



Pokagon Band of Potawatomi Indians Tribal Court

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|---|-----------|---|--|
| CASE NO. | | Court Reference: MISDU Payment ID: | |
| Petitioner name, address, telephone: | v. | Respondent name, address, telephone: | |
| Petitioner's Attorney name, bar no., address, telephone: | | Respondent's Attorney name, bar no., address, telephone: | |
| PETITION/AFFIDAVIT TO WITHHOLD PER CAPITA PAYMENTS FOR <u>DELINQUENT</u> 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, the amount must be for at least a two (2) month time period during which the delinquency accrued. Please list the months during which the delinquency accrued. _____
_____.

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