

**Mescalero Tribal IV-D Child Support Enforcement Office**  
**Mescalero Apache Tribe**  
 148 Cottonwood Dr.  
 PO Box 300  
 Mescalero, NM 88340  
 PH: 575-464-2577 & 575-464-2578  
 FAX: 575-464-2599

APPLICATION FOR SUPPORT AND COLLECTION SERVICES

For Office Use, Only			
Requested	Sent	Returned	Assigned Case #

**Please Print with Blue or Black Ink**

Please mark all that apply:

- This is my first application with Mescalero Tribal Child Support Enforcement Office
- I am or the child(ren) is or has received assistance from the State of New Mexico
- I am custodial parent requesting services
- I am non-custodial parent requesting services
- I am care taker for children requesting services
- I have legal custody or guardianship of child(ren) for whom services are requested
- I am under the age of 18 requesting services  
 (Please provide information for parent(s) or guardian)

**I. Custodial Parent Information**

<b>Applicant Information: Full Legal Name:</b>				
Last Name:		First Name:		Middle Name:
Social Security Number:		Date Of Birth:	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Race:				
If Native American; What Tribe are you enrolled with:				
Mailing Address:		Physical Address:		City:
Home Phone:		Work Phone:		State:
Your Relationship to Child(ren): <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Other: (Specify)		Zip Code:		
DO YOU HAVE PERSONAL SAFETY CONCERNS RELATING TO THE OTHER PARENT? <input type="checkbox"/> YES <input type="checkbox"/> NO				

## II. Work History.

List below all present and past employment, beginning with the most recent and working back for the past five years. You should list all full-time work, part-time work, military service, self-employment, other paid work, student and all periods of unemployment. The entire five-year period must be accounted for without breaks. (If you need more space attach on separate page)

Name of company and phone number	Address (city and state)	From Mo/Year	To Mo/Year	Occupation	Hours per week	Hourly Income

## III. Child Information

Information About Children: Child 1				
Full legal name of child: Last                      First                      Middle			Social Security Number:	
Date of Birth:		City of Birth:		State of Birth:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	If Native American: What Tribe	Has CDIB been Issued? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	If the child is 18, is he/she currently in high school? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of School Attending:	
School Address: City                      State                      Zip Code			Graduation Year:	
Will the father name anyone else as a possible father? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, who?                      Last Name :                      First Name:		
Were parents married at time of birth? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, was paternity established? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, was paternity established by <input type="checkbox"/> Signed acknowledgement <input type="checkbox"/> Court Order <input type="checkbox"/> Other: (Specify)	
Is child covered by private insurance, Medicaid or any other type of insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, what type of insurance <input type="checkbox"/> Private <input type="checkbox"/> Medicaid <input type="checkbox"/> Other: (Specify)	

Information About Children: Child 2				
Full legal name of child: Last                      First                      Middle			Social Security Number:	
Date of Birth:		City of Birth:		State of Birth:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	If Native American: What Tribe	Has CDIB been Issued? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	If the child is 18, is he/she currently in high school? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of School Attending:	
School Address: City                      State                      Zip Code			Graduation Year:	
Will the father name anyone else as a possible father? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, who?                      Last Name :                      First Name:		
Were parents married at time of birth? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, was paternity established? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, was paternity established by <input type="checkbox"/> Signed acknowledgement <input type="checkbox"/> Court Order <input type="checkbox"/> Other: (Specify)	
Is child covered by private insurance, Medicaid or any other type of insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what type of insurance <input type="checkbox"/> Private <input type="checkbox"/> Medicaid <input type="checkbox"/> Other: (Specify)		

Information About Children: Child 3				
Full legal name of child: Last                      First                      Middle			Social Security Number:	
Date of Birth:		City of Birth:		State of Birth:
Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Race:	If Native American: What Tribe	Has CDIB been Issued? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Does this child live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No	If the child is 18, is he/she currently in high school? <input type="checkbox"/> Yes <input type="checkbox"/> No		Name of School Attending:	
School Address: City                      State                      Zip Code			Graduation Year:	
Will the father name anyone else as a possible father? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, who?                      Last Name :                      First Name:		
Were parents married at time of birth? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, was paternity established? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, was paternity established by <input type="checkbox"/> Signed acknowledgement <input type="checkbox"/> Court Order <input type="checkbox"/> Other: (Specify)	
Is child covered by private insurance, Medicaid or any other type of insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, what type of insurance <input type="checkbox"/> Private <input type="checkbox"/> Medicaid <input type="checkbox"/> Other: (Specify)		

