

**CONFEDERATED SALISH AND KOOTENAI TRIBES  
OF THE FLATHEAD NATION**

**TRIBAL CHILD SUPPORT  
ENFORCEMENT PROGRAM STAFF:**  
Hank Conko-Camel, Project Director  
Traci Couture, Case Manager  
Anita Pierce, Case Manager  
Tash Birthmark, Financial Specialist  
Dorice Camel, Administrative Assistant  
Naomi Robinson, Lead Security Officer  
Garrett Fenton, Locate/Process Server

P.O. Box 278  
Pablo, Montana 59855  
Phone: (406) 675-2700  
Fax: (406) 275-2729



- \_\_\_\_\_ Application Fee \$25.00 (cash or money order)
- \_\_\_\_\_ Completed Application with signature
- \_\_\_\_\_ Authorization to Act (Notary available in TCSEP office)
- \_\_\_\_\_ Consent for Release of Information
- \_\_\_\_\_ W- 9
- \_\_\_\_\_ Copy of Certified Birth Certificates
- \_\_\_\_\_ Acknowledgement of Paternity
- \_\_\_\_\_ Enrollment Verification
- \_\_\_\_\_ Social Security Cards
- \_\_\_\_\_ Driver's License/State ID/Tribal ID
- \_\_\_\_\_ Medicaid or Healthy Montana Kids Cards
- \_\_\_\_\_ Marriage License
- \_\_\_\_\_ Divorce Decree
- \_\_\_\_\_ Income Verification (including SNAP benefits)
- \_\_\_\_\_ Disability Award Letter/ Verification
- \_\_\_\_\_ Certified copy of Child Support Order and all Modifications
- \_\_\_\_\_ Guardianship Order/Suspension of Parent Rights/Power of Attorney
- \_\_\_\_\_ Other

**CONFEDERATED SALISH AND KOOTENAI TRIBES  
DEPARTMENT OF HUMAN RESOURCE DEVELOPMENT  
TRIBAL CHILD SUPPORT ENFORCEMENT PROGRAM**

**IMPORTANT  
KEEP THIS FORM FOR YOUR RECORDS**

**TERMS AND CONDITIONS FOR  
EXPLAINING YOUR RIGHTS AND RESPONSIBILITIES** and the services DHRD TCSEP will provide.  
**READ THIS FORM CAREFULLY AND KEEP IT.**

**INTRODUCTION:**

Either parent or a caretaker/guardian of a child may open a case with Department of Human Resource Development Tribal Child Support Enforcement Program (DHRD TCSEP) by completing an application. Families receiving certain types of public assistance receive DHRD TCSEP services automatically.

You may retain your own attorney, at your expense. DHRD TCSEP represents the public interest. Your objectives, goals, and financial interest may be different from the interest of DHRD TCSEP. DHRD TCSEP, and DHRD TCSEP attorney, does not represent any individual.

**CONFIDENTIALITY / PRIVACY NOTICE:**

When you receive Child Support Services, Federal and Tribal laws require you to provide DHRD TCSEP with certain information, including social security numbers for you and your children. This information is used to establish parentage, and establish, enforce and modify support orders. By submitting an application for DHRD TCSEP services, you authorize the use of these social security numbers for providing Child Support Services.

DHRD TCSEP is committed to protecting your privacy and keeping information about your case confidential in compliance with Tribal and Federal law. Confidentiality is also required of all agencies and organizations that work with DHRD TCSEP. However, you should be aware that some laws require the sharing of certain information. For example, DHRD TCSEP may need to provide certain information to another agency or person working on your case; to a third party such as an insurance company; or to the other parent. Additionally, be aware that once a legal action is started to establish, modify or collect child support, all information included in the proceeding becomes a matter of public record.

Information received becomes a part of the case record. DHRD TCSEP may disclose this information, including your name, address, and phone number, to other parties in the case. **If you believe the release of the information may put you or your family at risk, you must contact the DHRD TCSEP immediately!** If DHRD TCSEP determines there is clear evidence of risk, your address and phone number will be removed from documents issued to other parties in the future. Also, if you have a protective or restraining order, you must provide DHRD TCSEP with a copy.

**YOUR RESPONSIBILITIES:**

- 1. You must keep DHRD TCSEP informed of any change in your address, phone number, or employment. You must also provide updated information about other participants in the case.
- 2. You must promptly inform DHRD TCSEP of any changes in the physical custody of the children, modification of the support order, other collection actions, adoption proceedings, and any other matter that may affect or change the services DHRD TCSEP is providing.
- 3. You must forward any information that adds to, differs from, or contradicts information in the DHRD TCSEP case so that it may be considered.
- 4. You must provide certified copies of all orders concerning your case. This includes actions that occur after DHRD TCSEP services begin.
- 5. You must immediately forward any support payments you receive that have not been issued by DHRD TCSEP (or any payment you are required to make) to DHRD TCSEP.
  - (a) You may be liable if DHRD TCSEP takes an enforcement action because you failed to timely forward a payment.
  - (b) Credit may not be given unless payments are made through DHRD TCSEP.
  - (c) Send all child support payments to:

DHRD Tribal Child Support  
 Enforcement Program  
 PO Box 278  
 Pablo, MT 59855

- 6. You must verify certify that all information provided is true and complete to the best of your knowledge.
- 7. A one-time application fee of \$25.00 will be charged with the exception of individuals receiving services under Titles IV-A, IV-E foster care assistance, or XIX (Medicaid) of the Act. The fee is non-refundable, even if DHRD TCSEP determines your case is unworkable. Payments must be in the form of cash or money order. DHRD TCSEP does not accept personal checks.

