

**PENOBSCOT NATION CHILD SUPPORT AGENCY
APPLICATION
FOR CHILD SUPPORT SERVICES**

Information provided on this form (including attachments) may be shared with others for the sole purpose of administration of the tribal child support agency and State/Tribal TANF and foster care programs.

PNCSA Staff are mandated reporters. PNCSA Staff must make a report if he/she has reasonable cause to suspect that a child has been or is likely to be abused or neglected.

The Penobscot Nation Child Support Agency is an equal opportunity service provider. If you have a disability and need to access this information in an alternative format, or need it translated to another language, please contact PNCSA at (207) 817-3165 ext. 3.

- Please fill out this form the best you can;
- If you are unsure of information or do not know some of the information, you can leave that portion blank;
- The more information you can provide, the better job your Child Support Specialist can do on your case;
- If you need help filling out this form, or have questions about this application, please talk with your Child Support Specialist.

Do you have a disability? _____ YES _____ NO

If yes, describe: _____

Does your child have a disability? _____ YES _____ NO

If yes, describe: _____

SERVICES REQUESTED:

Federal regulations require the Tribal Child Support Agency to provide all services appropriate for your case based on your circumstances

_____ Establish Paternity

_____ Establish Child Support Order

_____ Locate Absent Parent

_____ Review Support Order

_____ Enforce (Collect) Child Support

Please attach copies of any and all court orders, judgments, decrees or stipulations involving child support, paternity establishment or divorce/separations. Also include copies of the following:

Birth Certificates

Social Security Cards

Driver's License

Enrollment Cards

PENOBSCOT NATION CHILD SUPPORT AGENCY
P.O. Box 446, Old Town ME 04468

CHILD SUPPORT APPLICATION

CHILD CUSTODIAN INFORMATION

Your Relationship to the Children listed in this application

Your Name: Last First Middle Maiden or Also Known As (AKA)

Social Security Number Birthdate Birthplace (City/State)

Home address: Street City State Zip Home Telephone Number

Mailing address Cell Phone #

Employer Name & Address: Work Telephone Number

Monthly gross income (before taxes): _____ Cost of health insurance per Month: _____

Cost of Child Care per month _____

Name and Address of Child Care Provider: _____

Tribal Affiliation: _____ Are you enrolled? () YES () NO Number: _____

Are you receiving any TANF, medical or other financial benefits from the State or Tribe? () YES () NO

If yes, please provide us with the name and address of the Agency from which you are receiving assistance:

Name and phone number of case worker for the above service:

Services you receive-please check all that apply: () Food Stamps () Medical Assistance

() Child Care () SSI () TANF-Amount of Grant-\$ _____ () Other _____

PARENT #1 INFORMATION

Name: Last First Middle Also Known As (AKA)

Social Security Number Birthdate Birthplace (City/State)

Home address: Street City State Zip Home Telephone Number

Mailing address Cell Phone #

Employer Name & Address: Work Telephone Number

Tribal Affiliation: _____ Is he/she enrolled? () YES () NO Number: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Race: _____ List any distinguishing features that would assist us in identification (Tattoos, scars, piercing, birthmark, physical impairment, etc.): _____

Employer Name & Address: _____

Hourly pay \$ _____ Hours per week _____ If salaried, salary per year: \$ _____

Second Employer: _____ Hourly pay \$ _____ Hours/week _____

Other sources of Income: _____
(Describe) (Amount received) (Frequency received)

School or Training: _____
(Describe) (Degree/Certificate) (Date Received)

Vehicle: _____
(Description: Make/Model/Year) (Name(s) of Person(s) on Title)

Bank Account: _____ \$ _____
(Type: Checking/Savings) (Balance) (Name of Bank)

Other Financial Assets: _____

Does the parent have any other minor children other than the children included in this application? () YES () NO

Please provide the names, birthdates, home address and any other pertinent information:

Name of this parent's mother and father: _____

Address and Phone Number of parents: _____

Provide the names of family members or friends who may be able to assist in locating the parent:

Provide us with any other information that you feel would assist us in processing your child support application: _____

PARENT #2 INFORMATION

Name: Last First Middle Also Known As (AKA)

