



**Standing Rock Sioux Tribe  
Child Support Enforcement Agency**

PO Box 827  
1341 92<sup>nd</sup> St. Fort Yates, ND 58538  
Tel (701) 854-3782 Fax (701) 854-3788

**APPLICATION FOR SERVICES**

- **Please fill out this application as completely as possible. If you have questions about this application or need assistance in completing it, please contact the Standing Rock Sioux Tribe Child Support Enforcement Agency (SRST CSEA).**
- **There is no application charge for initial services.**
- 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 Case Specialist can do on your case.
- **PLEASE PRINT.**

**APPLICATION CHECKLIST**

We will need the following verification and documentation in order to proceed with the processing of your application for Child Support Enforcement Services:

- Verification of Social Security Number(s) for applicant and child (ren).
- Copy of the Birth Certificate(s) for your child (ren).
- Verification of your address (rent receipt, utility bill, correspondence sent to you at this address).
- Verification of Tribal Enrollment from the Tribal Enrollment Office.
- Copies of any court orders (Child Support, Divorce/Dissolution, Temporary Support, and Voluntary Paternity Acknowledgments, etc.) that already have been issued directly or through another state or tribe to you.
- If Domestic Violence is claimed, we will need a copy of the Restraining Order or Order of Protection issued by a court.
- Copies of any receipts or proof of child support that already has been paid to you.

**UNDERSTANDING**

The SRST Child Support Enforcement Agency does not represent either party in the case. We are here to serve the best interests of the child or children listed on the application form when an individual applies for our services.

The information that you provide on this form is confidential. The Standing Rock Sioux Tribe Child Support Enforcement Agency will not release any of your confidential information unless it is permitted to do so in order to carry out appropriate processing of your IV-D case.

You must notify us immediately of any changes in your address, any information that you have about the non-custodial parent, or any changes in your circumstances.

**For office use only:**

**CASE ID NO.** \_\_\_\_\_

Date of Request: \_\_\_\_/\_\_\_\_/\_\_\_\_ Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_ Fees Waived: [ ] YES [ ] NO Fees Due: \$ \_\_\_\_\_  
Case Type: [ ] IV-D [ ] Non-IV-D [ ] TANF/FIP [ ] SNAP/Food Stamps [ ] Medicaid [ ] Locate Only  
[ ] Paternity & Child Support [ ] Paternity Only [ ] Modification [ ] Arrears Only [ ] Inter-Jurisdictional Referral

**SERVICES REQUESTED:**

Federal Regulation 45 CFR Section 309 and SRST Title 5, Chapters 6 and 7 of the Code of Justice require the SRST CSEA to provide services appropriate for your case based on your circumstances as listed below (Please check all that apply):

- Establish Paternity
- Establish Child Support Order
- Enforce (Collect) Child Support
- Enforce (Collect) Arrears
- Review Support Order (Modification Request)
- Establish Medical Support Order
- Locate Non-Custodial Parent or Custodial Parent

**SECTION 1: APPLICANT INFORMATION**

Applicant's Full Name (Last, First, Middle, Suffix – Sr., Jr., etc.)				Maiden Name or Other Names Used		
Social Security Number (SSN)		Date of Birth (DOB)	Age	Sex	Tribal Affiliation / Enrollment Number	
Home Phone		Work Phone		Cell Phone		Best Time to Call
Physical Address						
City				State	Zip	
Mailing Address (If different from Residence)						
City				State	Zip	
Your Relationship to Child(ren): <input type="checkbox"/> Mother <input type="checkbox"/> Father <input type="checkbox"/> Grandparent <input type="checkbox"/> Guardian <input type="checkbox"/> Other						
<b>If you are not the parent, give parent's names:</b>						
Mother:			Father:			
<b>NOTE:</b> If the children have different mothers or fathers, use a separate application for each non-custodial parent.						
Do you have a disability? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe:						
Do your child (ren) have a disability? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe:						