**TRIBAL CHILD SUPPORT  
 ENFORCEMENT PROGRAM SERVICES:**

- 1. DHRD TCSEP will enter an order setting **both** parents’ support obligation when establishing or modifying a support order. Enforcement of the support order will be determined by the custody arrangement.
- 2. DHRD TCSEP will collect medical support if it has been reduced to a judgment which is to be paid in a specific dollar amount.
- 3. DHRD TCSEP, not a case participant, will determine the proper action or remedy to apply and the sequence of events, including the time frames, within which each case will proceed. This includes attempts to establish paternity when necessary, secure financial and medical support, and modify orders when appropriate.
- 4. DHRD TCSEP will intercept Federal and State income tax refunds when appropriate and apply them to unpaid support debt. Persons receiving support

\_\_\_\_INITIAL

may be required to repay intercepts if Federal adjustments occur.

services or State or Tribal provided public assistance.

5. **Are we collecting interest? If we collect for another agency we need to word differently.** DHRD TCSEP will collect interest on support debts only when the amount of unpaid interest is reduced to a lump sum judgment by an order. DHRD TCSEP does not have the ability to calculate the amount of interest that may be due or that may become due. This limitation is not to be construed as a waiver of any right to collect interest independent of DHRD TCSEP.

6. DHRD TCSEP may seek reimbursement from persons who receive money to which they are not entitled. The DHRD TCSEP will provide an opportunity for you to repay or deny that money should be repaid to the DHRD TCSEP. Failure to repay or deny within 10 days of notification allows the DHRD TCSEP to keep a portion of current support (and any amount that exceeds current support) to reimburse the DHRD TCSEP. DHRD TCSEP may also take action to recover these amounts either administratively or through a court order. DHRD TCSEP is not required to collect amounts owed to the parent who paid the support.

7. DHRD TCSEP will close a case:

- (a) Upon your request if there has been no other application for services.
- (b) When you fail to cooperate or fail to abide by these Terms and Conditions.

**Note:** A case may not be eligible for closure if a child receives Medicaid

**OTHER INFORMATION:**

DHRD TCSEP cannot guarantee success in establishing paternity, establishing a support order, or collecting support. DHRD TCSEP may not be able to continue to provide services because of circumstances outside the DHRD TCSEP's control. All warranties, expressed or implied, are specifically disclaimed. Please be aware the enforcement of child support is a complex undertaking procedure. It will take time to process your case thoroughly.

These Terms and Conditions govern all Child Support Enforcement Services. Any changes to the Terms and Conditions will not be binding until the DHRD TCSEP notifies you.

It is the policy of the DHRD TCSEP to provide equal agency services to all persons regardless of race, color, religion, creed, sex, national origin, age, physical or mental disability, marital status, or political belief.

Alternative Accessible formats of the document will be provided upon request.

Contact Information: DHRD TCSEP staff at:

**(406) 675-2700**

Hank Conko-Camel, Project Director;  
ext. 1284; [hankc@cskt.org](mailto:hankc@cskt.org)  
Traci Couture, Case-Manager/Investigator;  
ext. 1347; [traci.couture@cskt.org](mailto:traci.couture@cskt.org)  
Anita Pierce, Case-Manager/Investigator;  
ext.; 1230; [anita.pierce@cskt.org](mailto:anita.pierce@cskt.org)

# CONFEDERATED SALISH AND KOOTENAI TRIBES OF THE FLATHEAD NATION

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## FEES AND SERVICES

## PART A

**A one-time application fee of \$25.00 will be charged with the exception of individuals receiving services under the titles IV-A, IV-E foster care assistance, XIX Medicaid. This fee is non-refundable even if the CS&KT TCSEP determines your case is unworkable.**

I understand CS&KT TCSEP will provide complete Tribal Child Support services.

I (participant) receive the following services:

Tribal TANF  State TANF  Child Only TANF  Medicaid  SNAP  Foster Care

My child(ren) receive the following services:

Tribal TANF  State TANF  Medicaid  SNAP  Foster Care

I am the:

Mother  
 Father

Other  
Please Specify \_\_\_\_\_

I am applying to receive child support from the:

Mother  
 Father

Other  
Please Specify \_\_\_\_\_

The information I am providing in this application is true to the best of my knowledge.

Date \_\_\_\_\_

Signature \_\_\_\_\_

### INSTRUCTIONS

Respond to all questions in this application as completely as possible. Although it may seem that many do not apply to your situation, please realize that child support cases are complex and enduring. Information you provide will be used now and over the lifetime of your case. Your responses help the Tribal CSE to locate parties, to determine jurisdiction, to calculate the amount of support due and to determine to whom it is owed, and to establish orders when necessary. The same questions are asked about both the mother and the father. Please print or type your responses. Part D provides space for additional information.

