



Delaware Tribe of Indians Child Support Services Program

601 S High St.
Caney, KS 67333
Office: (620) 879-2109

I am the custodial person and request Child Support Services from the Child(ren)'s
Mother ___ Father ___ Both ___

I am the non-custodial parent requesting services. ___

Custodial Person Information:

Name: _____
First Middle Last Maiden Name

Address: _____
Street City State Zip

Cell Phone Home Phone Email Address Social Security Number Date of Birth

Sex: _____ CDIB: ___ Yes ___ No
Female Male Relationship to child Race Affiliated Tribe

Height Weight Eye Color Hair Color

Employer: _____ Employer Phone: _____

Employers Address: _____

Marital Status: ___ Married ___ Single ___ Divorced ___ Married but Separated

Spouses Name: _____

Non-Custodial Parent:

Name: _____
First Middle Last Maiden Name

Address: _____
Street City State Zip

Cell Phone Home Phone Email Address Social Security Number Date of Birth

Sex: _____ CDIB: ___ Yes ___ No
Female Male Relationship to child Race Affiliated Tribe

Height Weight Eye Color Hair Color

Employer: _____ Employer Phone: _____

Employers Address: _____

Marital Status: ___ Married ___ Single ___ Divorced ___ Married but Separated

Spouses Name: _____

Other Biological Parent Information: (Complete if support is being sought from both parents)

Name: _____
First Middle Last Maiden Name

Address: _____
Street City State Zip

Cell Phone Home Phone Email Address Social Security Number Date of Birth

Sex: _____ CDIB: ___Yes ___No
Female Male Relationship to child Race Affiliated Tribe

Height Weight Eye Color Hair Color

Employer: _____ Employer Phone: _____

Employers Address: _____

Marital Status: ___Married ___Single ___Divorced ___Married but Separated

Spouses Name: _____

Child(ren) Information: Please list all children you are applying for that belongs to the non-custodial parent.

Name (First, Middle, Last)	Date of Birth	SSN	M/F
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Domestic Violence:

Domestic Violence History? ___Yes ___No Type: ___Physical ___Verbal ___Sexual

Have you ever had a protective order? ___Yes ___No Is order still active? ___Yes ___No

Date of Order	City	County	State	Court Case Number
---------------	------	--------	-------	-------------------

Court Information:

Have you appeared in court or before an administrative agency for the following?

___Child Support ___Divorce ___Custody ___Paternity ___Modification of Child Support

Date of Order	City	County	State	Court Case Number
---------------	------	--------	-------	-------------------

Applicant's Statement of Understanding

1. I understand that the Delaware Child Support Services (DCSS) Program is here to act in the interest of children's rights, protect the tax payers, the Tribe, and to use all of its resources to ensure parents financially support their children. I understand that the responsibilities of the child support program do not allow the staff of the DCSS program to have the same confidential relationship with me as I would have with a private attorney. I understand the information I provide will be kept from the general public but may be used as needed to collect support from the obligor. I authorize the release of any necessary information to law enforcement officers, public officers, courts or others to assist me in collecting child support or medical support. I authorize the DCSS program to make any necessary investigation or request to verify the information I have given.
2. I understand the DCSS program ensures that all personal information provided to DCSS program such as addresses, telephone numbers, employer names, etc., shall remain confidential. No personal information will be shared between the parties without permission.
3. I understand DCSS program attorneys or child support staff do not represent me. I have the option to hire an attorney at my own expense.
4. I agree to complete necessary forms and affidavits as requested, provide DNA if requested and attend court to provide testimony.
5. I agree to cooperate fully with the DCSS program, law enforcement officers and the court. I will notify the DCSS program of an address change either for myself or for the non-custodial parent. I agree to provide information requested to assist in locating and collecting child support from the non-custodial parent. This includes any information that I know about or any documentation that I have.
6. I understand the DCSS program cannot guarantee that it can determine who the biological father of my child is, collect the money from the obligor, or enforce a court order for support or obtain a support order from the court.
7. I understand the DCSS program cannot help with issues such as custody and property settlements. I agree to notify the DCSS program of all private attorneys hired to collect or modify child support or spousal support for myself.
8. I understand if I keep child support payments to which I am not entitled because the non-custodial parent paid me directly for support assigned to the tribe or state or because payments were sent to me in error, the DCSS program will recover the overpayments from me. I understand the DCSS program shall be entitled to recover the overpayment by withholding amounts from my child support payments or any other legal means available.
9. I understand that by opening a case with the DCSS program, I will be closing my case with any other state or tribal agency.
10. I understand it is law that the DCSS program will collect money owed to the tribe or state for any TANF/AFDC my children received in the past or is/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.
11. 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 DCSS program, my case may be closed. The information provided in this application is true and correct to the best of my knowledge.

By execution of my signature below, I acknowledge that I have read and understand the terms set forth in this application. I further acknowledge that I have provided the most accurate information to the best of my ability.

APPLICANT'S SIGNATURE: _____ DATE: _____

- FOR OFFICIAL DELAWARE TRIBAL CHILD SUPPORT SERVICES USE ONLY -

DATE RECEIVED	IV-D # ASSIGNED

**PLEASE PROVIDE THE FOLLOWING DOCUMENTATION
WITH THE SIGNED APPLICATION:**

- Your child(ren)'s certified state birth certificate with the official state seal visible on the copy.
- Certificates of Degree of Indian Blood (CDIB) or proof of tribal membership for you and your child(ren).
- Social Security cards for you and child(ren).
- Two most recent paycheck stubs.
- All court orders pertaining to the child(ren) such as divorce decree, custody and child support orders.
- Signed affidavit acknowledging paternity for the child(ren), if available.
- A photograph of the non-custodial parent, if available.