**SECTION 2: DOMESTIC VIOLENCE INFORMATION**

Have you or the child (ren) of this application experienced any type of abuse from the non-custodial parent? <input type="checkbox"/> YES <input type="checkbox"/> NO    If Yes, Type: <input type="checkbox"/> Physical <input type="checkbox"/> Verbal <input type="checkbox"/> Sexual <input type="checkbox"/> Emotional
Has the non-custodial parent had a protective order against him/her? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, what court issued the order?    Date:
Do you believe that you or the child (ren) may be at risk of emotional or physical harm if the other parent knows where to find you? <input type="checkbox"/> YES <input type="checkbox"/> NO
If Yes, do you want a Domestic Violence Non-Disclosure Statement to complete and return to this office? <input type="checkbox"/> YES <input type="checkbox"/> NO    If you decide not to fill out the statement at this time, you may request one at a later date.

<b>Custodial Party's Name</b> (Last, First, Middle, Suffix – Sr., Jr., etc.)				Maiden Name or Other Names Used	
Social Security Number (SSN)	Date of Birth (DOB)	Age	Sex	Tribal Affiliation / Enrollment Number	
Birth City		Birth County	Birth State	Birth Country	
Home Phone	Work Phone		Cell Phone	Best Time to Call	
Physical Address					
City			State	Zip	
Mailing Address (If different from Residence)					
City			State	Zip	
Member of Military? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, <input type="checkbox"/> Active <input type="checkbox"/> Retired		Branch:	
Date(s) of Service: From _____ To _____			Do you receive Veteran's Benefits? <input type="checkbox"/> YES <input type="checkbox"/> NO		

### SECTION 3: CUSTODIAL PARTY (CP) INFORMATION

<b>If Applicant is the Child(ren)'s parent, please check current marital status:</b>				
<input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never married				
<b>Current relationship to absent parent:</b>				
<input type="checkbox"/> Never Married				
<input type="checkbox"/> Married	Date	State	County	City
<input type="checkbox"/> Separated	Date	State	County	City
<input type="checkbox"/> Divorced	Date	State	County	City
<input type="checkbox"/> Annulled	Date	State	County	City

<b>Has the custodial party ever received any of the following:</b>		
Child Support Services <input type="checkbox"/> YES <input type="checkbox"/> NO Amount:	State/County/Tribe received from:	Dates received:
T.A.N.F. /F.I.P. <input type="checkbox"/> YES <input type="checkbox"/> NO Amount:	State/County/Tribe received from:	Dates received:
SNAP/Food Stamps <input type="checkbox"/> YES <input type="checkbox"/> NO Amount:	State/County/Tribe received from:	Dates received:
Commodities <input type="checkbox"/> YES <input type="checkbox"/> NO	State/County/Tribe received from:	Dates received:
Medicaid <input type="checkbox"/> YES <input type="checkbox"/> NO	State/County/Tribe received from:	Dates received:
Child Care <input type="checkbox"/> YES <input type="checkbox"/> NO Amount:	State/County/Tribe received from:	Dates received:

**SECTION 3: CUSTODIAL PARTY INFORMATION (cont.)**

Custodial Party's Employment and Income					
Employer Name:					
Address:		City		State	Zip
Phone Number:		Fax Number:		Highest Level of Education Attained:	
Start Date:	Job Title:	Hours worked per week:	Hourly Pay Rate: \$	How often are you paid? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	
Do you have an Occupational/Professional License? <input type="checkbox"/> YES <input type="checkbox"/> NO			If yes, type of license:		

**SECTION 4: NON-CUSTODIAL PARTY (NCP) INFORMATION**

This is the parent who is absent from the home. Use separate form for each non-custodial parent.

