



## Child Support Enforcement

P.O. Box 808  
 Agency Village, SD 57262  
 Phone: (605) 698-7131  
 Toll Free: (866) 727-6673  
 Fax: (605) 698-7170

### Application for Services

The following is the Sisseton Wahpeton Oyate Child Support (SWOCSE) program's application for child support services. **The application must be completed in its entirety to ensure successful processing of your case.** The following checklist identifies the documentation requested to process your application:

- Application for Child Support Services – signed and dated.
- Copy of Social Security cards for child(ren) and applicant.
- Verification of Enrollment for child(ren) and applicant (if applicable).
- Copies of state issued birth certificate(s).
- Copy of government issued photo identification (tribal, state, or military).
- Certified copy of custody order (if applicable).
- Copy of divorce decree (if applicable to child support).
- Authorization to Release Information – signed and dated.
- Copy of paternity results (if applicable).

| <u>FOR OFFICE USE ONLY</u>   |                                |
|--|--------------------------------|
| Custodian: _____   | Non-custodial Parent(s): _____ |
| Date Received: _____   |                                |
| Current TANF recipient? Yes <input type="checkbox"/> No <input type="checkbox"/> Where? _____  |                                |
| Services Requested:  |                                |
| Paternity Establishment <input type="checkbox"/> Establish Child Support Order <input type="checkbox"/> Enforcement of existing order <input type="checkbox"/>                                 |                                |
| Modification <input type="checkbox"/> Locate Absent Parent(s) <input type="checkbox"/> Does this case include a stipulated agreement? <input type="checkbox"/> Yes <input type="checkbox"/> No |                                |
| Amount agreed upon: \$ _____ How often? _____  |                                |
| <b>Does this case involve domestic violence?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>  |                                |
| <b>Is there a protection order in place?</b> Yes <input type="checkbox"/> No <input type="checkbox"/>  |                                |
| SWOCSE Signature: _____  | Date: _____                    |

STATEMENT OF UNDERSTANDING

1. I understand the Sisseton Wahpeton Oyate Child Support Enforcement (SWOCSE) program is here to act in the best interest of the children and the public to ensure parents financially support their children and to protect the rights of the children.
2. I understand the SWOCSE staff and their attorney do not represent me. I have the option to hire an attorney at my own expense.
3. I agree to complete an application and provide all required supporting documentation, testify in court if necessary, submit to genetic testing, and cooperate fully with SWOCSE, law enforcement, and the court.
4. I will notify SWOCSE of any changes in my address or phone number immediately when a change takes place.
5. I agree to give all identifying information requested in locating and collecting child support from the non-custodial parent(s) (NCP) and will submit to genetic testing to prove the identity of the father. I understand that SWOCSE cannot guarantee that it can determine who the biological father is, collect the money from the NCP, enforce a court order for support, or obtain a support order from the court.
6. I understand SWOCSE cannot help with issues such as custody or visitation, except in cases of paternity establishment or when an order does not already exist (Chapter 34A, page 38, §17-01(3)).
7. I understand SWOCSE will determine the best possible way to collect the child support. I understand I am applying for state child support services for purposes of submitting past-due support for federal tax refund offset and/or passport denial. I understand money collected from federal or state tax intercept will be applied to monies owed to the tribe or state first for funds expended on behalf of my children and myself. I understand that tax intercepts may take refunds due to both the NCP and current spouse on joint returns. I understand SWOCSE or the state may hold the tax intercept for up to six months. I 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 and Injured Spouse claim for his/her portion of the tax refund collection, I will return that portion to SWOCSE. I further understand a fee will be taken from the tax refund to cover administrative fees.
8. I agree that starting with the date of my application all money paid for child support will go through SWOCSE. I give SWOCSE the authority to endorse child support checks made out to me.
9. I understand that I will not keep payments made to me directly or payments made in error and that SWOCSE will recover the overpayments from me. I understand that failure to turn in payments made directly to me will result in closure of my case.
10. I agree that I will not contact the NCP's current employer and that it will result in closure of my case if I do so.
11. I understand this authorization is in effect until I request closure of my case or until the SWOCSE notifies me of closure of my case.
12. I understand and agree to all of the terms above. I understand that if I violate any of the above terms or fail to cooperate with SWOCSE my case will be closed.

