

# APPLICATION *for* CHILD SUPPORT SERVICES



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CHEROKEE NATION®  
Office of Child Support Services

*“Strong Parents, Strong Families,  
Strong Foundations”*



GWYN DBP  
**CHEROKEE NATION**<sup>®</sup>  
P.O. Box 948 • Tahlequah, OK 74465-0948 • 918-453-5000 • [cherokee.org](http://cherokee.org)

Office of the Chief

**Chuck Hoskins Jr.**  
*Principal Chief*

**Bryan Warner**  
*Deputy Principal Chief*

Osiyo! (óbfí)

Thank you for requesting an application packet from the Office of Child Support Services. If you have questions about the initial application process or general child support questions, please feel free to contact our main number at (918) 453-5444 and ask to speak with one of our friendly Customer Service Representatives. Our staff is trained to work with you on completing the application process.

You may also e-mail us at [childsupport1@cherokee.org](mailto:childsupport1@cherokee.org) and we will respond within 48 business hours.

The Cherokee Nation Office of Child Support Services (CN OCSS) opened its doors in July 2007 to help deliver child support services to tribal citizens. Our office provides paternity establishment, locate services, child support obligation establishments, modification of child support orders and enforcement-based remedies for previously established orders. We also have a co-parenting curriculum and can assist in providing other referral resources to you as you actively provide support for your child.

Our office strives each day to ensure parents are supporting their children as we believe this to be in the best interest of the child. We understand that providing support comes in a myriad of ways and we work to establish child support that is beneficial to each particular child and family. We wish to work with each parent or guardian to ensure support is tailored to meet the individual needs of the child and the family.

We are focused on delivering quality customer service and hope you find this to be the case each time you visit our program or speak with any of our staff. Again, if you have any questions or comments about our program, I encourage you to contact our office so we may gladly assist you. Wado! (óv)

Sincerely,

**Kara Pasqua, Director**  
Office of Child Support Services  
Human Services Division  
Cherokee Nation

# REQUIRED DOCUMENTS

To complete your application for Child Support Services, please provide the following documentation to our office:

- Original** Certified State Birth Certificates for each child  
**COPIES OF BIRTH CERTIFICATES WILL NOT BE ACCEPTED.**

\*\*\*Please note that if you submit an Original Birth Certificate via mail, it will be returned to you via certified mail.

- A copy of state issued driver's license, tribal photo ID, state issued ID or other form of verifiable ID
- A copy of Social Security card for each person
- A copy of Tribal Citizenship cards for each person – if applicable
- A copy of an Acknowledgment of Paternity (AOP) – if applicable
- A copy of the divorce decree, proof of legal guardianship, or any court order regarding child support – if applicable

## SUBMITTING AN APPLICATION

Your application along with the required documents may be turned in

BY MAIL:

**Cherokee Nation OCSS  
P.O. Box 557  
Tahlequah, OK 74465**

IN PERSON AT:

**Cherokee Nation OCSS  
1511 Ketcher Street, Building C  
Tahlequah, OK 74464**

**Or at one of our area offices in  
Catoosa, Pryor, Stilwell & Sallisaw. To  
submit an application at an area office  
you MUST make an appointment by  
calling (918) 453-5444.**

**GPS Coordinates: 35.897463,-94.998443**

For any questions, please contact our main office Monday through Friday 8 a.m. to 5 p.m. at (918) 453-5444 or toll free 1 (866) 247-5346. We can also be reached by email at [childsupport1@cherokee.org](mailto:childsupport1@cherokee.org).

## IMPORTANT REMINDERS

- Separate applications must be completed for children who do not have the same mother and father.
- Applications without the required documentation **will be considered incomplete** and will not be processed until all documents are received.
- The Statement of Understanding must be notarized. Our office provides notary services free of charge.
- Each form within the application should be completed to the best of your knowledge.