Non-Custodial Party's Name (Last, First, Middle, Suffix – Sr., Jr., etc.)				Maiden Name or Nick Name		
Social Security Number (SSN)	Date of Birth (DOB)	Age	Sex	Tribal Affiliation / Enrollment Number		
Birth City		Birth County	Birth State	Birth Country		
Home Phone		Work Phone		Cell Phone		
Physical Address						
City				State	Zip	
Mailing Address (If different from Residence)						
City				State	Zip	
Member of Military? <input type="checkbox"/> YES <input type="checkbox"/> NO		If yes, <input type="checkbox"/> Active <input type="checkbox"/> Retired		Branch:		
Date(s) of Service: From _____ To _____			Do you receive Veteran's Benefits? <input type="checkbox"/> YES <input type="checkbox"/> NO			
Distinguishing Marks (Tattoos, Scars, Birth Marks, etc.)		Height	Weight	Eyes	Hair	Race
Current Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Unknown						
Mother's Maiden Name			Father's Name			
Has Non-Custodial Party Ever Been Convicted as an adult of a Crime? <input type="checkbox"/> YES <input type="checkbox"/> NO		Date and Place of Arrest:	Probation/Parole Officer:	Is Non-Custodial Incarcerated? <input type="checkbox"/> YES <input type="checkbox"/> NO If Yes, Where? _____		
Date(s) Non-Custodial Party lived in Custodial Party's household: From _____ to _____ City/ State _____						

**SECTION 4: NON-CUSTODIAL PARTY (NCP) INFORMATION (cont.)**

Please provide any additional information you believe would be helpful to locate this person. Include names and addresses of friends or relatives who might know how to locate this person. Please include a picture of the person if possible.

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<b>Non-Custodial Party's Employment and Income</b>					
Employer Name:					
Address:		City		State	Zip
Phone Number:		Fax Number:	Highest Level of Education Attained:		
Start Date:	Job Title:	Hours worked per week:	Hourly Pay Rate: \$	How often is the Non-Custodial Parent paid? <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly	
Does the Non-Custodial Parent have an Occupational/Professional License? <input type="checkbox"/> YES <input type="checkbox"/> NO			If yes, type of license:		
Health Insurance Available. Please check all that apply.  <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Optical		List all persons covered by the Health Insurance:	Premium amount paid: \$_____ Family Plan  \$_____ Single Plan	Per: <input type="checkbox"/> Pay Period <input type="checkbox"/> Week <input type="checkbox"/> Month	

**SECTION 5: CHILD (REN)'S INFORMATION** (Complete for the child (ren) you are requesting IV-D services for.)

<b>1. Child's Name</b> (Last, First, Middle, Suffix – Sr., Jr., etc.)				Child's Nickname		
Social Security Number		Age	[ ] Female [ ] Male	Tribal Affiliation		
Date of Birth	Place of Conception (City, State)		Place of Birth (City)	Birth County	Birth State	Birth Country
Were parents married when this child was born? [ ] YES [ ] NO		If NO, did father sign a Voluntary Acknowledgement of Paternity (VAP)? [ ] YES [ ] NO		If YES, State: _____ Agency: _____		
Does this child live with you? [ ] YES [ ] NO If no, where does child live?		Do you have legal custody of this child? [ ] YES [ ] NO If no, who has custody?		Date Custody Obtained: _____ County and State of Order: _____		
Is there an existing support order for this child? [ ] YES [ ] NO	County and State where Order was entered:	Date of Order: Case Number:	Who are child support payments made to? [ ] State [ ] Tribe [ ] Custodial Parent		Is this child covered by health insurance? [ ] YES [ ] NO If yes, see Section 7.	
Is child still in school? [ ] YES [ ] NO			Anticipated Graduation Date:			
School Name		Address		City	State	Zip
Does this child have a disability? [ ] YES [ ] NO If yes, describe disability: _____			If yes, check one: [ ] SSI [ ] SSDI Amount: \$ _____ / per month			
Does child receive Social Security benefits? [ ] YES [ ] NO						
<b>2. Child's Name</b> (Last, First, Middle, Suffix – Sr., Jr., etc.)				Child's Nickname		
Social Security Number		Age	[ ] Female [ ] Male	Tribal Affiliation		
Date of Birth	Place of Conception (City, State)		Place of Birth (City)	Birth County	Birth State	Birth Country
Were parents married when this child was born? [ ] YES [ ] NO		If NO, did father sign a Voluntary Acknowledgement of Paternity (VAP)? [ ] YES [ ] NO		If YES, State: _____ Agency: _____		
Does this child live with you? [ ] YES [ ] NO If no, where does child live?		Do you have legal custody of this child? [ ] YES [ ] NO If no, who has custody?		Date Custody Obtained: _____ County and State of Order: _____		
Is there an existing support order for this child? [ ] YES [ ] NO	County and State where Order was entered:	Date of Order: Case Number:	Who are child support payments made to? [ ] State [ ] Tribe [ ] Custodial Parent		Is this child covered by health insurance? [ ] YES [ ] NO If yes, see Section 7.	
Is child still in school? [ ] YES [ ] NO			Anticipated Graduation Date:			
School Name		Address		City	State	Zip
Does this child have a disability? [ ] YES [ ] NO If yes, describe disability: _____			If yes, check one: [ ] SSI [ ] SSDI Amount: \$ _____ / per month			
Does child receive Social Security benefits? [ ] YES [ ] NO						