**The information provided in this application is true and correct to the best of my knowledge.**

Applicant's signature: \_\_\_\_\_ Date: \_\_\_\_\_

## SWOCSE APPLICATION FOR SERVICES

### FEES AND SERVICES

The Sisseton Wahpeton Oyate Child Support Enforcement does not charge an application fee to individuals applying for child support services. There are fees associated with paternity establishment that will be assessed on the non-custodial parent(s).

#### Services Requested:

- Paternity Establishment                       Child Support Establishment  
 Child Support Enforcement                       Parent Locate  
 Enforcement of Health Insurance Coverage

#### Please check all that apply:

- This is my first application with the SWOCSE program.  
 I am reopening a case with the SWOCSE program.  
 I currently receive tribal TANF. Which Tribe? \_\_\_\_\_  
 I currently receive state TANF. What state? \_\_\_\_\_

#### Relationship to Child(ren):

- I am the mother  
 I am the father  
 Other (please specify) \_\_\_\_\_

I am applying to receive support from the:

- Mother                       Father                       Other (please specify) \_\_\_\_\_

I understand that by submitting this application to the Sisseton Wahpeton Oyate Child Support Enforcement (SWOCSE) program I am requesting child support services under Title IV-D of the Social Security Act.

If you have a disability or need assistance completing this application please contact the SWOCSE program at (605) 698-7131.

**CUSTODIAN/LEGAL GUARDIAN INFORMATION**

**1. Custodian/Legal Guardian Information** (the person with whom the child(ren) reside).

|  |                                |  |                           |
|--|--------------------------------|--|---------------------------|
| <b>Full Legal Name (Last, First, Middle):</b>                                      |                                | <b>Maiden Name/Nickname:</b>   |                           |
| <b>Date of Birth:</b>  | <b>Social Security Number:</b> | <b>Gender:</b><br>Male <input type="checkbox"/> Female <input type="checkbox"/>      |                           |
| <b>Race:</b>   | <b>Tribal Affiliation:</b>     | <b>Are you enrolled:</b><br>Yes <input type="checkbox"/> No <input type="checkbox"/> | <b>Enrollment Number:</b> |
| <b>What is the relationship of the child(ren) to the custodian/legal guardian?</b> |                                | <b>Who has custody?</b>  |                           |
| <b>Mailing address (street, P.O. Box number, City, State, Zip):</b>                |                                |  |                           |
| <b>County of Residence:</b>  |                                | <b>SWO District:</b>   |                           |
| <b>Home phone number:</b>  | <b>Cell phone number:</b>      | <b>Message/Work phone number:</b>  |                           |

**Employment Information:**

|                       |                          |                               |
|-----------------------|--------------------------|-------------------------------|
| <b>Employer Name:</b> | <b>Employer Address:</b> | <b>Employer Phone Number:</b> |
|-----------------------|--------------------------|-------------------------------|

**Domestic Violence Information:**

|   |   |
|---|---|
| <b>Have you or your child(ren) experienced any type of violence or abuse from the non-custodial parent?</b>                           |   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  | <b>If yes, type:</b> <input type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> Sexual <input type="checkbox"/> Emotional |
| <b>Has the non-custodial parent had a protective order against him/her?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |
| <b>If yes, what court issued the order?</b>   | <b>Date</b>   |
| <b>Do you believe you or the child(ren) may be at risk of emotional or physical harm if the other parent knows where to find you?</b> |   |
| <input type="checkbox"/> Yes <input type="checkbox"/> No  |   |