## MOTHER'S INFORMATION

## PART B

Mother's Full Name: \_\_\_\_\_ Maiden Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

How long has the mother lived on the Flathead Indian Reservation?: \_\_\_\_\_

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CS&KT-TRIBAL CHILD SUPPORT ENFORCEMENT PROGRAM

Page 1

**MOTHER'S INFORMATION (continued)****PART B**

Date last known to be at street address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Other Phone Number (cell, message, etc.): \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth (City, County, State): \_\_\_\_\_ Race: \_\_\_\_\_

Is the mother a member of CS&amp;KT? \_\_\_\_ Yes \_\_\_\_ No Enrollment #: \_\_\_\_\_

Or a Federally Recognized Tribe? \_\_\_\_ Yes \_\_\_\_ No

If yes, which Tribe: \_\_\_\_\_ Enrollment # \_\_\_\_\_

**Does the mother receive lease payments:** \_\_\_\_ Yes \_\_\_\_ No How much: \_\_\_\_\_

If yes, how often are payments received: \_\_\_\_\_

**Mother's Employer:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Work Hours: \_\_\_\_\_ Current Salary: \_\_\_\_\_

Mother's usual occupation: \_\_\_\_\_ How often paid: \_\_\_\_\_

Monthly net income: \_\_\_\_\_

Mother's Employment:

- |                                    |                                    |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Seasonal  |
| <input type="checkbox"/> Temporary | <input type="checkbox"/> Contract  |
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time |

**Is health insurance available to the mother through employment?** \_\_\_\_ Yes \_\_\_\_ No

Insurance Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

**Mother's Parents (Children's Grandparents)** If deceased, list name and indicate deceased on address line.

Mother's Father's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Mother's Mother's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**List names and phone numbers of friends or other relatives who may know where the mother is:**


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**Attempts to collect Child Support and Public Assistance:** \_\_\_\_\_

Does the mother have an attorney? \_\_\_\_ Yes \_\_\_\_ No

Name and address of attorney: \_\_\_\_\_

Has the mother received child support enforcement services from an agency in another State? \_\_\_\_\_

\_\_\_\_ Yes \_\_\_\_ No Name address and phone number of agency: \_\_\_\_\_

Has the mother applied for collection services from a private agency? \_\_\_\_ Yes \_\_\_\_ No

**MOTHER'S INFORMATION (continued)**

**PART B**

Name, address and phone number of agency: \_\_\_\_\_

Has the mother received TANF or Tribal Assistance in any State? \_\_\_\_\_ Yes \_\_\_\_\_ No

Types of assistance: \_\_\_\_\_

Dates of assistance: \_\_\_\_\_ City, County, State: \_\_\_\_\_

**General Information** Is the mother a student? \_\_\_\_\_ Yes \_\_\_\_\_ No Expected graduation date: \_\_\_\_\_

Course of study or classes taken: \_\_\_\_\_

List high schools, trade schools and/or colleges the mother has attended. Give dates, locations, courses and degrees/certificates/license received: \_\_\_\_\_

**Is the mother:**

Yes No

\_\_\_\_\_ A member or former member of the Armed Forces?

Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_ Years of Service: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Date Discharged: \_\_\_\_\_

\_\_\_\_\_ Receiving Military Retirement? Amount per Month: \_\_\_\_\_

\_\_\_\_\_ Receiving Military Disability Income? Amount per Month: \_\_\_\_\_

\_\_\_\_\_ Receiving Social Security Benefits? Amount per Month: \_\_\_\_\_

\_\_\_\_\_ Disabled?

\_\_\_\_\_ Receiving Workers Compensation? Amount per Month: \_\_\_\_\_

\_\_\_\_\_ Receiving Retirement Income/Pension? Amount per Month: \_\_\_\_\_

Source: \_\_\_\_\_

\_\_\_\_\_ Currently incarcerated? Where? \_\_\_\_\_

\_\_\_\_\_ On parole or probation? Name of parole/probation officer: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

**Does the mother:**

Yes No

\_\_\_\_\_ Have a driver's license? State and number: \_\_\_\_\_

\_\_\_\_\_ Own vehicles? Description: \_\_\_\_\_

\_\_\_\_\_ Own property? Description: \_\_\_\_\_

\_\_\_\_\_ Have investments? Type and Amount: \_\_\_\_\_

\_\_\_\_\_ Have a bank account? Name and location of bank: \_\_\_\_\_

\_\_\_\_\_ Have any State or County licenses or certificates? List: \_\_\_\_\_

**Additional Information:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**FATHER'S INFORMATION****PART C****Father's Full Name:** \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Street Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City, State, and Zip: \_\_\_\_\_

Date last known to be at street address: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

Other Phone Number (cell, message, etc.): \_\_\_\_\_ E-Mail Address: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Place of Birth (City, County, State): \_\_\_\_\_ Race: \_\_\_\_\_

How long has the father lived on the Flathead Indian Reservation?: \_\_\_\_\_

Is the father a member of CS&amp;KT? \_\_\_\_ Yes \_\_\_\_ No Enrollment #: \_\_\_\_\_