**CHEROKEE NATION OFFICE OF CHILD SUPPORT SERVICES  
HUMAN SERVICES DIVISION**

**Statement of Understanding**

**❖ PLEASE REVIEW CAREFULLY ❖**

- \_\_\_\_\_ (Initial) 1. **I UNDERSTAND**, that by submitting an application to Cherokee Nation Office of Child Support Services (CN OCSS), I am requesting child support services that could include the following: paternity and child support establishment, monitoring and enforcement actions, payment collection and processing services, and locate services.
- \_\_\_\_\_ 2. **I UNDERSTAND**, CN OCSS is here to act in the public interest to protect children's rights, protect the taxpayers, the tribe and to make sure that the parents financially support their child(ren). I understand that the responsibilities of the child support program do not allow the staff of CN OCSS 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 CN OCSS permission to give any necessary information to law enforcement officers, public officials, courts or others to assist me to collect child support.
- \_\_\_\_\_ 3. **I AGREE**, that if I have an existing child support case pertaining to the child(ren) listed on this application with any IV-D child support agency it will be transferred to CN OCSS for case management services.
- \_\_\_\_\_ 4. **I UNDERSTAND**, that the CN OCSS attorney(s) or child support staff does not represent me. CN OCSS acts as a neutral party on all child support matters.
- \_\_\_\_\_ 5. **I AGREE**, to fill out forms and affidavits as requested and to cooperate fully with CN OCSS, law enforcement offices or officials, and the Court. Full cooperation includes, but is not limited to, notifying CN OCSS of my new address and phone number in writing every time it changes and informing CN OCSS if I hire a private attorney to collect or modify child support or spousal support for me.
- \_\_\_\_\_ 6. **I AGREE**, to notify CN OCSS of any new court actions or changes in custody for the child(ren) on this child support case.
- \_\_\_\_\_ 7. **I AGREE**, to give all identifying information requested to assist in locating and collecting child support from the non-custodial parent (NCP) and cooperate with paternity establishment, which may include DNA testing.
- \_\_\_\_\_ 8. **I UNDERSTAND**, CN OCSS cannot guarantee that it can determine who the biological father of my child is, collect the money from the NCP, enforce a Court order for support or obtain a support order from the Court. I understand that CN OCSS cannot help with issues such as custody and property settlements nor enforce non-monetary ordered support such as child care, insurance, or non-covered medical expenses.
- \_\_\_\_\_ 9. **I AGREE**, CN OCSS will decide on the best way to establish, modify, enforce, and collect the child support. This may include, but is not limited to the following options: income withholdings via employer, establishing payment plans, conducting pre-contempt reviews, filing Indirect Contempt court actions, passport denials, license suspensions, etc.
- \_\_\_\_\_ 10. **I UNDERSTAND**, CN OCSS will, in accordance to a service agreement, refer my case to the State of Oklahoma's IV-D Child Support Program to assist with enforcement remedies via the State Tax Offset Program. In addition, I understand and agree to the fees that are taken by the Oklahoma Tax Commission and State of Oklahoma Child Support Program that totals 5% of any collection that is forwarded to CN OCSS on my behalf.
- \_\_\_\_\_ 11. **I UNDERSTAND**, CN OCSS will, in accordance to a service agreement, refer my case to the State of Oklahoma's IV-D Child Support Program to assist with enforcement remedies via the Federal Offset Programs. In addition, I understand and agree to the fees that are taken by the Federal Office of Child Support Enforcement (OCSE) for each collection prior to sending the net collection to CN OCSS on my behalf. These fee amounts are set and published by OCSE on a yearly basis.
- \_\_\_\_\_ 12. **I UNDERSTAND**, that money 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 child(ren) and myself. I also understand that I could receive tax collections that could actually be taken back by the State or Federal Tax programs due to an injured spouse claim or fraud. I agree I will be responsible for returning that portion to CN OCSS if this should ever occur.