**2. BIOLOGICAL PARENT INFORMATION:**

**A. Information about the father or the person who may be the father of the child(ren):**

**Custodial Parent**  Yes  No **Does Father receive disability? If yes, Social Security or VA?**

|   |                     |                                |   |                                       |                    |
|---|---------------------|--------------------------------|---|---------------------------------------|--------------------|
| Full Legal Name (Last, First, Middle):  |                     |                                | Nickname:   |                                       |                    |
| Date of Birth:  |                     | Place of Birth (City & State): |   | Social Security Number:               |                    |
| Race:   | Tribal Affiliation: |                                | Is father enrolled?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                                       | Enrollment Number: |
| Height:   | Eye Color:          | Hair Color:                    |   | Distinguishing Marks, Scars, Tattoos: |                    |
| Mailing Address (Street or P.O. Box Number, City, State, Zip)   |                     |                                |   |                                       |                    |
| Physical Address (Street, City, State, Zip):  |                     |                                |   |                                       |                    |
| Home Phone Number:  |                     | Cell Phone Number:             |   | Work Phone Number:                    |                    |
| Is the father residing with other people?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |                     |                                | If yes, with who & what is the relationship?                                    |                                       |                    |
| Has the father ever been in jail or prison?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                     |                                | If yes, when & where? (City, State)   |                                       |                    |

**Father's Vehicle Information:**

|       |       |        |        |                 |        |
|-------|-------|--------|--------|-----------------|--------|
| Year: | Make: | Model: | Color: | License Number: | State: |
|-------|-------|--------|--------|-----------------|--------|

**Father's Military Service:**

|  |  |                           |                                       |  |  |
|--|--|---------------------------|---------------------------------------|--|--|
| Is/was the father in the military?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  | If yes, dates of service: |                                       | Does Father receive Military retirement Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No |  |
| Branch of Service:<br><input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> National Guard <input type="checkbox"/> Navy |  |                           |                                       |  |  |
| Is/was the father enlisted in the Reserve?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   |  |                           | If yes, please list dates of service: |  |  |

**Information About Father's Parents/Relatives:**

|  |  |  |               |  |  |
|--|--|--|---------------|--|--|
| Mother's Name (Last, First, Middle):         |  |  | Phone Number: |  |  |
| Address (Street, City, State, Zip Code):     |  |  |               |  |  |
| Father's Name (Last, First, Middle):         |  |  | Phone Number: |  |  |
| Address (Street, City, State, Zip Code):     |  |  |               |  |  |
| Other Relative's Name (Last, First, Middle): |  |  | Phone Number: |  |  |

**Father's Employment Information:**

| Name of Employer & Phone Number | Address: (Street, City, State, Zip) | Occupation: | Dates of Employment: | Hours per Week: | Hourly Wage: |
|---------------------------------|-------------------------------------|-------------|----------------------|-----------------|--------------|
|                                 |                                     |             |                      |                 |              |
|                                 |                                     |             |                      |                 |              |
|                                 |                                     |             |                      |                 |              |

Initials \_\_\_\_\_

Sisseton Wahpeton Oyate Child Support Enforcement

**B. Information about the Mother of the child(ren):**

**Custodial Parent**  Yes  No **Does Mother receive disability? If yes, Social Security or VA?** \_\_\_\_\_

|   |  |   |                                       |
|---|--|---|---------------------------------------|
| Full Legal Name (Last, First, Middle):  |  | Nickname:   |                                       |
| Date of Birth:  | Place of Birth (City & State):               | Social Security Number:   |                                       |
| Race:   | Tribal Affiliation:                          | Is mother enrolled?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | Enrollment Number:                    |
| Height:   | Eye Color:                                   | Hair Color:   | Distinguishing Marks, Scars, Tattoos: |
| Mailing Address (Street or P.O. Box Number, City, State, Zip)   |  |   |                                       |
| Physical Address (Street, City, State, Zip):  |  |   |                                       |
| Home Phone Number:  | Cell Phone Number:                           | Work Phone Number:  |                                       |
| Is the mother residing with other people?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | If yes, with who & what is the relationship? |   |                                       |
| Has the mother ever been in jail or prison?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, when & where? (City, State)          |   |                                       |

**Mother's Vehicle Information:**

|       |       |        |        |                 |        |
|-------|-------|--------|--------|-----------------|--------|
| Year: | Make: | Model: | Color: | License Number: | State: |
|-------|-------|--------|--------|-----------------|--------|

**Mothers's Military Service:**

|  |                                       |  |
|--|---------------------------------------|--|
| Is/was the mother in the military?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | If yes, dates of service:             |  |
| Branch of Service:<br><input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Coast Guard <input type="checkbox"/> Marines <input type="checkbox"/> National Guard <input type="checkbox"/> Navy |                                       |  |
| Is/was the mother enlisted in the Reserve?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | If yes, please list dates of service: | Does mother receive military retirement benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No |