#### IV. Father's Information- If Non-Custodial

Full Legal Name: Last			First	Middle	Alias Name (Nick Names)
Date of Birth:		Place of Birth (City and State):		Social Security Number:	
Race:			If Native American, What Tribe?		
Height:		Eye Color:		Hair Color:	
Identifying Marks (tattoos, scars, etc.):				Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Mailing Address:		Current Physical Address:		Description of House	
Previous Mailing Address:		Previous Physical Address:		List of Other known Residence	
Home Phone Number:		Cell Phone Number:		Other Known Numbers:	
Is the father currently residing with other parties? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, with whom Relationship		
Has father ever been in jail or prison? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when		Where? City and State	

#### V. Information about father's vehicle:

Vehicle 1- Year:	Make:	Model:	Color:	Tag Number:	State or Tribe:
Vehicle 2- Year:	Make:	Model:	Color:	Tag Number:	State or Tribe:

#### VI. Military Service Information

Is the father in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, dates of service:
Branch of service: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard <input type="checkbox"/> National Guard	
Reserve Information: Is the Father enlisted in the reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No	

**VI. Additional information about the father's parent/relatives/friends**

Mother's Name: Last First Middle	Phone Number:
Address: City: State: Zip Code:	
Father's Name: Last First Middle	Phone Number:
Address: City: State: Zip Code:	
Relative/ Friends Name: Last First Middle	Phone Number:
Address: City: State: Zip Code:	

**VII. Father's Work History.**

List below all present and past employment, beginning with the most recent and working back for the past five years.

Name of company and phone number	Address (city and state)	From Mo/Year	To Mo/Year	Occupation	Hours per week	Hourly Income

**Any Additional Information:**

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### VIII. Mother's Information- If Non-Custodial

Full Legal Name: Last First Middle			Alias Name (Nick Names)		
Date of Birth:		Place of Birth (city and State):		Social Security Number:	
Race:			If Native American, What Tribe?		
Height:		Eye Color:		Hair Color:	
Identifying Marks (tattoos, scars, etc.):				Disabled <input type="checkbox"/> Yes <input type="checkbox"/> No	
Current Mailing Address:		Current Physical Address:		Description of House	
Previous Mailing Address:		Previous Physical Address:		List of Other known Residence	
Home Phone Number:		Cell Phone Number:		Other Known Numbers:	
Is the Mother currently residing with other parties? <input type="checkbox"/> Yes <input type="checkbox"/> No			If yes, with whom Relationship		
Has Mother ever been in jail or prison? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, when Where?		City and State	

### IX. Information about Mother's vehicle:

Vehicle 1- Year:	Make:	Model:	Color:	Tag Number:	State or Tribe:
Vehicle 2- Year:	Make:	Model:	Color:	Tag Number:	State or Tribe:

### X. Military Service Information

Is the Mother in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, dates of service:			
Branch of service: <input type="checkbox"/> Air Force <input type="checkbox"/> Army <input type="checkbox"/> Marines <input type="checkbox"/> Navy <input type="checkbox"/> Coast Guard <input type="checkbox"/> National Guard					
Reserve Information: Is the Father enlisted in the reserve? <input type="checkbox"/> Yes <input type="checkbox"/> No					

**XI. Additional information about the Mother's parent/relatives/friends**

Mother's Name: Last First Middle	Phone Number:
Address: City: State: Zip Code:	
Father's Name: Last First Middle	Phone Number:
Address: City: State: Zip Code:	
Relative/ Friends Name: Last First Middle	Phone Number:
Address: City: State: Zip Code:	

**XII. Mother's Work History.**

List below all present and past employment, beginning with the most recent and working back for the past five years.

