



# Navajo Nation Department of Child Support Enforcement

## **REQUIRED INFORMATION NEEDED WHEN APPLYING FOR CHILD SUPPORT SERVICES**

### **Please provide the following documents:**

- ❖ Copy of Driver's License or Identification Cards.
- ❖ Social Security Cards (for present family members).
- ❖ Children's Birth Certificate(s) or Paternity Papers of the Parties Children.
- ❖ Certificate of Indian Blood (for present family members).
- ❖ Copy of Divorce Decree or any other Court Judgments.
- ❖ Financial Information (TANF grant letter, check stubs, etc.).
- ❖ Information of ABSENT PARENT required as follows:
  1. Mailing and Physical Address.
  2. Social Security Number.
  3. Date of Birth.
  4. Tribal Census Number.
  5. Income Information.
  6. Employment Information.
  7. Driver's License, Picture Identification or Picture (*if available*).
  8. Detailed MAP of Residency.
- ❖ Any and all records regarding child support payments received and/or delinquent amounts (*if available*).



# Navajo Nation Department of Child Support Enforcement Application

CASE NUMBER: \_\_\_\_\_ Relationship to Child(ren): \_\_\_\_\_

## CUSTODIAL PARENT/GUARDIAN INFORMATION:

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Message Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_

## CUSTODIAL PARENT DEMOGRAPHICS INFORMATION:

Social Security #: \_\_\_\_\_ Tribal Census: \_\_\_\_\_

Chapter Affiliation: \_\_\_\_\_ Clanship: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Tribe: \_\_\_\_\_

Mother's Name: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

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

Father's Name: Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

## CUSTODIAL PARENT EMPLOYMENT INFORMATION:

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer's Phone #: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

## PUBLIC ASSISTANCE INFORMATION:

Public Assistance Recipient: ( ) YES ( ) NO Grant Amount: \_\_\_\_\_ Medical Benefits: ( ) YES ( ) NO

Date Last Received: \_\_\_\_\_ Length of Time Received: \_\_\_\_\_

Please give the name and address of a contact person if we are unable to reach you: \_\_\_\_\_

Relationship: \_\_\_\_\_ Phone #: \_\_\_\_\_ Message #: \_\_\_\_\_

**NON-CUSTODIAL PARENT INFORMATION:**

What is the non-custodial parent's relationship to the dependents? ( ) Father ( ) Mother

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Message #: \_\_\_\_\_ Cell #: \_\_\_\_\_

**NON-CUSTODIAL PARENT DEMOGRAPHICS INFORMATION:**

Social Security #: \_\_\_\_\_ Tribal Census #: \_\_\_\_\_

Chapter Affiliation: \_\_\_\_\_ Clanship: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Tribe: \_\_\_\_\_

Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Physical Description: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State where Issued: \_\_\_\_\_

Mother's Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Name: \_\_\_\_\_

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

Father's Name: Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle Name: \_\_\_\_\_

Other Relative Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Other Relative Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

**NON-CUSTODIAL PARENT EMPLOYMENT INFORMATION:**

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer's Phone #: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Checking/Savings Account #: \_\_\_\_\_

Previous Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Employer's Phone #: \_\_\_\_\_ Monthly Income: \_\_\_\_\_

Bank Name: \_\_\_\_\_ Checking/Savings Account #: \_\_\_\_\_

Self Employed? ( ) YES ( ) NO If yes, give Occupation: \_\_\_\_\_

Does the Non-Custodial Parent have Health Insurance? ( ) YES ( ) NO

If yes, please provide the following information if available:

Insurance Company: \_\_\_\_\_  
Policy #: \_\_\_\_\_ Group #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Phone #: \_\_\_\_\_

Is the Health Insurance through the Employer? ( ) **YES** ( ) **NO**

Is the Non-Custodial Parent currently in: ( ) *Prison* ( ) *Jail* If Yes, please provide the following information:

Name of Institution: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_  
Identification #: \_\_\_\_\_ Expected Date of Release: \_\_\_\_\_

Is Non-Custodial Parent on: ( ) *Probation* ( ) *Parole* If either answer is yes, please provide the following information:

Parole or Probation Officer's Name: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Has the Non-Custodial Parent ever served in the Armed Forces? ( ) **YES** ( ) **NO** If yes, which Branch? \_\_\_\_\_

Dates of Services: From: \_\_\_\_\_ To: \_\_\_\_\_

Does the Non-Custodial Parent receive Federal or other benefits (Social Security, SSI, VA, Retired Military, etc.)?

