



# CROW TRIBE EXECUTIVE BRANCH

DEPARTMENT OF ENROLLMENT & PER CAPITA

P.O. Box 159  
CROW AGENCY, MT 59022

## Voluntary Hold or Release Request Form

**DIRECTIONS:** This form is used to place or release a voluntary hold on Per Capita payments issued to an enrolled adult member of the Crow Tribe.

**If you are requesting a voluntary Hold:** Fill out Section A and write "N/A" in Section B. A notary must complete Section C unless form is brought in person to the Enrollment Department where Section C will be completed by Enrollment Staff.

**If you are requesting a release on a voluntary Hold:** Fill out Section B and write "N/A" in Section A. A notary must complete Section C unless form is brought in person to the Enrollment Department where Section C will be completed by Enrollment Staff.

Section A: Voluntary Hold Request		
<b>1. Enrolled Adult Name</b> (FIRST — M.I. — LAST)	<b>2. Date of Birth</b> (MM/DD/YYYY)	<b>3. Enrollment Number</b> (E.G. 202U123456)
<b>4. Date for Hold to go into effect</b>	<b>5. Reason for Voluntary Hold Request</b>	
<b>6. If requester is a minor, name and signature of minor's parent, legal guardian, or guardian ad litem</b>		
_____	_____	_____
(PRINT NAME)	(SIGNATURE)	(DATE)
Section B: Request to Release Voluntary Hold		
<b>1. Enrolled Tribal Adult Name</b> ( First — M.I. — Last )	<b>2. Date of Birth</b> (MM/DD/YYYY)	<b>3. Enrollment Number</b> (e.g. 202U123456)
<b>4. Date for Release to go into effect</b>		
<b>6. If requester is a minor, name and signature of minor's parent, legal guardian, or guardian ad litem</b>		
_____	_____	_____
(PRINT NAME)	(SIGNATURE)	(DATE)

**Section C: Notary Section (must be completed)**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

ON \_\_\_\_\_ BEFORE ME, \_\_\_\_\_

(DATE) (NOTARY)

PERSONALLY APPEARED, \_\_\_\_\_

(SIGNERS)

PERSONALLY KNOWN TO ME \_\_\_\_\_

WITNESS my hand and official seal

\_\_\_\_\_

(NOTARY SIGNATURE)

Enrollment Office Use Only		
Family Number	Date Entered	Enrollment Staff — Print Name and Sign