Or a Federally Recognized Tribe? \_\_\_\_ Yes \_\_\_\_ No

If yes, which Tribe: \_\_\_\_\_ Enrollment # \_\_\_\_\_

**Does the father receive lease payments:** \_\_\_\_ Yes \_\_\_\_ No How much: \_\_\_\_\_

If yes, how often are payments received: \_\_\_\_\_

**Father's Employer:** \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Work Hours: \_\_\_\_\_ Current Salary: \_\_\_\_\_

Father's usual occupation: \_\_\_\_\_ How often paid: \_\_\_\_\_

Monthly net income: \_\_\_\_\_

Father's Employment:

- |                                    |                                    |
|------------------------------------|------------------------------------|
| <input type="checkbox"/> Permanent | <input type="checkbox"/> Seasonal  |
| <input type="checkbox"/> Temporary | <input type="checkbox"/> Contract  |
| <input type="checkbox"/> Full-time | <input type="checkbox"/> Part-time |

**Is health insurance available to the father through employment?** \_\_\_\_ Yes \_\_\_\_ No

Insurance Company Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Policy Number: \_\_\_\_\_ Group Number: \_\_\_\_\_

**Father's Parents (Children's Grandparents)** If deceased, list name and indicate deceased on address line.

Father's Father's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

Father's Mother's Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_

**List names and phone numbers of friends or other relatives who may know where the father is:**


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**Attempts to collect Child Support and Public Assistance:** \_\_\_\_\_

Does the father have an attorney? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name and address of attorney: \_\_\_\_\_

Has the father received child support enforcement services from an agency in another State? \_\_\_\_\_

\_\_\_\_\_ Yes \_\_\_\_\_ No Name address and phone number of agency: \_\_\_\_\_

Has the father applied for collection services from a private agency? \_\_\_\_\_ Yes \_\_\_\_\_ No

Name, address and phone number of agency: \_\_\_\_\_

Has the father received TANF or Tribal assistance in any State? \_\_\_\_\_ Yes \_\_\_\_\_ No

Types of assistance: \_\_\_\_\_

Dates of assistance: \_\_\_\_\_ City, County, State: \_\_\_\_\_

**General Information** Is the father a student? \_\_\_\_\_ Yes \_\_\_\_\_ No Expected graduation date: \_\_\_\_\_

Course of study or classes taken: \_\_\_\_\_

List high schools, trade schools and/or colleges the father has attended. Give dates, locations, courses and degrees/certificates/license received: \_\_\_\_\_

**Is the father:**

Yes No

\_\_\_\_\_ A member or former member of the Armed Forces?

Branch of Service: \_\_\_\_\_ Rank: \_\_\_\_\_ Years of Service: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Date Discharged: \_\_\_\_\_

\_\_\_\_\_ Receiving Military Retirement? Amount per Month: \_\_\_\_\_

\_\_\_\_\_ Receiving Military Disability Income? Amount per Month: \_\_\_\_\_

\_\_\_\_\_ Receiving Social Security benefits? Amount per Month: \_\_\_\_\_

\_\_\_\_\_ Disabled?

\_\_\_\_\_ Receiving Workers Compensation? Amount per Month: \_\_\_\_\_

\_\_\_\_\_ Receiving Retirement Income/Pension? Amount per Month: \_\_\_\_\_

Source: \_\_\_\_\_

\_\_\_\_\_ Currently incarcerated? Where? \_\_\_\_\_

\_\_\_\_\_ On parole or probation? Name of parole/probation officer: \_\_\_\_\_

Phone Number: \_\_\_\_\_

\_\_\_\_\_ Other: \_\_\_\_\_

**Does the father:**

Yes No

\_\_\_\_\_ Have a driver's license? State and number: \_\_\_\_\_

\_\_\_\_\_ Own vehicles? Description: \_\_\_\_\_

\_\_\_\_\_ Own property? Description: \_\_\_\_\_

\_\_\_\_\_ Have investments? Type and Amount: \_\_\_\_\_

\_\_\_\_\_ Have a bank account? Name and location of bank: \_\_\_\_\_

\_\_\_\_\_ Have any State or County licenses or certificates? List: \_\_\_\_\_

INITIAL \_\_\_\_\_

**NON-PARENT APPLICANT INFORMATION (Foster Parent, Grandparent, & Guardian) PART D**

Your Full Name: \_\_\_\_\_  
Your Relationship to the Child(ren): \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_  
Home Telephone Number: \_\_\_\_\_ Work Telephone Number: \_\_\_\_\_  
Message Telephone Number: \_\_\_\_\_ E-mail Address: \_\_\_\_\_  
Race: White \_\_\_\_\_ Black \_\_\_\_\_ Other \_\_\_\_\_  
Are you a member of CS&KT \_\_\_\_\_ Yes \_\_\_\_\_ No Enrollment #: \_\_\_\_\_  
Or a Federally Recognized Tribe \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, which Tribe: \_\_\_\_\_

Do you have a document or Court Order giving you custody or the right to collect support for the child(ren) from either of the parents? Please provide copies of any documentation relating to child support collections. If yes, YOU MUST ATTACH A CERTIFIED COPY. A certified copy bears an original stamp from the clerk of Court of the County or Tribe that filed the order. A photocopy of a certified copy is acceptable.