Social Security Number Birthdate Birthplace (City/State)

Home address: Street City State Zip Home Telephone Number

Mailing address Cell Phone #

Employer Name & Address: Work Telephone Number

Tribal Affiliation: _____ Is he/she enrolled? () YES () NO Number: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____
Race: _____ List any distinguishing features that would assist in identification (Tattoos, scars, piercing, birthmark, physical impairment, etc.): _____

Employer Name & Address: _____

Hourly pay \$ _____ Hours per week _____ If salaried, salary per year: \$ _____

Second Employer: _____ Hourly pay \$ _____ Hours/week _____

Other sources of Income: _____
(Describe) (Amount received) (Frequency received)

School or Training: _____
(Describe) (Degree/Certificate) (Date Received)

Vehicle: _____
(Description: Make/Model/Year) (Names of Persons on Title)

Bank Account: _____ \$ _____
(Type: Checking/Savings) (Balance) (Name of Bank)

Other Financial Assets: _____

Does the parent have any other minor children other than the children included in this application? () YES () NO

Please provide the names, birthdates, home address and any other pertinent information: _____

Name of this parent's mother and father: _____

Address and phone number of parents:

Provide the names of family members or friends who may be able to assist in locating the parent:

Provide us with any other information that you feel would assist us in processing your child support application: _____

MARITAL INFORMATION (If applicable)

Are the parents of the minor children:

- () Married () Unmarried () Legally separated
- () Separated

Marriage Date and Location Divorce/Legal Separation Date and Location

What Jurisdiction? _____ Type of Action: _____ Status: _____

**CHILD'S INFORMATION
CHILD 1**

Name: Last First Middle Birthdate or Expected:
(Month/Day/Year)

Location where child was born: (Name, City) Social Security Number

Tribal Affiliation: _____ Is this child enrolled? () YES () NO Number _____

Person/Agency, if other than the parent (s), which have custody/placement of the child

Date Child was placed: _____

Was there a Court Action placing the children in your care? () YES () NO

What Court and Agency was involved in this placement? _____

Does this child have any special medical or other needs? _____

CHILD 2

Name: Last _____ First _____ Middle _____ Birthdate or Expected: _____
(Month/Day/Year)

Location where child was born: (Name, City) _____ Social Security Number _____

Tribal Affiliation: _____ Is this child enrolled? () YES () NO Number _____

Person/Agency, if other than the parent(s), which have custody/placement of the child _____

Date Child was placed: _____

Was there a Court Action placing the children in your care? () YES () NO

What Court and Agency was involved in this placement? _____

Does this child have any special medical or other needs?

CHILD 3

Name: Last _____ First _____ Middle _____ Birthdate or Expected: _____
(Month/Day/Year)

Location where child was born: (Name, City) _____ Social Security Number _____

Tribal Affiliation: _____ Is this child enrolled? () YES () NO Number _____

Person/Agency, if other than the parent(s), which has custody/placement of the child _____

Date Child was placed: _____

Was there a Court Action placing the children in your care? () YES () NO

What Court and Agency was involved in this placement? _____

Does this child have any special medical or other needs? _____

CHILD 4

Name: Last _____ First _____ Middle _____ Birthdate or Expected: _____
(Month/Day/Year)

Location where child was born: (Name, City) _____ Social Security Number _____

Tribal Affiliation: _____ Is this child enrolled? () YES () NO Number _____

Person/Agency, if other than the parents, which have custody/placement of the child

Date Child was placed: _____

Was there a Court Action placing the children in your care? () YES () NO

What Court and Agency was involved in this placement? _____

Does this child have any special medical or other needs? _____

Have you ever applied for child support services for the above mentioned child (ren)?

() Yes () No

If you answered yes to the above question please identify the Agency at which you applied for services and the dates of your application.

PLEASE PROVIDE A COPY OF ALL APPLICATIONS.

Upon oath, I certify that to the best of my knowledge, the above information is true and correct.

Dated this _____ day of _____, 2022

Signature of Applicant

Subscribed and sworn to before me this OR Witness to signature this _____ day of _____, 2022

_____ day of _____, 2022

Signature of Witness

Notary Public, State of Maine

Print name: _____

My Commission expires:

Address: _____