Name of company and phone number	Address (city and state)	From Mo/Year	To Mo/Year	Occupation	Hours per week	Hourly Income

**Any Additional Information:**

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### XIII. Information about Child Support Obligation

<b>The relationship between the mother and father of the child(ren); (Check)</b> <input type="checkbox"/> Never Married <input type="checkbox"/> Married/living apart <input type="checkbox"/> Divorced <input type="checkbox"/> Lived together			
Date of separation:		Date of Living Apart:	
Date of marriage:		Date of Decree of Divorce:	
City:	County:	State:	

Have you ever appeared in any court, regarding the above child(ren) for one of the following reasons?  
 Child Support    Divorce    Child Custody    Legal Paternity    Domestic Violence

If yes, where did you appear (City/County/Tribe and State) \_\_\_\_\_

Please complete portions A and B to the best of your knowledge. If you need assistance completing any of these portions you may call or visit our office for assistance.

**A. Court Order Information.** (Attach copies of your divorce decree, paternity order, custody order or any tribal orders, etc.)

Date of Order:		Court Case Number		What Court?	
City:	County:	State:	If issued by Tribal or CFR Court, Which Tribe?		
If Child Support was ordered, how much?			Per week, bi-weekly, per month or other? If other, explain		
If a private attorney or lay counsel was consulted for this order, please give name, address and phone number:					
Name of attorney or lay counsel currently working on your case:			Attorney's or lay counsel's address and phone number:		

**B. Pending Court Orders.** (please attach copy)

Is there any legal action that affects the child(ren)		Is the child(ren) in Indian Child Welfare or DHS custody?	
Date child(ren) placed in ICW/DHS Custody:		If child(ren) in ICW/DHS care, what Tribe, County or State?	
Date of Filing?	Court case number:		Tribe or County:
State:	In what court is the paperwork filed?		If tribal Court, what tribe?
If child support has been ordered, how much is the non-custodial parent ordered to pay?			How often?
If a private attorney or lay counsel was consulted for this order, please give name, address and phone number:			
Name of attorney or lay counsel currently working on your case?		Attorney's or lay counsel's address and phone number:	



**XIII. Child Support Received** (directly paid to you).

Use one form for payments received from one parent.

1. If you have not received any child support payments from the non-custodial parent, please complete section A.

2. If you have received child support from non-custodial parent, complete section A and B. Start with the most recent year you received child support or were given a judgment and work back.

**Section A**

I, \_\_\_\_\_, state the following to be records of any/all direct payments from \_\_\_\_\_.

- I have not received any child support payments from non-custodial parent.
- I have received child support payments from the non-custodial parent. These payments were made directly to me and not through the state for the following child(ren).

Child's Name	Date of Birth

**Section B**

Include only payments received for child support

Yr.	Yr.	Yr.	Yr.	Yr.
Jan \$	Jan \$	Jan \$	Jan \$	Jan \$
Feb \$	Feb \$	Feb \$	Feb \$	Feb \$
Mar \$	Mar \$	Mar \$	Mar \$	Mar \$
Apr \$	Apr \$	Apr \$	Apr \$	Apr \$
May \$	May \$	May \$	May \$	May \$
Jun \$	Jun \$	Jun \$	Jun \$	Jun \$
Jul \$	Jul \$	Jul \$	Jul \$	Jul \$
Aug \$	Aug \$	Aug \$	Aug \$	Aug \$
Sep \$	Sep \$	Sep \$	Sep \$	Sep \$
Oct \$	Oct \$	Oct \$	Oct \$	Oct \$
Nov \$	Nov \$	Nov \$	Nov \$	Nov \$
Dec \$	Dec \$	Dec \$	Dec \$	Dec \$
Total \$	Total \$	Total \$	Total \$	Total \$

Applicants Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## AGREEMENT FOR CHILD SUPPORT ENFORCEMENT SERVICES

This is an agreement between you and the Mescalero Tribal Child Support Enforcement Office for child support services. It is important that you read the entire agreement carefully and sign below stating that you are agreement with this application and that all information is true and accurate to the best of your knowledge. False or misrepresented information could result in temporary suspension, permanent suspension and/or criminal prosecution.

The MATCSE Office, depending on your circumstances and the amount of information provided, may be able to help you with the following:

- Locate the non-custodial parent(s)
- Establish paternity
- Establish a child support order
- Collect and Enforcement
- Tax Intercept

**Social Security Numbers:** The provision of your Social Security number is mandatory under Section 466(a) (42 U.S.C. 666(A)). Your Social Security number will be used for identification purposes. If you do not provide your Social Security Number, your application will be denied.

