

**PENOBSCOT NATION CHILD SUPPORT AGENCY
APPLICATION FOR PATERNITY SERVICES**

The Penobscot Nation Child Support Agency is an equal opportunity service provider. If you have a disability and need to access this information in an alternative format, or need it translated to another language, please contact the PNCSA Program Coordinator at (207) 817-7355.

Information provided on this form (including attachments) may be shared with others for the sole purpose of administration of the tribal child support agency, State and Tribal TANF and foster care programs.

- Please fill out this form the best you can.
- 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 manager can do on your case.
- If you need help filling out this form, or have questions about this application, please talk with your case manager.

Your Name: _____

Your Relationship to Child: _____ Mother _____ Father _____ Guardian

Does the child(ren) live with you? _____ YES _____ NO

Do you have legal custody of the child(ren)? _____ YES _____ NO

Do you have a disability? _____ YES _____ NO

If yes, describe: _____

Does your child have a disability? _____ YES _____ NO

If yes, describe: _____

SERVICES REQUESTED:

Federal regulations require the Tribal Child Support Agency to provide all services appropriate for your case based on your circumstances.

_____ Establish Paternity

_____ Establish Child Support Order

_____ Locate Absent Parent

_____ Review Support Order

_____ Enforce (Collect) Child Support

Please attach copies of all court orders, judgments, decrees, or stipulations involving child support, paternity establishment, or divorce/separations. Also include copies of the following:

Birth Certificates

Social Security Cards

Driver's License

Enrollment Cards

PENOBSCOT NATION CHILD SUPPORT AGENCY

P.O. Box 446

Old Town, ME 04468

(207)817-7355-Telephone

(207) 817-3166-Fascimile

PATERNITY APPLICATION

MOTHER'S INFORMATION

Name: Last		First	Middle	Maiden or Also Known as (AKA)
Social Security Number		Birthdate (Month/Day/Year)		Birthplace (City/State)
Home address: Street	City	State	Zip	Home Telephone Number
Employer Name & Address:				Work Telephone Number
Tribal Affiliation: _____		Are you enrolled? () YES () NO Number: _____		

CHILD'S INFORMATION

Name: Last		First	Middle	Birthdate or Expected: (Month/Day/Year)
Location where child was born: (Name, City)				Social Security Number
Mother's Physician (Other than Hospital): (Name/Address)				_____ to _____ Conceptive period
Person/Agency, other than mother, with custody/placement of the child				Date since child placed with
Tribal Affiliation: _____		Is child enrolled? () YES () NO Number _____		

CONCEPTION INFORMATION

Is/has your period been regular? () YES () NO Was the child born premature? () YES () NO

Dates and locations during which you had sexual relations with the alleged father:

Date: _____	Place: _____	Date: _____	Place: _____
Date: _____	Place: _____	Date: _____	Place: _____

Name of any other person that you had sexual intercourse with during the above conceptive period:

Date: _____	Name: _____	Address: _____	DOB _____
Date: _____	Name: _____	Address: _____	DOB _____

Where there any complications with the birth? () YES () NO Explain _____

Did Medical Assistance cover the birthing expenses? () YES () NO If no, way paid _____

Has the alleged father contributed to your care during your pregnancy? () YES () NO Amount: \$ _____
Has the alleged father contributed to your child's expenses since birth? () YES () NO Amount: \$ _____
Has the alleged father ever resided with you or your child? () YES () NO
Date: _____ Location: _____ Date: _____ Location: _____

***Please attach copies of any medical bills you are seeking reimbursement for**

ALLEGED FATHER'S INFORMATION

Name: Last First Middle Also Known As (AKA)

Social Security Number Birthdate (Month/Day/Year) Birthplace (City/State)

Home address: Street City State Zip Home Telephone Number

Employer Name & Address: Work Telephone Number

Tribal Affiliation: _____ Is he enrolled? () YES () NO Number: _____

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Race: _____

List any distinguishing features that would assist in identifying him (Tattoo, scar, piercing, birthmark, physical impairment, etc.): _____

Names and addresses of the father's parents: _____

Provide the names of family members or friends who may be able to assist in locating the alleged father:

MARITAL INFORMATION

Martial status at time of conception and birth:

() Married at conception () Unmarried at conception () Legally separated at conception
() Married at time of birth () Unmarried at time of birth () Legally separated at time of birth

Husband's Name: Last First Middle Marriage Date and Location Divorce Date and Location

If you were married during the conceptive period and your husband is NOT the father answer the following:

Did you ever tell your husband that he was NOT the father? () YES () NO

Has your husband made any claims that he is not the father? () YES () NO

Has any action been taken to establish the child's paternity? () YES () NO

What County: _____ Type of Action: _____ Status: _____

ALLEGED FATHER'S FINANCIAL INFORMATION

Employer Name & Address: _____

Hourly pay \$ _____ Hours per week _____ If salaried, salary per year: \$ _____

Second Employer: _____ Hourly pay \$ _____ Hours/week _____

Other sources of Income: _____

_____	(Describe)	(Amount received)	(Frequency received)
School or Training: _____			
(Describe)		(Degree/Certificate)	(Date Received)

Vehicle: _____	\$ _____	_____
(Description: Make/Model/Year)	(Value)	(Names of Persons on Title)

Bank Account: _____	\$ _____	_____
(Type: Checking/Savings)	(Balance)	(Names of Financial Institution)

Other Financial Assets: _____

Upon oath, I certify that to the best of my knowledge, the above information is true and correct.

Dated this _____ day of _____, 2024

Signature of Applicant

Subscribed and sworn to before me this _____ day of _____, 2024

OR Witness to signature this _____ day of _____ 2024

Notary Public, State of ME
My commission expires: _____

Print name: _____
Address: _____