**Information About Mother's Parents/Relatives:**

|  |               |
|--|---------------|
| Mother's Name (Last, First, Middle):         | Phone Number: |
| Address (Street, City, State, Zip Code):     |               |
| Father's Name (Last, First, Middle):         | Phone Number: |
| Address (Street, City, State, Zip Code):     |               |
| Other Relative's Name (Last, First, Middle): | Phone Number: |

**Mother's Employment Information:**

| Name of Employer & Phone Number | Address: (Street, City, State, Zip) | Occupation: | Dates of Employment: | Hours per Week: | Hourly Wage: |
|---------------------------------|-------------------------------------|-------------|----------------------|-----------------|--------------|
|                                 |                                     |             |                      |                 |              |
|                                 |                                     |             |                      |                 |              |
|                                 |                                     |             |                      |                 |              |

**INFORMATION ABOUT THE CHILD(REN)**

**CHILD 1**

Is this child receiving TANF, Medicaid, and/or Medical Benefits?  Yes  No If yes, where? \_\_\_\_\_

|  |                              |  |  |                           |  |
|--|------------------------------|--|--|---------------------------|--|
| Full Legal Name (Last, First, Middle):   |                              |  | Social Security Number:  |                           |  |
| Date of Birth:   | Birthplace (City and State): |  | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female  |                           |  |
| Place of conception (City & State):  |                              | Were parents married when child was born? <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, did the father voluntarily sign acknowledgement form? <input type="checkbox"/> Yes <input type="checkbox"/> No                    |                           |  |
| Tribal Affiliation:  |                              | Is child enrolled:<br><input type="checkbox"/> Yes <input type="checkbox"/> No                     |  | Enrollment Number:        |  |
| Has genetic testing been performed? If yes, please provide copy.<br><input type="checkbox"/> Yes <input type="checkbox"/> No       |                              |  | Does this child receive Social Security benefits or SSI? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide proof. |                           |  |
| Is the child still in school?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Grade:                       | Name & Address of School   |  | Expected Graduation Date: |  |
| Is there an existing support order for this child?<br><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?      |                              | Date of Order  | Who receives the payments?   |                           |  |
| Will the father name anyone else as the possible father of this child?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                              |  | If yes, who will the father name? (Last, First, Middle):   |                           |  |

**CHILD 2**

Is this child receiving TANF, Medicaid, and/or Medical Benefits?  Yes  No If yes, where? \_\_\_\_\_

|  |                              |  |  |                           |  |
|--|------------------------------|--|--|---------------------------|--|
| Full Legal Name (Last, First, Middle):   |                              |  | Social Security Number:  |                           |  |
| Date of Birth:   | Birthplace (City and State): |  | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female  |                           |  |
| Place of conception (City & State):  |                              | Were parents married when child was born? <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, did the father voluntarily sign acknowledgement form? <input type="checkbox"/> Yes <input type="checkbox"/> No                    |                           |  |
| Tribal Affiliation:  |                              | Is child enrolled:<br><input type="checkbox"/> Yes <input type="checkbox"/> No                     |  | Enrollment Number:        |  |
| Has genetic testing been performed? If yes, please provide copy.<br><input type="checkbox"/> Yes <input type="checkbox"/> No       |                              |  | Does this child receive Social Security benefits or SSI? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide proof. |                           |  |
| Is the child still in school?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Grade:                       | Name & Address of School   |  | Expected Graduation Date: |  |
| Is there an existing support order for this child?<br><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?      |                              | Date of Order  | Who receives the payments?   |                           |  |
| Will the father name anyone else as the possible father of this child?<br><input type="checkbox"/> Yes <input type="checkbox"/> No |                              |  | If yes, who will the father name? (Last, First, Middle):   |                           |  |

