yes, Where?	
(Use number for each child listed below)		Child #1	Child #2	Child #3	Child #4		
5. Was Paternity established by a court order?		<input type="checkbox"/> YES	<input type="checkbox"/> NO	<input type="checkbox"/> DON'T KNOW		If yes, Where?	
(Use number for each child listed below)		Child #1	Child #2	Child #3	Child #4		
<b>HAVE SERVICES BEEN PROVIDED BY ANOTHER CHILD SUPPORT AGENCY? (IF "YES" PLEASE GIVE DATE, CITY &amp; STATE)</b>							
DATES OF SERVICES FROM: TO:		CITY & STATE WHERE SERVICES RECEIVED			HAVE THE MINOR CHILD(REN) RCVD CCT TANF, WA ST TANF OR TANF IN ANOTHER STATE? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> CCT <input type="checkbox"/> WA ST <input type="checkbox"/> OTHER		
<b>IS THE NONCUSTODIAL PARENT COURT ORDERED TO PAY CHILD SUPPORT FOR THE CHILD(REN) NAMED BELOW (IF YES, GIVE DATE, CITY &amp; STATE)</b>							
Court Order #		Amount of Order/Monthly Obligation		Date of Order		County	State
							Tribe
<b>List full names of all minor children by this noncustodial parent. (NOTE: A separate application is required for child(ren) from another NCP)</b>							
NAME	SEX	D.O.B.	BIRTHPLACE	SSN	CCT #	CHILD(REN) LIVING WITH YOU	
1						<input type="checkbox"/> YES <input type="checkbox"/> NO	
2						<input type="checkbox"/> YES <input type="checkbox"/> NO	
3						<input type="checkbox"/> YES <input type="checkbox"/> NO	
4						<input type="checkbox"/> YES <input type="checkbox"/> NO	
Are there other children in your home that are NOT related to the noncustodial parent?						<input type="checkbox"/> YES <input type="checkbox"/> NO # of Children:	

<b>Does the custodial party currently live with the noncustodial parent?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO		*If "NO", give date last lived together and address where last lived together	
DATE	ADDRESS (STREET, CITY, STATE AND ZIP CODE)		
<b>COMMENTS: (Please attach separate sheet if you need additional space)</b>			
<b>FACTS ABOUT NON CUSTODIAL PARENT</b>			
FULL NAME (LAST, FIRST, MIDDLE, SUFFIX)		TRIBAL MEMBER <input type="checkbox"/> YES <input type="checkbox"/> NO	NAME OF TRIBE
MAIDEN NAME (IF APPLICABLE)	RELATIONSHIP TO CHILD(REN) <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER(SPECIFY)	TELEPHONE NUMBERS	
NAME OF CURRENT SPOUSE		HOME:	BEST TIME TO BE REACHED:
MAILING ADDRESS (BOX#, CITY, STATE AND ZIP)		WORK:	<input type="checkbox"/> A.M.
RESIDENTIAL ADDRESS (STREET, CITY, STATE AND ZIP)		CELL:	<input type="checkbox"/> P.M.
E-MAIL ADDRESS		Social Media Contact Info:	
SOCIAL SECURITY NUMBER	DRIVERS LICENSE NUMBER	STATE	D.O.B.
			PLACE OF BIRTH
			RACE
			GENDER
NAME OF PRESENT EMPLOYER-IF NOT CURRENTLY EMPLOYED PUT "UNEMPLOYED"		JOB TITLE/OCCUPATION	MONTHLY INCOME
ADDRESS OF PRESENT EMPLOYER (STREET, CITY, STATE AND ZIP CODE)		HEALTH INSURANCE AVAILABLE FOR THE CHILD(REN) <input type="checkbox"/> YES <input type="checkbox"/> NO	
NAME OF LAST KNOWN EMPLOYER		USUAL OCCUPATION, TRADE, JOB TITLE OR SKILLS	
ADDRESS OF LAST KNOWN EMPLOYER		IF NCP SELF-EMPLOYED, ENTER NAME OF BUSINESS	
<b>CURRENTLY ON PROBATION OR PAROLE?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO	
<b>CURRENTLY IN JAIL OR PRISON?</b>		<input type="checkbox"/> YES <input type="checkbox"/> NO IF YES, PROVIDE INFO BELOW	
DATE	AGENCY	CITY	STATE
			OFFENSE (REASON INCARCERATED)
<b>IS THE NONCUSTODIAL PARENT A U.S. CITIZEN?</b> <input type="checkbox"/> YES <input type="checkbox"/> NO			<b>IF NO, PLEASE PROVIDE COUNTRY OF CITIZENSHIP</b>
PHYSICAL DESCRIPTION:			
Race	Complexion	Primary Language	
Hair	Height	Identifying Features (Marks, Scars, Tattoos, etc.)	
Eyes	Weight		
<b>LIST ANY OTHER SOURCES OF INCOME OR ASSETS (For example, SSI/SSD, vehicles, boats, real estate, other tribe income, etc.)</b>			
MOTHER'S MAIDEN NAME (LAST, FIRST)	MOTHER'S ADDRESS, CITY, STATE & ZIP CODE		TELEPHONE NUMBER(S)
FATHER'S NAME (LAST, FIRST)	FATHER'S ADDRESS, CITY, STATE & ZIP CODE		TELEPHONE NUMBER(S)
<b>NAME &amp; ADDRESS OF CURRENT SPOUSE, FRIEND OR RELATIVE</b>			
NAME	RELATIONSHIP	ADDRESS, CITY, STATE	TELEPHONE NUMBER(S)
IS THERE VISITATION WITH THE CHILDREN? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, how many times per month?			
IS THERE ANY OTHER CHILD SUPPORT OBLIGATIONS? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, please provide amount: \$			
IS THERE ANY OTHER MINOR CHILD(REN) IN THE HOME? <input type="checkbox"/> YES <input type="checkbox"/> NO If YES, how many children?			
NCP Present Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Living with another person			
<b>FAMILY VIOLENCE QUESTIONNAIRE SECTION I</b>			
1. Have you or the child(ren) in this case ever been a victim of family violence or child abuse committed by the party in this child support case? <input type="checkbox"/> YES <input type="checkbox"/> NO			
2. Do you have an Order of Protection, Restraining Order, Emergency No Contact Order against the other party in this child support case? *If YES, provide details below <input type="checkbox"/> YES <input type="checkbox"/> NO			
County	State	Order/Docket Number	Expiration Date