**CHEROKEE NATION OFFICE OF CHILD SUPPORT SERVICES  
HUMAN SERVICES DIVISION**

**Statement of Understanding**  
(Continued)

- \_\_\_\_\_ 13. **I AGREE**, that starting from the submission date of my completed application all money paid for child support will be routed through the Cherokee Nation Child Support Payment Center (CNCSPC) to ensure proper accounting of payment. I give CN OCSS the authority to endorse child support payments made out to me. I understand that if I receive any payments directly from the NCP I must notify CN OCSS and submit an Affidavit of Direct Pay or my case may be closed.
- \_\_\_\_\_ 14. **I UNDERSTAND**, if I keep child support payments to which I am not entitled CN OCSS will recover the overpayment from me. These overpayments could occur (1) because the NCP paid more than the amount owed, (2) because the NCP paid me directly for support assigned to the tribe or state, or (3) because payments went to me in error. I understand that CN OCSS shall be entitled to recover the overpayment by withholding amounts from child support payments and/or through interception of my state or federal tax refund. I agree to cash or deposit a child support payment received within 90 days of the check issue date.
- \_\_\_\_\_ 15. **I UNDERSTAND**, because CN OCSS is a IV-D federally funded program, CN OCSS will collect money owed to a tribe or state for any Temporary Assistance for Needy Families (TANF) received. If I am currently receiving TANF, any amount of money collected for current support will be sent directly to the state/tribe that is providing my TANF for allocation and any disbursement. I understand that any tax intercepts will also be applied to any money owed to tribe or state due to past TANF expenditures.
- \_\_\_\_\_ 16. **I UNDERSTAND AND AGREE**, that if I am receiving assistance from Cherokee Nation Human Services, Career Services, or Cherokee Nation Housing Authority program(s), such as John A. Ketcher Youth Center, Child Care Licensing & Monitoring, Child Care Subsidies, Child Development Centers, Child Care Resource Center, Cherokee Connections, Food Distribution, Family Assistance (General Assistance, Burial Assistance, LIHEAP, School Clothing Voucher Program), Cherokee Nation Tribal TANF (J.O.B.S Program), CN OCSS may submit or verify payment history, status of application, and/or participation in the CN OCSS program to the above listed programs if requested. For any other agencies that request information, I will need to complete a Release of Information form before CN OCSS can send information to the agency.
- \_\_\_\_\_ 17. **I UNDERSTAND AND AGREE**, to all the terms above. I understand that if I violate any of the terms, conditions or agreements, or fail to cooperate with CN OCSS, my case will be subject to closure. The information provided in this application is true and correct to the best of my knowledge.

**Applicant's Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTARIAL VERIFICATION**

I, being a notary public, verify that the above named person signed this statement and application before me on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

Notary Public Signature: \_\_\_\_\_

Commission Number: \_\_\_\_\_

Commission Expires on: \_\_\_\_\_

CN OCCSS Completed App Date: \_\_\_\_\_ OKDHS App Date: \_\_\_\_\_

**(OFFICE USE ONLY - CSR)**



**CHEROKEE NATION OFFICE OF CHILD SUPPORT SERVICES  
HUMAN SERVICES DIVISION**

**Application for Child Support Services**

<i>CN OCSS OFFICE USE ONLY</i>			
<input type="checkbox"/> Regular IV-D Services <input type="checkbox"/> Child Care <input type="checkbox"/> JOBS <input type="checkbox"/> Child Care/JOBS			
_____	_____	_____	_____
CN OCSS Staff Member	Date Received	Office Location	Verified BC

<b>I. I am the:    <input type="checkbox"/> CUSTODIAL PARTY    <input type="checkbox"/> LEGAL GUARDIAN    <input type="checkbox"/> NON CUSTODIAL PARTY</b>			
Full Name:			
	First	Middle	Last
Address:			
		Maiden/Suffix	
Date of Birth:		SSN:	
Race:		Tribal Affiliation(s):	
Phone:	Text: Yes or No	Alt Phone:	Text: Yes or No
Email:		County of Residence:	
Driver's License No.:		Relation to Child(ren):	
Issuing State:			

