



**Title IV-D Child Support Services Program  
Tribal Justice Center  
56 Agency Road  
P. O. Box 306  
Fort Hall, ID 83203  
Phone (208) 236-1068 \* Fax (208) 236-1153**



## **STATEMENT OF UNDERSTANDING**

1. I understand the Shoshone-Bannock Title IV-D Child Support Services Program (TCSSP) is here to act in the public interest to protect children's rights, the Tribe, and to make sure that parents financially support their children. I understand that the responsibilities of the Child Support Services Program do not allow TCSSP staff to have the same confidential relationship with me as I would have with a private Legal Counsel. Information I provide will be kept from the general public but may be used as needed to collect support from either parent.

**I give TCSSP permission to give any necessary information to law enforcement officers, public officials, court or others to assist me to collect child or medical support.**

2. I understand that TCSSP ensures that all personal information provided to TCSSP such as addresses, telephone numbers, employer names, etc., shall remain confidential. No personal information will be shared between the custodial and non-custodial parents without written consent.
3. I understand that TCSSP staff, counsel, and consultants do not represent me. When a General Counsel of the Shoshone-Bannock Tribes, an attorney from the Tribes' Prosecutors Office or an attorney from the Tribes' Title IV-D Child Support Services Program ("TCSSP") appears in, initiates or defends an action to establish, modify or enforce paternity or child support, that attorney represents the Tribes and acts on behalf of the child, but that attorney does *not* represent the interest of any other individual. I have the option to hire an attorney at my own expense. At the time of obtaining a Legal Counsel or advocate, TCSSP will only communicate with Legal Counsel, subject to a release of information or waiver signed by the applicant. Only my Legal Counsel or advocate will have direct contact with TCSSP staff.
4. I agree to fill out forms and affidavits as requested, to have genetic testing and attend court to give testimony. I agree to cooperate fully with TCSSP, law enforcement offices and the court. I will notify TCSSP of my new address in writing every time I move.
5. I agree to give all identifying information requested to assist in locating and collecting child support from the non-custodial parent (NCP) and/or to prove who is the biological father of the child(ren). This includes any information that I know about or any documentation that I may have.
6. I understand TCSSP cannot guarantee that it can determine who the biological father of the child is, collect money from the NCP, enforce a court order for support or obtain a support order from the court. I understand that TCSSP cannot help with issues such as

custody and property settlements. I agree to tell TCSSP if I hire a Legal Counsel to collect or modify child support or spousal support for me.

- 7. I agree that starting with the date of my application all money paid for child support will go through the Shoshone-Bannock Tribal Child Support Services Program in Fort Hall, Idaho. I give TCSSP the authority to endorse child support checks made out to me. I understand that if I do not notify TCSSP of direct payments or turn in child support paid directly to me, my case may be closed.
- 8. I understand if I keep child support payments to which I am not entitled because the NCP paid me directly for support assigned to the Tribe or state or because payments were sent to me in error, TCSSP will recover the overpayments from me. I understand TCSSP shall be entitled to recover the overpayment by withholding amounts from my child support payments and/or through interception of Shoshone-Bannock Tribal per capitas.
- 9. I understand that it is law that TCSSP will collect money owed to the Tribes or state for any TANF/AFDC my children received in the past or is/are currently receiving. Any amount of money collected that is more than what is due every month for current support will be applied to child support arrears owed to me and then will be paid to the Tribes, then to the state for any TANF/AFDC paid to my children or me in the past.
- 10. I understand and agree to all the terms above. I understand that if I violate any of the agreements or fail to cooperate with TCSSP, my case may be closed. The information provided in this application is true and correct to the best of my knowledge.

Date: \_\_\_\_\_

\_\_\_\_\_  
Applicant's signature

\_\_\_\_\_  
Printed Name

State of Idaho            )  
S.S.                            )  
County of \_\_\_\_\_)

On this \_\_\_\_ day of \_\_\_\_\_, in the year of 20\_\_\_\_, before me \_\_\_\_\_, personally appeared \_\_\_\_\_, proved to me on the basis of satisfactory evidence to be the person(s) whose name(s) is(are) subscribed to the within instrument, and acknowledged that he (she)(they) executed the same.

\_\_\_\_\_  
Notary Public  
My Commission Expires on \_\_\_\_\_