( ) **YES** ( ) **NO** if yes, please provide source:

Source: \_\_\_\_\_ Approximate Monthly Income Amount: \$ \_\_\_\_\_

Non-Custodial Parent's Asset Information:

Car / Truck: Make: \_\_\_\_\_ Color: \_\_\_\_\_ Model: \_\_\_\_\_  
Year: \_\_\_\_\_ License Plate #: \_\_\_\_\_ State Registered: \_\_\_\_\_

#### **INFORMATION ABOUT THE CHILD/CHILDREN:**

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Tribal Census #: \_\_\_\_\_

City/County/State of Birth: \_\_\_\_\_

Were the parents married to each other at the time of birth? ( ) **YES** **NO** ( )

Was the mother married to another person at time of birth? ( ) **YES** **NO** ( )

If this child was born out of wedlock, has paternity been established? ( ) **YES** **NO** ( )

If yes, was paternity established by? ( ) signed acknowledgement, ( ) court order, ( ) other (please specify)

Please attach a copy of the acknowledgement or court order.

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Tribal Census #: \_\_\_\_\_

City/County/State of Birth: \_\_\_\_\_

Were the parents married to each other at the time of birth? ( ) **YES** **NO** ( )

Was the mother married to another person at time of birth? ( ) **YES** **NO** ( )

If this child was born out of wedlock, has paternity been established? ( ) **YES** **NO** ( )

If yes, was paternity established by? ( ) signed acknowledgement, ( ) court order, ( ) other (please specify)

Please attach copy of the acknowledgement or court order.

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Tribal Census #: \_\_\_\_\_

City/County/State of Birth: \_\_\_\_\_

Were the parents married to each other at the time of birth? ( ) **YES** **NO** ( )

Was the mother married to another person at time of birth? ( ) **YES** **NO** ( )

If this child was born out of wedlock, has paternity been established? ( ) **YES** **NO** ( )

If yes, was paternity established by? ( ) signed acknowledgement, ( ) court order, ( ) other (please specify)

Please attach a copy of the acknowledgement or court order.

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Tribal Census #: \_\_\_\_\_  
 City/County/State of Birth: \_\_\_\_\_

Were the parents married to each other at the time of birth? ( ) **YES** **NO** ( )  
 Was the mother married to another person at time of birth? ( ) **YES** **NO** ( )  
 If this child was born out of wedlock, has paternity been established? ( ) **YES** **NO** ( )  
 If yes, was paternity established by? ( ) signed acknowledgement, ( ) court order, ( ) other (please specify)  
 Please attach a copy of the acknowledgement or court order.

Name: \_\_\_\_\_ Social Security #: \_\_\_\_\_  
 Date of Birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Tribal Census #: \_\_\_\_\_

City/County/State of Birth: \_\_\_\_\_  
 Were the parents married to each other at the time of birth? ( ) **YES** **NO** ( )  
 Was the mother married to another person at time of birth? ( ) **YES** **NO** ( )  
 If this child was born out of wedlock, has paternity been established? ( ) **YES** **NO** ( )  
 If yes, was paternity established by? ( ) signed acknowledgement, ( ) court order, ( ) other (please specify)  
 Please attach a copy of the acknowledgement or court order.

**CUSTODIAL/NON-CUSTODIAL PARENT RELATIONSHIP INFORMATION:**

Date Relationship Began: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Navajo Nation: \_\_\_\_\_  
 Date Relationship Ended: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Navajo Nation: \_\_\_\_\_  
 Married Date: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_  
 Divorced Date: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_  
 Legal Separation Date: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_

**COURT ORDER/CHILD SUPPORT INFORMATION:**

Name of the Court: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ County: \_\_\_\_\_  
 Docket/Case Number: \_\_\_\_\_ Date of Orders: \_\_\_\_\_  
 Amount of Child Support: \$ \_\_\_\_\_ Amount of Spousal Support: Alimony Ordered? \$ \_\_\_\_\_  
 Health Insurance Ordered? ( ) YES ( ) NO Are Children Covered? ( ) YES ( ) NO  
 Policy No.: \_\_\_\_\_ Dental ( ) or Health ( )

