



CHEROKEE NATION OFFICE OF CHILD SUPPORT SERVICES
HUMAN SERVICES DIVISION

FAMILY VIOLENCE STATEMENT

Purpose of Form

By submitting this completed form you are indicating that there is a threat of family violence. Cherokee Nation Office of Child Support Services uses this information to better maintain the safety of all parties involved.

You will be asked to provide a confidential physical home address on this form. To help insure this address remains confidential, it should differ from your Address of Record.

Form(s) should be returned to your local office or mailed to:

Cherokee Nation
Office of Child Support Services (CN OCSS)
PO Box 557
Tahlequah, OK 74465

Questions? Feel free to contact our office Monday through Friday, 8 a.m. to 5 p.m. at (918) 453-5444.

If you or someone you know is a victim of domestic violence please call the 24-hour Oklahoma Safeline: 1-800-522-SAFE (7233).

I am the: Custodial Party (Person receiving support) Non-Custodial Party (Person ordered to pay support)

First Middle Last Suffix

Social Security Number Phone Number Alternate Phone Number

Family Violence

_____ I acknowledge that family violence **IS A RISK** to me or my child(ren) from the following person(s)
(Initial) involved in this case _____

Please provide your **confidential physical home address**. This information will **NOT** be released or appear in court documents. **This address should be different from your Address of Record (AOR).**

Street City State Zip Code

Does the other party or parties know your confidential home address? YES NO

Do you have a current protective order? YES NO

If YES, what state/county or tribal court is it in: _____

I state under penalty of perjury under the laws of Oklahoma and Cherokee Nation that this information is true and correct.

Signature Date

OFFICE USE ONLY

Case Number Date CSR Sent to State CM Marked Physical File Date CM Updated MTS