**ORDER AND MARITAL INFORMATION ABOUT THE PARENTS OF THE CHILD(REN) PART E**

**Marital Information:** Were the parents married? \_\_\_\_\_ Yes \_\_\_\_\_ No Date of marriage: \_\_\_\_\_  
City, County and State of marriage: \_\_\_\_\_  
If no, did the parents hold themselves out as husband and wife? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Did the parents ever file joint tax returns? \_\_\_\_\_ Yes \_\_\_\_\_ No  
If yes, which years? \_\_\_\_\_ What States? \_\_\_\_\_ Divorce/Order Information:  
Are the parents divorced? \_\_\_\_\_ Yes \_\_\_\_\_ No  
Cause Number: \_\_\_\_\_ Date: \_\_\_\_\_  
City, County and State where the order was entered: \_\_\_\_\_

**Is there an order for support?** \_\_\_\_\_ Yes \_\_\_\_\_ No  
Cause Number: \_\_\_\_\_ Date: \_\_\_\_\_  
City, County and State where the order was entered: \_\_\_\_\_  
Who is ordered to pay support? \_\_\_\_\_ Amount: \_\_\_\_\_  
Have any written changes been made to the terms of the order? \_\_\_\_\_ Yes \_\_\_\_\_ No  
i.e. modifications. \_\_\_\_\_  
If yes, describe the changes: \_\_\_\_\_

**CHILD(REN'S) INFORMATION****PART F**

Provide the information requested for all children born of the relationship between the mother and the father, even if they do not reside in your home. Each child will have his/her own column.

	<b>Child 1</b>	<b>Child 2</b>	<b>Child 3</b>
<b>Child's Full Name</b>	_____	_____	_____
Other Names Used	_____	_____	_____
Sex and Race	Sex: _____ Race: _____	Sex: _____ Race: _____	Sex: _____ Race: _____
Social Security Number	_____	_____	_____
Date of Birth	_____	_____	_____
Place of Birth(City, County, State)	_____	_____	_____
Child lives with Since what date	___ Mother ___ Father ___ Other _____	___ Mother ___ Father ___ Other _____	___ Mother ___ Father ___ Other _____
Covered under any insurance plan? Name	___ Yes ___ No _____	___ Yes ___ No _____	___ Yes ___ No _____
Address	_____	_____	_____
City, State, Zip	_____	_____	_____
Phone number	_____	_____	_____
Group and Policy Number	_____	_____	_____
Who provides Insurance? If other, list name and relationship	___ Mother ___ Father ___ Other _____	___ Mother ___ Father ___ Other _____	___ Mother ___ Father ___ Other _____
Is the child in school? Current grade.	___ Yes ___ No _____	___ Yes ___ No _____	___ Yes ___ No _____
Name and address of school.	_____	_____	_____
Is the child a member of CS&KT? Enrollment number.	___ Yes ___ No _____	___ Yes ___ No _____	___ Yes ___ No _____
Is the child enrolled in a Federally recognized Tribe? Enrollment number.	___ Yes ___ No _____	___ Yes ___ No _____	___ Yes ___ No _____
Is the child receiving Social Security Benefits?	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
<b>Provide the following information if a support order does not exist and parents were never married to each other.</b>			
Place of conception (City, County, State)	_____	_____	_____
Has genetic testing been done? If yes, provide copy of results	___ Yes ___ No _____	___ Yes ___ No _____	___ Yes ___ No _____
Has any man signed an Acknowledgment of Paternity? If yes, provide a copy and list the City, County and State where filed.	___ Yes ___ No _____ _____	___ Yes ___ No _____ _____	___ Yes ___ No _____ _____

	<b>Child 4</b>	<b>Child 5</b>	<b>Child 6</b>
<b>Child's Full Name</b>	_____	_____	_____
Other Names Used	_____	_____	_____
Sex and Race	Sex: _____ Race: _____	Sex: _____ Race: _____	Sex: _____ Race: _____
Social Security Number	_____	_____	_____
Date of Birth	_____	_____	_____
Place of Birth(City, County, State)	_____	_____	_____
Child lives with	___ Mother ___ Father ___ Other	___ Mother ___ Father ___ Other	___ Mother ___ Father ___ Other
Since what date	_____	_____	_____
Covered under any insurance plan?	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Name	_____	_____	_____
Address	_____	_____	_____
City, State, Zip	_____	_____	_____
Phone number	_____	_____	_____
Group and Policy Number	_____	_____	_____
Who provides Insurance?	___ Mother ___ Father ___ Other	___ Mother ___ Father ___ Other	___ Mother ___ Father ___ Other
If other, list name and relationship	_____	_____	_____
Is the child in school?	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Current grade.	_____	_____	_____
Name and address of school.	_____	_____	_____
Is the child a member of CS&KT?	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Enrollment number.	_____	_____	_____
Is the child enrolled in a Federally recognized Tribe?	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
Enrollment number.	_____	_____	_____
Is the child receiving Social Security Benefits?	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
<b>Provide the following information if a support order does not exist and parents were never married to each other.</b>			
Place of conception (City, County, State)	_____	_____	_____
Has genetic testing been done?	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
If yes, provide copy of results	_____	_____	_____
Has any man signed an Acknowledgment of Paternity?	___ Yes ___ No	___ Yes ___ No	___ Yes ___ No
If yes, provide a copy and list the City, County and State where filed.	_____	_____	_____

**INFORMATION ABOUT OTHER CHILDREN OF THE PARENTS**

**PART G**

List all of the mother's children not previously listed.