**CHILD SUPPORT PAYMENT AND ARREARAGE INFORMATION:**

MONTH	Year:			Year:			Year:		
	Due	Received	Balance	Due	Received	Balance	Due	Received	Balance
JANUARY	\$	\$	\$	\$	\$	\$	\$	\$	\$
FEBRUARY									
MARCH									
APRIL									
MAY									
JUNE									
JULY									
AUGUST									
SEPTEMBER									
OCTOBER									
NOVEMBER									
DECEMBER									
TOTAL	\$	\$	\$	\$	\$	\$	\$	\$	\$

**Have you ever applied for Child Support Services with any other offices such as NNDCE or other State Offices?**  
 OFFICE: \_\_\_\_\_ STATE: \_\_\_\_\_

**ACKNOWLEDGEMENT OF PUBLIC ASSIGNMENT:**  
**Pursuant to the Navajo Nation Child Support Enforcement Act or any other**  
**Provision of Applicable Navajo Nation Law**

A. APPLICANT HEREBY APPLIES FOR SERVICES FROM THE NAVAJO NATION DEPARTMENT OF CHILD SUPPORT ENFORCEMENT AND AFFIRMS THAT HE/SHE UNDERSTANDS THE ASSIGNMENT OF CHILD SUPPORT RIGHTS WHICH INCLUDES:

- 1) The right to prosecute any action to establish parentage;
- 2) To establish child support obligation;
- 3) To enforce child support on existing Court Order; and
- 4) To modify child support obligation.

**ALL SUCH ACTIONS SHALL BE BROUGHT IN THE NAME OF THE NAVAJO NATION.**

B. APPLICANT AGREES TO FORWARD TO THE NAVAJO NATION DEPARTMENT OF CHILD SUPPORT ENFORCEMENT ANY AND ALL SUPPORT PAYMENTS, WHICH ARE RECEIVED DIRECTLY FROM THE NON-CUSTODIAL PARENT;

C. APPLICANT UNDERSTANDS THAT THE NNDCESE MAY TERMINATE ITS SERVICES TO THE APPLICANT, IF THE APPLICANT REFUSES TO COMPLY WITH POLICIES AND PROCEDURES, OR IF THE ACTIONS OF THE APPLICANT ARE DETRIMENTAL TO THE OPERATION OF THE NAVAJO NATION DEPARTMENT OF CHILD SUPPORT ENFORCEMENT;

D. APPLICANT HEREBY AFFIRMS THAT ALL STATEMENTS IN THIS APPLICATION ARE TRUE AND CORRECT TO THE BEST OF THE APPLICANTS KNOWLEDGE.

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Navajo Nation Department of Child Support Enforcement Offices:

**NNDCESE-Central Administration**

St. Michaels Professional Bldg. Hwy 264, Mission Rd.  
St. Michaels, AZ 86511  
PO Box 7050 Window Rock, AZ 86515  
Phone #: (928) 871-7194  
Fax #: (928) 871-7196

**NNDCESE-Shiprock Agency Office**

City Market Shopping Center Space #5  
PO Box 3499 Shiprock, NM 87420  
Phone #: 1-800-288-7207 (In-State Calls)  
Phone #: 1-800-585-7631 (Out of State Calls)  
Fax #: (505) 368-1036

**NNDCESE-Crownpoint Agency Office**

Navajo Route 9, State Hwy 371  
Bashas' Shopping Center, Suite 7  
PO Box 1940 Crownpoint, NM 87313  
Phone #: 1-800-288-7207 (In-State Calls)  
Phone #: 1-800-585-7631 (Out of State Calls)  
Fax #: (505) 786-2206

**NNDCESE-Ft. Defiance Agency Office**

Morgan Blvd. Bldg# W008-011  
PO Box 2339 Window Rock, AZ 86515  
Phone #: (928) 871-6895  
Fax #: (928) 871-6878

**NNDCESE-Chinle Agency Office**

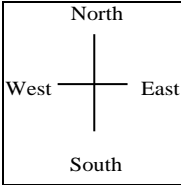
La Casa Blanca Office Complex 200 E. Route 7  
PO Box 160 Chinle, AZ 86503  
Phone #: (928) 674-2300  
Fax #: (928) 674-2307

**NNDCESE- Tuba City Agency Office**

Dook'oo's'li'ld Office Rental Center Main Street  
Hwy 160 Suite 102  
PO Box 2988 Tuba City, AZ 86045  
Phone #: (928) 283-3416  
Fax #: (928) 283-3423

**Please provide a detailed map of the Non-Custodial Parents Residential Address:**

*Describe the location of Home:*



*Any Additional Information to Locate Home, Please Provide Here:*

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