**SECTION 5: CHILD (REN)'S INFORMATION (cont.)**

<b>3. Child's Name</b> (Last, First, Middle, Suffix – Sr., Jr., etc.)				Child's Nickname	
Social Security Number	Age	<input type="checkbox"/> Female <input type="checkbox"/> Male		Tribal Affiliation	
Date of Birth	Place of Conception (City, State)	Place of Birth (City)	Birth County	Birth State	Birth Country
Were parents married when this child was born? <input type="checkbox"/> YES <input type="checkbox"/> NO		If NO, did father sign a Voluntary Acknowledgement of Paternity (VAP)? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, State: _____ Agency: _____	
Does this child live with you? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, where does child live?		Do you have legal custody of this child? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, who has custody?		Date Custody Obtained: _____ County and State of Order: _____	
Is there an existing support order for this child? <input type="checkbox"/> YES <input type="checkbox"/> NO	County and State where Order was entered:	Date of Order: Case Number:	Who are child support payments made to? <input type="checkbox"/> State <input type="checkbox"/> Tribe <input type="checkbox"/> Custodial Parent	Is this child covered by health insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, see Section 7.	
Is child still in school? <input type="checkbox"/> YES <input type="checkbox"/> NO			Anticipated Graduation Date:		
School Name	Address	City	State	Zip	
Does this child have a disability? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe disability: _____		If yes, check one: <input type="checkbox"/> SSI <input type="checkbox"/> SSDI Amount: \$ _____ / per month			
Does child receive Social Security benefits? <input type="checkbox"/> YES <input type="checkbox"/> NO					
<b>4. Child's Name</b> (Last, First, Middle, Suffix – Sr., Jr., etc.)				Child's Nickname	
Social Security Number	Age	<input type="checkbox"/> Female <input type="checkbox"/> Male		Tribal Affiliation	
Date of Birth	Place of Conception (City, State)	Place of Birth (City)	Birth County	Birth State	Birth Country
Were parents married when this child was born? <input type="checkbox"/> YES <input type="checkbox"/> NO		If NO, did father sign a Voluntary Acknowledgement of Paternity (VAP)? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, State: _____ Agency: _____	
Does this child live with you? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, where does child live?		Do you have legal custody of this child? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, who has custody?		Date Custody Obtained: _____ County and State of Order: _____	
Is there an existing support order for this child? <input type="checkbox"/> YES <input type="checkbox"/> NO	County and State where Order was entered:	Date of Order: Case Number:	Who are child support payments made to? <input type="checkbox"/> State <input type="checkbox"/> Tribe <input type="checkbox"/> Custodial Parent	Is this child covered by health insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, see Section 7.	
Is child still in school? <input type="checkbox"/> YES <input type="checkbox"/> NO			Anticipated Graduation Date:		
School Name	Address	City	State	Zip	
Does this child have a disability? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe disability: _____		If yes, check one: <input type="checkbox"/> SSI <input type="checkbox"/> SSDI Amount: \$ _____ / per month			
Does child receive Social Security benefits? <input type="checkbox"/> YES <input type="checkbox"/> NO					