Child's full name.	Date of Birth	Who does the child live with?	Is the father ordered to pay support for this child?
_____	_____	_____	___ Yes ___ No \$ _____ Amount
_____	_____	_____	___ Yes ___ No \$ _____ Amount
_____	_____	_____	___ Yes ___ No \$ _____ Amount
_____	_____	_____	___ Yes ___ No \$ _____ Amount

List all of the father's children not previously listed.

Child's full name.	Date of Birth	Who does the child live with?	Is the mother ordered to pay support for this child?
_____	_____	_____	___ Yes ___ No \$ _____ Amount
_____	_____	_____	___ Yes ___ No \$ _____ Amount
_____	_____	_____	___ Yes ___ No \$ _____ Amount
_____	_____	_____	___ Yes ___ No \$ _____ Amount

**DOMESTIC VIOLENCE**

**PART H**

Have you or your children ever experienced any type of abuse during this relationship? \_\_\_ Yes \_\_\_ No

Type of abuse:  Physical  Verbal  Sexual

Has a Protective Order ever been issued against you or the NCP? \_\_\_ Yes \_\_\_ No

If yes when and where? \_\_\_\_\_

Do you feel that you or the child(ren) are at risk of physical harm at this time? \_\_\_ Yes \_\_\_ No

Do you feel that you or the child(ren) may become at risk of physical harm at some point in the future? \_\_\_ Yes \_\_\_ No

**PATERNITY INFORMATION**

**PART I**

If the non-custodial parent listed in "PART E" is male, could someone else, other than the male named in "PART E" be the father of the children? \_\_\_ Yes \_\_\_ No

If yes, name the other man. \_\_\_\_\_ For which child \_\_\_\_\_.

If yes, name the other man. \_\_\_\_\_ For which child \_\_\_\_\_.

(If yes, complete a separate referral on each alleged father.)

**ACKNOWLEDGEMENT OF UNDERSTANDING**

I certify, under penalties of law, that all the information on this referral is true, accurate and completed to the best of my knowledge. I ALSO, understand, if I receive any child support payments paid directly to me from the non-custodial parent, while I am receiving TANF cash assistance, I must turn these payments over to the Tribal Child Support Enforcement Program for processing. I also understand and acknowledge TCSEP may forward the application to another IV-D Agency/State for Child Support Enforcement services.

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

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

\_\_\_\_\_  
**Signature** (Intake interview conducted by)

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

**OFFICE PERSONNEL ONLY**

**PART K**

N.C.P. Client No. \_\_\_\_\_  
Child 1 Client No. \_\_\_\_\_  
Child 3 Client No. \_\_\_\_\_  
Child 5 Client No. \_\_\_\_\_

C.P. Client No. \_\_\_\_\_  
Child 2 Client No. \_\_\_\_\_  
Child 4 Client No. \_\_\_\_\_  
Child 6 Client No. \_\_\_\_\_

NCP CS&KT-TCSEP Case No: \_\_\_\_\_  
Active: \_\_\_ Yes \_\_\_ No \_\_\_ Pending

CP CS&KT-TCSEP Case No: \_\_\_\_\_  
Active: \_\_\_ Yes \_\_\_ No \_\_\_ Pending

Is anyone in the household a descendant of CS&KT or a Federally recognized Tribe.  
Please list: \_\_\_\_\_  
\_\_\_\_\_

FILE TYPE: \_\_\_ D.V. \_\_\_ TANF \_\_\_ STATE \_\_\_ WALK IN \_\_\_ IV-E \_\_\_ OTHER

**Other Information:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Application Completed:** \_\_\_\_\_  
**Date Stamp**

## Confederated Salish and Kootenai Tribes CONSENT FOR RELEASE OF INFORMATION

I the undersigned are seeking services from the Department of Human Resources Development (DHRD), Tribal Child Support Enforcement Program (TCSEP).

I authorize the above named program to receive information about my application and contents therein, in an effort to serve me, my family and my children (as declared on my application/applications for assistance).

In addition I authorize the following programs/agencies to release information to the TCSEP office in an effort to provide and facilitate assistance to my child(ren) and myself. Those programs and agencies include but are not limited to the following:

