



CROW TRIBE EXECUTIVE BRANCH

DEPARTMENT OF ENROLLMENT & PER CAPITA

P.O. Box 159
CROW AGENCY, MT 59022

Legal Custody Form

DIRECTIONS: This form is used to designate custody of minors to help ensure that tribal benefits are routed to the correct individuals in cases where the legal custody of children have changed. As the legal guardian of the children in question, complete this form to verify information found in the pertinent legal documents. Remember that without official court documents to support the information provided here the Enrollment & Per Capita Department cannot rightfully make the changes noted in this form. Enter information corresponding to the Court Order in Section A; enter your identification information and Per Capita payment information in Section B; and provide the names, dates of birth, and enrollment numbers of the children named in the Court Order in Section C (use a separate sheet of paper if necessary).

Section A: Court Orders			
1. Case Number		2. Court Issuing Custody Order	
4. Date of Custody Order		5. Name of Social Worker/Case Manager	6. Social Worker/Case Manager Phone Number
Section B: Legal Guardian of Child			
1. Name (FIRST — MIDDLE — LAST)		2. Date of Birth (MM/DD/YYYY)	3. Enrollment Number (E.G. 202U123456)
4. On which date did you obtain <i>legal custody</i> of the children? (MM/DD/YYYY)	5. Are the Court Orders on file with the Enrollment & Per Capita Dept.? (INDICATE "YES" OR "NO")	6a. Are you the designated payee for the children's Per Capita payments? (INDICATE "YES" OR "NO")	6b. If yes, please provide your current mailing address in the #7 fields
	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
7a. Mailing Address: Street or P.O. Box #		7b. City	7c. State
7d. Zip Code	8. Name of Individual(s) Who Previously Held Custody of Children		
Section C: Identification of Children			
1a. Child Name (FIRST — MIDDLE — LAST)		1b. Date of Birth (MM/DD/YYYY)	1c. Enrollment Number (E.G. 202U123456)
2a. Child Name (FIRST — MIDDLE — LAST)		2b. Date of Birth (MM/DD/YYYY)	2c. Enrollment Number (E.G. 202U123456)
3a. Child Name (FIRST — MIDDLE — LAST)		3b. Date of Birth (MM/DD/YYYY)	3c. Enrollment Number (E.G. 202U123456)
4a. Child Name (FIRST — MIDDLE — LAST)		4b. Date of Birth (MM/DD/YYYY)	4c. Enrollment Number (E.G. 202U123456)
Section D: Acknowledgement			
I hereby acknowledge that the above and attached information is true and correct to the best of my knowledge.			
_____		_____	
(SIGNATURE OF APPLICANT OR PARENT/LEGAL GUARDIAN)		(DATE)	