**SECTION 5: CHILD (REN)'S INFORMATION (cont.)**

5. Child's Name (Last, First, Middle, Suffix – Sr., Jr., etc.)				Child's Nickname	
Social Security Number		Age	<input type="checkbox"/> Female <input type="checkbox"/> Male	Tribal Affiliation	
Date of Birth	Place of Conception (City, State)	Place of Birth (City)	Birth County	Birth State	Birth Country
Were parents married when this child was born? <input type="checkbox"/> YES <input type="checkbox"/> NO		If NO, did father sign a Voluntary Acknowledgement of Paternity (VAP)? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, State: _____ Agency: _____	
Does this child live with you? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, where does child live?		Do you have legal custody of this child? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, who has custody?		Date Custody Obtained: _____ County and State of Order: _____	
Is there an existing support order for this child? <input type="checkbox"/> YES <input type="checkbox"/> NO	County and State where Order was entered:	Date of Order: Case Number:	Who are child support payments made to? <input type="checkbox"/> State <input type="checkbox"/> Tribe <input type="checkbox"/> Custodial Parent	Is this child covered by health insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, see Section 7.	
Is child still in school? <input type="checkbox"/> YES <input type="checkbox"/> NO			Anticipated Graduation Date:		
School Name		Address	City	State	Zip
Does this child have a disability? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe disability: _____		If yes, check one: <input type="checkbox"/> SSI <input type="checkbox"/> SSDI Amount: \$ _____ / per month			
Does child receive Social Security benefits? <input type="checkbox"/> YES <input type="checkbox"/> NO					

6. Child's Name (Last, First, Middle, Suffix – Sr., Jr., etc.)				Child's Nickname	
Social Security Number		Age	<input type="checkbox"/> Female <input type="checkbox"/> Male	Tribal Affiliation	
Date of Birth	Place of Conception (City, State)	Place of Birth (City)	Birth County	Birth State	Birth Country
Were parents married when this child was born? <input type="checkbox"/> YES <input type="checkbox"/> NO		If NO, did father sign a Voluntary Acknowledgement of Paternity (VAP)? <input type="checkbox"/> YES <input type="checkbox"/> NO		If YES, State: _____ Agency: _____	
Does this child live with you? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, where does child live?		Do you have legal custody of this child? <input type="checkbox"/> YES <input type="checkbox"/> NO If no, who has custody?		Date Custody Obtained: _____ County and State of Order: _____	
Is there an existing support order for this child? <input type="checkbox"/> YES <input type="checkbox"/> NO	County and State where Order was entered:	Date of Order: Case Number:	Who are child support payments made to? <input type="checkbox"/> State <input type="checkbox"/> Tribe <input type="checkbox"/> Custodial Parent	Is this child covered by health insurance? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, see Section 7.	
Is child still in school? <input type="checkbox"/> YES <input type="checkbox"/> NO			Anticipated Graduation Date:		
School Name		Address	City	State	Zip
Does this child have a disability? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, describe disability: _____		If yes, check one: <input type="checkbox"/> SSI <input type="checkbox"/> SSDI Amount: \$ _____ / per month			
Does child receive Social Security benefits? <input type="checkbox"/> YES <input type="checkbox"/> NO					