**INITIAL EACH PLACE YOU GIVE PERMISSION TO RELEASE INFORMATION.**

1. \_\_\_\_\_ Tribal Personnel/Payroll Offices:(Income Verification) etc.
2. \_\_\_\_\_ Tribal Health and Human Services – THHS (Mental Health)
3. \_\_\_\_\_ Tribal Education Department – TED (educational awards)
4. \_\_\_\_\_ Montana State Offices of Public Assistance
5. \_\_\_\_\_ Salish and Kootenai Housing Authority
6. \_\_\_\_\_ Tribal Police
7. \_\_\_\_\_ Tribal Court
8. \_\_\_\_\_ Tribal Prosecutor/Tribal Defender’s
9. \_\_\_\_\_ Crime Victims Advocate
10. \_\_\_\_\_ Division of Lands – verify Land Lease
11. \_\_\_\_\_ Tribal Child Protective Social Services
12. \_\_\_\_\_ Tribal Enrollment
13. \_\_\_\_\_ Social Security Administration, MT Disability Bureau, Veteran’s Administration – Verify Income
14. \_\_\_\_\_ EMPLOYER NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_
15. \_\_\_\_\_ State TANF Programs – to get the number of months for Federal Time Clock: \_\_\_\_\_
16. \_\_\_\_\_ Per-Capita Statements: \_\_\_\_\_
17. \_\_\_\_\_ Tribal Credit – Current Loan, delinquency, credit history and judgments
18. \_\_\_\_\_ Tribal Child Support Enforcement Program “TCSEP”
19. \_\_\_\_\_ Child Support Enforcement Division, State: \_\_\_\_\_
20. \_\_\_\_\_ Potential employers found by DHRD TANF – WIA list
21. \_\_\_\_\_ Individual Indian of Monies (IIM)
22. \_\_\_\_\_ Other, please specify: \_\_\_\_\_

I understand that the information received by the DHRD TCSEP will be kept confidential and used for professional purposes only in terms of facilitating services received by me and my family and will not be released to other outside programs/agencies, unless prior authorization by me, in writing, is obtained. I understand that I may cancel this Consent For Release Of Information in writing, at any time.

I hereby release the DHRD TCSEP from any and all liability from use of the released information as long as the information is utilized in the capacity approved in this release.

This Consent For Release Of Information is intended to allow the DHRD TCSEP to prepare the case for litigation and/or to 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 Confederated Salish and Kootenai Tribes Laws Codified and/or State of Montana Code regarding the release of information.

\_\_\_\_\_  
Print Name – Applicant      Date      Signature      Date

\_\_\_\_\_  
 Caseworker Investigator      Date

THIS CONSENT FOR RELEASE OF INFORMATION IS VALID FROM \_\_\_\_\_ TO \_\_\_\_\_

I \_\_\_\_\_, hereby revoke this Consent For Release of Information this day of \_\_\_\_\_, 20\_\_\_\_.

# Request for Taxpayer Identification Number and Certification

**Give Form to the  
 requester. Do not  
 send to the IRS.**

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

Print or type. See Specific Instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.</p>	
	<p><b>2</b> Business name/disregarded entity name, if different from above</p>	
	<p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC                     <input type="checkbox"/> C Corporation                     <input type="checkbox"/> S Corporation                     <input type="checkbox"/> Partnership                     <input type="checkbox"/> Trust/estate             </p> <p> <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____             </p> <p><b>Note:</b> Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.</p> <p> <input type="checkbox"/> Other (see instructions) ▶ _____             </p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.</p>	<p>Requester's name and address (optional)</p>
	<p><b>6</b> City, state, and ZIP code</p>	
	<p><b>7</b> List account number(s) here (optional)</p>	

**Part I Taxpayer Identification Number (TIN)**

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

<b>Social security number</b>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td style="text-align: center;">-</td> <td></td> <td></td> </tr> </table>					-	-		
-	-							
<b>or</b>								
<b>Employer identification number</b>								
<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> <td style="width: 25%; border: 1px solid black; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">-</td> <td></td> <td></td> <td></td> </tr> </table>					-			
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**Part II Certification**

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.

<b>Sign Here</b>	Signature of U.S. person ▶	Date ▶
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**General Instructions**

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

**Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

*If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.*



**APPENDIX B**  
**DHRD - Tribal Child Support Enforcement**  
**Schedule Worksheet: Financial Declaration**

CP (CP) \_\_\_\_\_

Non-CP (NCP) \_\_\_\_\_

Children	D.O.B.	Age
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
5. _____	_____	_____

<b>Part 1. Basic Child Support Obligation</b>	<b>NCP</b>	<b>CP</b>
1. Monthly Gross Income		
a. Salary and Wages		
b. Treaty Income		
c. Commissions		
d. Stipend		
e. Bonuses		
f. Dividends		
g. Severance pay		
h. Taxable per capita payments		
I. Interests		
j. Trust Income (include income received from land held trust by the United States or subject to a restriction against alienation)		
k. Annuities		
I. Deferred Compensation		
m. Capital Gains		
n. Social Security Benefits		
o. Workers Compensation Benefits		
p. Unemployment Insurance benefits		
q. Disability Insurance benefits		
r. Gifts		
s. Gaming Winnings		
t. Prizes		
u. Spousal Maintenance		
v. Non-monetary Income (describe)		
w. Monthly Average of other fluctuating income (yearly average/12 months)		
x. Self-Employment; income from rentals		
y. Expense reimbursements or benefits received by a parent in the course of employment or self-employment or operation of a business counted as income if they are significant and reduce personal living expenses		
<b>z. Total Monthly Gross Income (add lines 1a through 1y)</b>		