**CHILD 3**

Is this child receiving TANF, Medicaid, and/or Medical Benefits?  Yes  No If yes, where? \_\_\_\_\_

|  |                              |  |   |                    |  |
|--|------------------------------|--|---|--------------------|--|
| Full Legal Name (Last, First, Middle): |                              |  | Social Security Number:   |                    |  |
| Date of Birth:                         | Birthplace (City and State): |  | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female   |                    |  |
| Place of conception (City & State):    |                              | Were parents married when child was born? <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, did the father voluntarily sign acknowledgement form? <input type="checkbox"/> Yes <input type="checkbox"/> No |                    |  |
| Tribal Affiliation:                    |                              | Is child enrolled:<br><input type="checkbox"/> Yes <input type="checkbox"/> No                     |   | Enrollment Number: |  |

|  |  |  |                           |
|--|--|--|---------------------------|
| Has genetic testing been performed? If yes, please provide copy.<br><input type="checkbox"/> Yes <input type="checkbox"/> No       |  | Does this child receive Social Security benefits or SSI? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide proof. |                           |
| Is the child still in school?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Grade:   | Name & Address of School   | Expected Graduation Date: |
| Is there an existing support order for this child?<br><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?      | Date of Order  | Who receives the payments?   |                           |
| Will the father name anyone else as the possible father of this child?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, who will the father name? (Last, First, Middle): |  |                           |

**CHILD 4**

Is this child receiving TANF, Medicaid, and/or Medical Benefits?  Yes  No If yes, where? \_\_\_\_\_

|  |  |  |                           |
|--|--|--|---------------------------|
| Full Legal Name (Last, First, Middle):   |  | Social Security Number:  |                           |
| Date of Birth:   | Birthplace (City and State):   | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female  |                           |
| Place of conception (City & State):  | Were parents married when child was born? <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, did the father voluntarily sign acknowledgement form? <input type="checkbox"/> Yes <input type="checkbox"/> No                    |                           |
| Tribal Affiliation:  | Is child enrolled:<br><input type="checkbox"/> Yes <input type="checkbox"/> No                     | Enrollment Number:   |                           |
| Has genetic testing been performed? If yes, please provide copy.<br><input type="checkbox"/> Yes <input type="checkbox"/> No       |  | Does this child receive Social Security benefits or SSI? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide proof. |                           |
| Is the child still in school?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Grade:   | Name & Address of School   | Expected Graduation Date: |
| Is there an existing support order for this child?<br><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?      | Date of Order  | Who receives the payments?   |                           |
| Will the father name anyone else as the possible father of this child?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, who will the father name? (Last, First, Middle):   |  |                           |

**CHILD 5**

Is this child receiving TANF, Medicaid, and/or Medical Benefits?  Yes  No If yes, where? \_\_\_\_\_

|  |  |  |                           |
|--|--|--|---------------------------|
| Full Legal Name (Last, First, Middle):   |  | Social Security Number:  |                           |
| Date of Birth:   | Birthplace (City and State):   | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female  |                           |
| Place of conception (City & State):  | Were parents married when child was born? <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, did the father voluntarily sign acknowledgement form? <input type="checkbox"/> Yes <input type="checkbox"/> No                    |                           |
| Tribal Affiliation:  | Is child enrolled:<br><input type="checkbox"/> Yes <input type="checkbox"/> No                     | Enrollment Number:   |                           |
| Has genetic testing been performed? If yes, please provide copy.<br><input type="checkbox"/> Yes <input type="checkbox"/> No       |  | Does this child receive Social Security benefits or SSI? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide proof. |                           |
| Is the child still in school?<br><input type="checkbox"/> Yes <input type="checkbox"/> No  | Grade:   | Name & Address of School   | Expected Graduation Date: |
| Is there an existing support order for this child?<br><input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?      | Date of Order  | Who receives the payments?   |                           |
| Will the father name anyone else as the possible father of this child?<br><input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, who will the father name? (Last, First, Middle):   |  |                           |