3. If you or the child(ren) in this case receive public assistance, do you want the TANF department to review this case to determine eligibility to close this support case because of the increased risk of physical, sexual, or emotional harm to you or the child(ren) in this case, by the other party? This is called having "good cause" to close the support case.  YES  NO

**FAMILY VIOLENCE QUESTIONNAIRE SECTION II**

You must complete this section if you answered YES to any item in Section I

Please provide detailed family violence information including dates, times and places. Use additional pages if necessary.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Mark this section if it applies to you and your child(ren):

- Giving out my address or other information identifying my location could be harmful to me or the child(ren) in this case. I am requesting that my address or other identifying information not be given to the other party in this case. This request will remain in effect until I let CTCSP know IN WRITING. I understand that under federal law, an authorized person may make a written request to the court that has jurisdiction to make or enforce child support for a release of my information. CTCSP will let me know in writing if the court orders the release of any information on my case.

**I REQUEST THE SERVICES OF CTCSP TO ASSIST ME IN THE FOLLOWING:**

(Mark all that applies)

<input type="checkbox"/> Establish Paternity	<input type="checkbox"/> Enforce an existing Child Support Order (including past due)	<input type="checkbox"/> Modify an existing Tribal C/S Order
<input type="checkbox"/> Obtain a Child Support Order		<input type="checkbox"/> Other:

I am applying for support services under the Child Support Program of Title IV-D of the Social Security Act. I declare under penalty and perjury that this questionnaire has been examined by me and to the best of my knowledge and belief it is true and correct. I acknowledge that CTCSP attempts to collect child support debts not barred by the statute of limitations. I know that this request registers my child support order with the Colville Tribes Child Support Program. I understand that the information I provide may be used by CTCSP to establish, enforce or modify my child support. I agree to tell CTCSP when I change my address or employer and about events that may change my child support monthly payment amount. I agree to notify CTCSP of any and all direct child support payments received from the non custodial parent. I understand that CTCSP attorneys or child support staff do not represent me. I have the option to hire an attorney at my own expense. At the time of obtaining a private attorney, CTCSP will no longer correspond with me directly; ONLY my attorney will have direct contact with CTCSP. I understand that CTCSP is here to act in the public interest to protect children's rights, the Tribe, the taxpayers and to make sure that parents financially support their children. I understand that the responsibilities of the child support program does not allow CTCSP staff 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 child support. I give CTCSP permission to give any necessary information to law enforcement officers, public officials, the court or others to assist me to collect child support. I understand that CTCSP ensures that all personal information provided to CTCSP such as address, telephone numbers, employers names, etc., shall remain confidential. No personal information will be shared between the custodial and noncustodial parents without prior written consent. I understand that under the law CTCSP will collect money owed to the Tribe or State for any TANF grants that my children received in the past or currently.

**SIGNATURE OF APPLICANT**

**DATE**