2. Items Disclosed but not included in Monthly Gross Income	<b>NCP</b>	<b>CP</b>
a. TANF		
b. Supplemental Security Income		
c. Food Stamps		
d. Any other income exempt under Federal Law		
f. Child Support		
<b>g. Total Disclosed but not included in Monthly Gross Income</b>		
3. Deductions from Monthly Gross Income	<b>NCP</b>	<b>CP</b>
a. United States Income Taxes		
b. Tribal, State or local income taxes		
c. FICA		
d. Health Insurance premiums to the extent of paid by an employee		
e. State Industrial insurance premiums		
f. Child Support paid for another child to the extent actually paid		
g. Court Order spousal maintenance to the extent actually paid		
h. Mandatory Union and Professional dues, and mandatory pension plan payments		
i. The amount of reasonable expense of an NCP for preexisting, jointly acquired debt of the parents to the extent payment of the debt is actually made. When a deduction for debt service is made, the Court may provide for prospective upward adjustments of support based on the anticipated reduction or elimination of the debt service.		
<b>j. Total Deductions from Monthly Gross Income (add lines 3a through 3i)</b>		
<b>4. Actual Gross Monthly Income (subtract 3j from 1z)</b>		
<b>Part 2. Basic Child Support Obligation</b>	<b>NCP</b>	<b>CP</b>
5. Total Number of Children NCP is legally responsible for		
6. Parent's Total Monthly Basic Child Support Obligation		
a. 15% (0.15) for one child		
b. 20% (0.20) for two children		
c. 25% (0.25) for three children		
d. 30% (0.30) for four children		
e. 35% for five or more children		

<b>Part 3. At or below poverty level</b>	<b>NCP</b>	<b>CP</b>

<b>Part 4. NCP and CP Percentage of total Income</b>	<b>NCP</b>	<b>CP</b>
a. Actual Gross Monthly Income		
b. Combined total Income (add NCP total income + CP total Income)		
c. % of Combine Total Income (divide total income/Combined total Income)		

<b>Part 5. Healthcare, Childcare, Extraordinary Expenses</b>	<b>NCP</b>	<b>CP</b>
<b>7. Healthcare Expenses</b>		
a. Monthly Health Insurance Premiums paid for Child(ren)		
b. Uninsured Monthly Health Care Expenses Paid for Child(ren)		
c. Total Monthly Health Care Expenses (add lines a and b)		
<b>d. % of Combine Total Income (divide total income/Combined total Income)</b>		
<b>8. Child Care Expenses</b>	<b>NCP</b>	<b>CP</b>
a. Monthly Child Care Expenses Paid for Child(ren) (If cost of child care for child(ren) varies (I.e. between the school year and summer) take the total cost of child care and divide the amount by 12 ( )/(M) = ( )		
b. % of Combined Total Income		
<b>9. Monthly Extraordinary Expenses</b>	<b>NCP</b>	<b>CP</b>
a. Medical Expenses, Dental Expenses, and Counseling Expenses (including substance abuse counseling and treatment)		
b. Educational or Extra Curricular Expenses		
c. Long Distance Transportation Expenses		
d. Long Distance Communication Expenses		
e. Traditional Cultural Activities		
f. Other Special Expenses		
g. Total Monthly Extraordinary Expenses (add line a through f)		
h. % of Combined Total Income		

<b>Part 6. Each Parent's Total Child Support Responsibility</b>	<b>NCP</b>	<b>CP</b>
10. Parent's Total Monthly Basic Child Support		
11. Basic Obligation (Refer to #5)		
12. Parent's Total Monthly Health Care Responsibility (Refer 6c)		
13. Parent's Total Monthly Child Care Responsibility (7a)		
14. Parent's Total Monthly Extraordinary Expenses Responsibility (Refer 8g)		
15. Parent's Total Monthly Child Support Obligation (add lines 9,10,11,12,13)		

16. Other Factors to Consider:

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I declare, under penalty of perjury under the Confederated Salish and Kootenai Tribes Tribal Laws of Codified, the information contained in this worksheet is complete, true and correct.

\_\_\_\_\_  
Custodial Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Non-Custodial Parent's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Tribal Court Judge Signature

\_\_\_\_\_  
Date

**CONFEDERATED SALISH AND KOOTENAI TRIBES  
OF THE FLATHEAD NATION**

**TRIBAL CHILD SUPPORT  
ENFORCEMENT PROGRAM STAFF**  
Hank Conko-Camel, Project Director  
Traci Couture, Case Manager  
Anita Pierce, Case Manager  
Tash Birthmark, Financial Specialist  
Dorice Camel, Administrative Assistant  
Naomi Robinson, Lead Security Officer  
Garrett Fenton, Locate/Process Server

P.O. Box 278  
Pablo, Montana 59855  
Phone: (406) 675-2700  
Fax: (406) 275-2729



**AUTHORIZATION TO ACT**

Obligee: (you) \_\_\_\_\_

Obligor: \_\_\_\_\_

Children: \_\_\_\_\_

\_\_\_\_\_

I have applied for Tribal Child Support Enforcement Program (TCSEP) services. TCSEP is authorized by law to take all actions necessary to work my case.

I am the  Obligee  Obligor

This authorization is effective until I ask TCSEP to close my case or until TCSEP notifies me they have closed my case.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Your Name

Before me, a Notary Public for this State, personally appeared the person named above and executed the same in my presence.

SUBSCRIBED AND SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_.

STATE OF \_\_\_\_\_ )

:SS

COUNTY OF \_\_\_\_\_ )

( S E A L )

\_\_\_\_\_  
NOTARY PUBLIC