<b>II. BIOLOGICAL MOTHER (if not the custodial party/legal guardian)</b>			
Full Name:			
	First	Middle	Last
Address:			
		Maiden	
Date of Birth:		SSN:	
Race:		Tribal Affiliation(s):	
Home Phone:		Cell Phone:	
Work Phone:		Email:	
Driver's License No.:		Issuing State:	

Is this person currently employed?                      YES    NO  
 If YES, where is their place of employment? \_\_\_\_\_

Is this person in a rehabilitation center or incarcerated?                      YES    NO  
 If YES, list facility/address: \_\_\_\_\_ Phone: \_\_\_\_\_

Is this person in the military?                      YES    NO  
 Branch of service:     Air Force     Army     Marines     Navy     Coast Guard     National Guard



CHEROKEE NATION OFFICE OF CHILD SUPPORT SERVICES  
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Application for Child Support Services

III. BIOLOGICAL/ALLEGED/PRESUMED FATHER (if not the custodial party/legal guardian)			
Full Name:			
First	Middle	Last	Suffix
Address:			
Date of Birth:		SSN:	
Race:		Tribal Affiliation(s):	
Home Phone:		Cell Phone:	
Work Phone:		Email:	
Driver's License No.:		Issuing State:	

Is this person listed on the birth certificate? YES NO

Is this person currently employed? YES NO

If YES, where is their place of employment? \_\_\_\_\_

Is this person in a rehabilitation center or incarcerated? YES NO

If YES, list facility/address: \_\_\_\_\_ Phone: \_\_\_\_\_

Is this person in the military? YES NO

Branch of service:  Air Force  Army  Marines  Navy  Coast Guard  National Guard

What is the biological mother and biological/alleged/presumed father's **current** relationship status?

Never Married  Married  Divorced  Legally Separated Date: \_\_\_\_\_

❖ **NOTE:** If you are the biological mother or the biological/alleged/presumed father and *Married*, please contact CN OCSS for consultation. If *Divorced* or *Legally Separated*, legal documentation stating the date of separation will need to be submitted.

Additional information about the Non-Custodial Party (NCP) or Custodial Party (CP) that will assist CN OCSS in providing service (e.g. location info, assets, etc.): \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**CHEROKEE NATION OFFICE OF CHILD SUPPORT SERVICES  
HUMAN SERVICES DIVISION**

**Application for Child Support Services**

<b>V. CHILDREN – Please list only children with the same mother and father in this section</b>					
FULL NAME (First, Middle, Last, Suffix)	DOB	S E X	SSN	Tribal Affiliation(s)	If receiving state services, specify: SoonerCare, TANF

Is there an existing child support order for this child(ren)? YES NO UNSURE

What office/agency currently works or worked your case (if applicable)? \_\_\_\_\_

Case Number: \_\_\_\_\_

Are there any pending legal actions on this case? YES NO

If YES, please explain:  Visitation  Custody  Other: \_\_\_\_\_

Do you have a private attorney? YES NO

If YES, please provide their name: \_\_\_\_\_ Phone: \_\_\_\_\_

Is the custodial party/legal guardian legally responsible for any children other than those listed above? YES NO N/A

Is the **biological mother** legally responsible for any children other than those listed above?  
YES NO N/A

Is the **biological/alleged/presumed father** legally responsible for any children other than those listed above? YES NO N/A

Is the other party to the case aware you applying for child support services? YES NO

If NO, do you feel there is a reason of concern, please explain: \_\_\_\_\_

How did you hear about us?  Cherokee Nation Website  Friend/Family  Cherokee Nation Event

Cherokee Nation Program, please explain: \_\_\_\_\_

Other, please explain: \_\_\_\_\_

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

\_\_\_\_\_  
**Date**





## COVID-19 IMPACT FORM

I \_\_\_\_\_, certify that I have been impacted by COVID-19 and am requesting assistance from the Cherokee Nation to respond to this impact.

Yes       No

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Cherokee Nation Program Participant/Applicant Signature

Date

Cherokee Nation Use Only

Received \_\_\_\_\_, 2022.

By \_\_\_\_\_.

Approved June 3, 2020