**Tax Intercept: Will be made available for a fee. (When it becomes Available) Intercept will be used for any certifiable past-due child support debt.** I understand that if I receive the other parent's intercepted tax refund money that is later recalled by the federal Internal Revenue Service (IRS) or the State Of New Mexico Taxation and Revenue, I must immediately return the money. If I cannot repay all the money at once, I will follow a payment plan until the amount is repaid in full.

### **STATEMENT OF UNDERSTANDING**

1. I understand the Mescalero Tribal Child Support Enforcement Office (MATCSEO) is here to act in the best interest to protect children's rights, protect the taxpayers, the Tribe and to make sure that the parents financially support their child(ren). I understand that the responsibilities of the child support program do not allow the staff of MATCSEO 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 MATCSEO permission to collect/give any necessary information from/to law enforcement officers, public officials, court or other to assist me to collect child support or medical support
2. I understand that MATCSEO ensures that all personal information provided to MATCSEO such as addresses, telephone numbers, employers names, etc., shall remain confidential. No personal information will be shared between the custodial parent and the non-custodial parent.
3. I understand that MATCSEO attorneys, legal counsel or child support staff do not represent me. I have the option to hire an attorney (if permitted) or legal counsel at my own expense. At the time of obtaining a private attorney or legal counsel, MATCSEO will no longer correspond with me directly. Only my attorney or legal counsel will contact the MATCSEO directly.

4. I agree to fill out forms and affidavits as requested, to have genetic testing and attend court to give testimony. I agree to fully cooperate with MATCSEO, law enforcement offices and the court. I will notify MATCSEO 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 prove who is the biological father of my child(ren). This includes my information that I know about or any documentation that I have.
6. I understand MATCSEO cannot guarantee that it can determine who the biological father of my child is, collect the money from the NCP, enforce a court order for support or obtain a support order from the court. I understand that MATCSEO cannot help with issues such as custody and property settlements. I agree to tell MATCSEO if I hire a private attorney or legal counsel to collect or modify child support for me.
7. I agree that MATCSEO will decide on the best way to collect the child support. This will include taking the overdue support from Federal and State tax refunds that are due to the NCP. I understand that money collected from Federal or State tax intercept will be applied to monies owed to the tribe or state first for funds expended on behalf of my children and myself. I understand that tax intercepts may take refunds due to both the NCP and current spouse on joint returns. I understand that MATCSEO or state agency will hold the intercept for up to six months. I understand that I may receive tax collection that are actually owed to the NCP's current spouse and I agree that if the NCP's current spouse files an Injured Spouse claim for his/her portion of the tax refund collection, I will return that portion to the MATCSEO office.
8. I agree that starting with the date of my application all money paid for child support will go through the MATCSEO for disbursement. I give MATCSEO the authority to endorse child support checks made out to me. I understand that if I do not notify MATCSEO of direct payments or turn in child support paid directly to me, my case will be closed.
9. I understand that if I keep child support payments to which I am not entitled because the NCP paid to me directly for support assigned to the Tribe or State or because payments were sent to me in error, MATCSEO will recover the overpayments from me. I understand MATCSEO shall be entitled to recover the over payment by withholding amounts from my child support payments and/or through interception of my State tax refund.
10. I understand it is law that MATCSEO will collect money owed to the tribe 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 paid to the tribe or state for any TANF/AFDC paid to my children or me in the past.
11. I understand and agree to all terms above. I understand that if I violate any of the agreements or fail to cooperate with MATCSEO, my case will be closed. The information provided in this application is true and correct to the best of my knowledge.

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Applicant Signature

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Date



**Mescalero Tribal IV-D Child Support  
Enforcement Office**

## CHECK LIST

- Application
- Identification cards (Tribal or State)
- Birth Certificates
- Certificate of Indian Blood (C.I.B)
- Social Security Cards (Number if known)
- Current Income (last 3 paycheck stubs)
- Tax Returns (previous 2 years)

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### USE FOR NEW APPLICANTS

- Lay Council Information
- Court Orders for Child Support
- Divorce Decree (only if child support is included)
- Receipts for child support payments (if any)

RECEIVE TANF-  YES  NO

Assigned Case Number: \_\_\_\_\_