**If you need additional space for more children, please request a supplemental form from your Case Specialist.**



**SECTION 6: CHILD CARE INFORMATION**

Do you have child care expenses? <input type="checkbox"/> YES <input type="checkbox"/> NO	Names of children receiving child care: 1. _____ 2. _____ 3. _____ 4. _____ 5. _____
Number of hours per week for child care:	Cost per hour: \$
Name/Address/Phone Number of Child Care Provider:	Check the reason for child care: <input type="checkbox"/> Work related <input type="checkbox"/> Looking for employment <input type="checkbox"/> Enrolled in educational program to improve employment opportunities <input type="checkbox"/> Other

**SECTION 7: HEALTH/MEDICAL INSURANCE INFORMATION**

Who is the PRIMARY policy holder for the child (ren)'s health insurance? _____					
			Name <span style="float: right;">Relationship to child(ren) 's</span>		
Name, Address and Phone Number of medical insurance company:		Policy Number:	Effective Date:		
		Group Number:			
Name, Address and Phone Number of dental insurance company:		Policy Number:	Effective Date:		
		Group Number:			
Name, Address and Phone Number of vision insurance company:		Policy Number:	Effective Date:		
		Group Number:			
What dependent insurance coverage is available to you at no cost? <input type="checkbox"/> Medical <input type="checkbox"/> Dental <input type="checkbox"/> Vision					
What dependent insurance coverage is available to you by payment of a premium? (specify cost per pay period)					
<input type="checkbox"/> Medical \$_____ per _____ <input type="checkbox"/> Dental \$_____ per _____ <input type="checkbox"/> Vision \$_____ per _____					
List all the individuals currently covered by your insurance and check which type of insurance is available to each:					
Name	Birth Date	Relationship	Medical	Dental	Vision



## SECTION 9: RIGHTS AND RESPONSIBILITIES

### Introduction:

A custodial parent, caretaker, or guardian of a child may apply for services with the Standing Rock Child Support Enforcement Agency (SRST CSEA) by completing an application for services. The SRST CSEA represents the public interest. The SRST CSEA attorney does not represent any individual but provides legal services for the SRST CSEA. You may retain your own attorney, at your expense.

### Applicant's Rights & Responsibilities

1. You have the right to be treated in a fair and courteous manner by SRST CSEA staff.
2. It is your responsibility to complete an application with all supporting documents before services can be provided. We will assist you as needed.
3. You must keep the SRST CSEA informed of any change in your address, phone number, employment, or marital status. You also must provide updated information about other participants in the case.
4. You must promptly inform the SRST CSEA of any changes in the physical custody of the children, modification of the support order, other collection actions, adoption proceedings, and any other matter that may affect or change the services the SRST CSEA is providing.
5. You must forward any information that adds to, differs from, or contradicts information in the SRST CSEA case so that it may be considered.
6. You must provide copies of all orders concerning your case. This includes actions that occur after SRST CSEA services begin.
7. You must immediately forward any support payment you receive that has not been issued by the SRST CSEA.
  - a. Credit cannot be given unless payments are verified and made through the SRST CSEA.
  - b. Send all child support payments to:

**SRST Child Support Enforcement Agency**  
P.O. Box 827  
Fort Yates, ND 58538

### Other Information

1. Please be aware that the enforcement of child support is a complex undertaking. It will take time to process your case thoroughly.
2. The SRST CSEA requests your social security number and the social security numbers of the children and the non-custodial parent. The social security numbers are necessary for the locate and follow-up of case processing. The SRST CSEA may not be able to work your case without them. They are used as identifiers on the child support computer system. They also are used to credit payments, locate persons, and track case activities. The SRST CSEA will not release the social security numbers unless it is in the course of a SRST CSEA action to establish paternity or support; to enforce a financial or medical support obligation; or to modify a support obligation.
3. Information received becomes a part of the case record. If you believe the release of information provided may put you or the children at risk, you must contact the SRST CSEA immediately. If the SRST CSEA determines there is a clear evidence or risk, your address and phone number will be removed from documents issued in the future. Additionally, if you have a protective or restraining order, please provide the SRST CSEA with a copy.

**I declare that the information I provided in this application is true and accurate to the best of my knowledge and belief.**

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**Applicant Signature**

**Date**