



Yurok Child Support Services

· P.O. Box 45 · Eureka, CA 95502 ·
· Phone: 707. 444. 0433 · Fax: 707. 269. 0645 ·
· E-mail: yurokcass@yuroktribe.nsn.us ·

The following application is your starting point to request assistance with a current child support matter, or to open a new child support case with the Yurok Tribe's child support agency called Yurok Child Support Services (YCSS). YCSS operates much like any county or regional child support agency, only our focus is geared toward tribal children and families.

On this page is the Application Checklist. Providing all the required documentation will help us begin the process of starting your case. Following the checklist is several pages of vital information we will need to set up your case, or investigate your already open case for possible transfer or other assistance. Please fill out the application as completely as possible, or there may be a delay in processing your application. We have also attached several forms to this application that will help us in collecting information regarding your case. These forms include Release of Information, Statement of Understanding and the optional Consent to Communicate Information to an Authorized Person.

If you have any questions about the application and included forms please feel free to contact us at the information provided at the top of the page. Thank you for your time, interest in the program, and commitment to working within the Yurok community.

APPLICATION CHECKLIST

Required documentation that must be turned in to process your application:

- Signed Statement of Understanding
- Tribal Enrollment Verification, yourself and/ or child(ren)'s
- Verification of your child(ren)'s Social Security Number
- Copy of your child(ren)'s Birth Certificate(s)
- Signed Release of Information

Other documentation that maybe helpful to turn in with this application, or maybe to process your application further:

- Copies of any court orders that have been issued concerning your family
Example: divorce/dissolution, custody, current child support, restraining order, paternity establishment, etc.
- Copies of any receipts, records or proof of child support that has already been exchanged
- Verification of any income you receive (Social Security Award letter, Unemployment Compensation Award Letter, pay stubs for past three (3) months or other similar proof).
- Signed Consent for Third Party Assistance, if you are requesting we communicate with another friend or family member who is assisting you with your case.



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STATEMENT OF UNDERSTANDING

1. I understand that Yurok Child Support Services (YCSS) is here to act in the public interest to protect children's rights and to make sure that children are adequately supported by their parents. I understand that the responsibilities of YCSS do not allow YCSS 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 YCSS permission to give any necessary information to law enforcement officers, public officials, court or others to assist me with my case.
2. I understand that YCSS does not represent me in court, and is not my attorney or legal counsel.
3. I agree to fill out forms and affidavits as requested, and to attend court to give testimony if required. I agree to cooperate fully with YCSS, law enforcement officers and the court. I will notify YCSS of my new address in writing every time I move.
4. I agree to assist YCSS in locating the other parent or guardian in my case, specifically identifying any contact phone numbers or addresses I am aware of for the other party to my case.
5. I agree to notify YCSS if I hire a private attorney to collect or modify child support or spousal support for me.
6. I understand that starting with the date of my application that all money collected for child support will go through Yurok Child Support Services for accounting, proper distribution and application to my case.
7. I understand and agree to all the terms above. I understand that if I violate any of the agreements or fail to cooperate with YCSS, my case may be closed.

Signature of Applicant

Date



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APPLICATION FOR CHILD SUPPORT SERVICES

Information provided on this form (including attachments) may only be shared with others for the purpose(s) of the administration of the child support and other related programs.

Name of Person Applying for Services: _____

Relationship to child(ren): Mother Father Other:

I am the: Custodial Party Noncustodial Parent

What services are you interested in receiving?

- I would like to open a case I want to re-open a closed case I am requesting paternity services only
 I want to transfer my case from another Child Support agency to the Yurok Tribe. What County & State is your child support case in? _____

SECTION I – INFORMATION ABOUT YOU, THE PERSON APPLYING FOR SERVICES

FULL LEGAL NAME (LAST, FIRST, MIDDLE)		
PREVIOUS NAMES (IF APPLICABLE)		
SOCIAL SECURITY NUMBER		DATE OF BIRTH
TRIBAL AFFILIATION <input type="checkbox"/> ENROLLED YUROK YUROK ENROLLMENT NO.: _____ <input type="checkbox"/> ELIGIBLE FOR YUROK ENROLLMENT <input type="checkbox"/> ENROLLED WITH OTHER TRIBE NAME OF TRIBE: _____ <input type="checkbox"/> NON-TRIBAL MEMBER		
TELEPHONE NUMBERS	BEST NUMBER TO BE REACHED AT	BEST TIME TO BE REACHED
HOME: _____	<input type="checkbox"/> HOME	<input type="checkbox"/> A.M.
CELL: _____	<input type="checkbox"/> CELL	<input type="checkbox"/> P.M.
OTHER: _____	<input type="checkbox"/> OTHER	<input type="checkbox"/> SPECIFIC TIME: _____
EMAIL ADDRESS		
MAILING ADDRESS (STREET, CITY, STATE, AND ZIP CODE)		
PHYSICAL ADDRESS (IF DIFFERENT FROM MAILING)		

