



# Pokagon Band of Potawatomi Indians Tribal Court

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CASE NO.

Court Reference:  
MISDU Payment ID:

Petitioner name, address, telephone:

Respondent name, address, telephone:

Petitioner's Attorney name, bar no., address,  
telephone:

v.

Respondent's Attorney name, bar no., address,  
telephone:

## PETITION/AFFIDAVIT TO WITHHOLD PER CAPITA PAYMENTS FOR DELINQUENT CHILD SUPPORT

### TO THE TRIBAL COURT:

A. I, \_\_\_\_\_, HEREBY PRESENT AN ORDER for **delinquent** child support from a state or tribal court of competent jurisdiction; AND

B. DEPOSE AND STATE the following:

1. I am the Petitioner or attorney of the Petitioner in the above-referenced matter.

2. My name and address listed in the caption above is correct.

3. The name and last known address of the Respondent is:

a. \_\_\_\_\_  
Name

b. \_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip Code

4. Based on information, knowledge and belief, the Respondent is an enrolled member of the Pokagon Band of Potawatomi Indians (Pokagon Band).

5. Based on information, knowledge and belief, the Respondent is receiving per capita payments pursuant to the Pokagon Band of Potawatomi Indians Gaming Revenue Allocation Plan.
6. The Pokagon Band's Gaming Revenue Allocation Plan allows for all or an appropriate portion of per capita payments, due to an enrolled member of the Pokagon Band who is eligible for the per capita distribution, to be used to satisfy a **delinquent** court-ordered child support obligation.
7. The current amount of the **delinquent** child support obligation is \$\_\_\_\_\_ and this amount **does not** include a current child support obligation. I have attached supporting documentation of the delinquent child support obligation.
8. If the delinquent child support obligation is \$500.00 or less, please indicate the time period in which the delinquency accrued and accumulated: \_\_\_\_\_  
\_\_\_\_\_.

WHEREFORE, the Petitioner requests the Court grant a withholding order and redirect Respondent's per capita payments to satisfy the **delinquent** child support obligation.

\_\_\_\_\_ Date \_\_\_\_\_ Signature of Petitioner (or) Attorney

Subscribed and sworn to me on \_\_\_\_\_ in \_\_\_\_\_, County,  
Day/Month/Year  
\_\_\_\_\_  
State

My commission expires: \_\_\_\_\_  
Date

Signature \_\_\_\_\_, \_\_\_\_\_, County, \_\_\_\_\_  
Notary Public State

Notary Seal