**CHILD 6**

Is this child receiving TANF, Medicaid, and/or Medical Benefits?  Yes  No If yes, where? \_\_\_\_\_

|  |                              |   |  |
|--|------------------------------|---|--|
| Full Legal Name (Last, First, Middle): |                              | Social Security Number:   |  |
| Date of Birth:                         | Birthplace (City and State): | Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female |  |

|   |  |  |
|---|--|--|
| Place of conception (City & State):   | Were parents married when child was born? <input type="checkbox"/> Yes <input type="checkbox"/> No | If no, did the father voluntarily sign acknowledgement form? <input type="checkbox"/> Yes <input type="checkbox"/> No                    |
| Tribal Affiliation:   | Is child enrolled: <input type="checkbox"/> Yes <input type="checkbox"/> No                        | Enrollment Number:   |
| Has genetic testing been performed? If yes, please provide copy. <input type="checkbox"/> Yes <input type="checkbox"/> No       |  | Does this child receive Social Security benefits or SSI? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, provide proof. |
| Is the child still in school? <input type="checkbox"/> Yes <input type="checkbox"/> No  | Grade:   | Name & Address of School   |
|   |  | Expected Graduation Date:  |
| Is there an existing support order for this child? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, where?      | Date of Order  | Who receives the payments?   |
| Will the father name anyone else as the possible father of this child? <input type="checkbox"/> Yes <input type="checkbox"/> No | If yes, who will the father name? (Last, First, Middle):   |  |

**ADDITIONAL INFORMATION**

|  |  |
|--|--|
| Does the Father have a bank account? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, which bank:                 | Does the Father have an IIM account? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, Account Number:             |
| Does the Mother have a bank account? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, which bank:                 | Does the Mother have an IIM account? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, Account Number:             |
| Does the Father own property? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Description:                               |  |
| Does the Mother own property? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Description:                               |  |
| Is the Father on parole/probation? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Parole/Probation Officer Name:        | Is the Mother on parole/probation? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>Parole/Probation Officer Name:        |
| Does the Father receive unemployment insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which state:        | Does the Mother receive unemployment insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, which state:        |
| Does the Father receive workman's compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much per month? | Does the Mother receive workmen's compensation? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, how much per month? |
| Does the Father have any other children? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, how many?               | Does the Mother have any other children? <input type="checkbox"/> Yes <input type="checkbox"/> No<br>If yes, how many?               |

**I certify under penalties of law, the information in this application is true and correct to the best of my knowledge and may be used in court. I also understand and acknowledge the SWOCSE may forward the application to another IV-D Agency or state for enforcement services.**

|                          |      |
|--------------------------|------|
| Applicant Signature      | Date |
| Signature (Intake staff) | Date |

**SISSETON WAHPETON OYATE CHILD SUPPORT ENFORCEMENT**

**AUTHORIZATION FOR RELEASE/ EXCHANGE OF INFORMATION**

I, \_\_\_\_\_ (print name) authorize the Sisseton Wahpeton Oyate Child Support program, its employees or agents, to receive information about my application and its contents herein, in an effort to provide services to my child(ren) as declared in my application for services.

In addition, I authorize the following programs or agencies to release information to the SWOCSE in an effort to provide and facilitate assistance to my child(ren) and myself. The following information may be released to SWOCSE:

1. Details and/or documentation regarding the status of the action in this case.
2. Social Security numbers/benefits.
3. Enrollment information.
4. Negotiations/settlements made in the case.
5. TANF information.
6. Paternity information.
7. Individual Indian Monies Account information.
8. Information regarding previous support orders in other jurisdictions.
9. Any other information applicable to the establishment and enforcement of a child support order/case.

I understand the information received by SWOCSE will be kept confidential and used for professional purposes only in regard to my child support case.

I hereby release the Sisseton Wahpeton Oyate Child Support program from any and all liability from use of the information as long as the information is utilized in the capacity approved by this release.

This Authorization for Release/Exchange of Information is intended to allow the SWOCSE program to prepare the case for litigation and/or resolve issues between me and any entity with whom I am doing business related to child support issues/obligations and I hereby waive any rights under the applicable sections of the Sisseton Wahpeton Oyate Ordinances regarding the release of information.

This Authorization for Release/Exchange of Information is valid until revoked in writing.

\_\_\_\_\_  
Applicant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Intake Signature

\_\_\_\_\_  
Date

Subscribed and sworn before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

(Seal)

\_\_\_\_\_  
Notary Public – South Dakota  
\_\_\_\_\_