Do you have concerns about meeting in person with the other parent? Yes No

SECTION II –INFORMATION ABOUT THE OTHER PARENT (Fill out as best you can)

FULL LEGAL NAME (LAST, FIRST, MIDDLE)		
PREVIOUS NAMES (IF APPLICABLE)		
SOCIAL SECURITY NUMBER	DATE OF BIRTH	
TRIBAL AFFILIATION <input type="checkbox"/> ENROLLED YUOK YUOK ENROLLMENT NO.: _____ <input type="checkbox"/> ELIGIBLE FOR YUOK ENROLLMENT <input type="checkbox"/> ENROLLED WITH OTHER TRIBE NAME OF TRIBE: _____ <input type="checkbox"/> NON-TRIBAL MEMBER		
TELEPHONE NUMBERS HOME: _____ CELL: _____ OTHER: _____	BEST NUMBER TO BE REACHED AT <input type="checkbox"/> HOME <input type="checkbox"/> CELL <input type="checkbox"/> OTHER	BEST TIME TO BE REACHED <input type="checkbox"/> A.M. <input type="checkbox"/> P.M. <input type="checkbox"/> SPECIFIC TIME: _____
EMAIL ADDRESS		
MAILING ADDRESS (STREET, CITY, STATE, AND ZIP CODE)		
PHYSICAL ADDRESS (IF DIFFERENT FROM MAILING)		

SECTION III –CHILD(REN) INFORMATION YOU ARE REQUESTING SERVICES FOR

CHILD'S FULL LEGAL NAME	DATE OF BIRTH	SOCIAL SECURITY NO.	TRIBAL AFFILIATION	CHILD(REN) LIVING WITH YOU
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO
				<input type="checkbox"/> YES <input type="checkbox"/> NO

Are there any court orders regarding custody of the child(ren) listed above? Yes No
 If yes, which court issued the order? _____

SECTION IV –ADDITIONAL INFORMATION AND SIGNATURE

Are you or the child(ren) currently receiving TANF? Yes, I am No, I am not Only child(ren)
 If yes, from Yurok TANF County of _____ Other: _____

Are there any incidences of domestic violence between these two parties? Yes No
 If yes, were any Public Safety agencies (police) involved or informed? Yes No



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CONSENT FOR RELEASE OF INFORMATION

Full Name: _____ **Date of Birth:** _____

I hereby authorize Yurok Child Support Services to obtain any information for the purposes of providing child support services. This information may include, but is not limited to employment records, participation in work or educational programs, aid programs by the Yurok Tribe or any other government, enrollment records and driving/criminal records. This release does not give the authority to obtain any medical records covered by HIPPA Laws.

I understand that I may revoke this authorization, in writing, at any time except where information has already been released as a result of this authorization. A copy of the original is allowed for release purposes. Unless revoked, this authorization remains in effect until the expiration time I have indicated and initialed below:

Initial Choice Below

_____ This authorization will expire on _____.

_____ This authorization will expire _____ months from signature date.

_____ This authorization will expire when my child support case closes.

Signature of Participant

Date

THIS SECTION FOR YUROK CHILD SUPPORT SERVICES USE

Person Receiving Form (*Initial*): _____

Scanned

Physical File

Assigned Case No. _____

Received Stamp



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CONSENT TO COMMUNICATE INFORMATION TO AN AUTHORIZED PERSON

This form allows you to name a person (such as your spouse, partner, other family member or friend) to communicate on your behalf to Yurok Child Support Services.

Part 1: Your Consent

Full Name: _____ Date of Birth: _____

I hereby give my consent for Yurok Child Support Services to discuss and release limited information about my child support case with the authorized person, named in Part 2, so they may assist me with my case. I understand the information to be released/discussed may include, confidential information such as my account information, my court filings or court orders and any general casework needs. I understand that certain information will not be eligible for release, even with this signed consent form.

This authorization will remain in effect for the time listed below, but may be revoked in writing at any time.

Initial Choice Below

_____ This authorization will expire on _____.
_____ This authorization will expire _____ months from signature date.
_____ This authorization will expire when my child support case closes.

Part 2: The person you would like us to communicate with must complete this section

Full Name: _____ Relationship to Client: _____

Mailing Address: _____

Telephone Numbers: Home () _____ Cell () _____ Other () _____

Signature of Consenter

Date

Signature of Authorized Person

Date

THIS SECTION FOR YUROK CHILD SUPPORT SERVICES USE

Person Receiving Form (*Initial*): _____

- Scanned
- Physical File

Assigned Case No. _____

