

## CHEROKEE NATION OFFICE OF CHILD SUPPORT SERVICES HUMAN SERVICES DIVISION

## **CLIENT INFORMATION FORM**

## Purpose of Form

This form is used to update your general information. Changes to your name, date of birth, or Social Security number require official documentation. Approved documents include:

- Valid passport
- Social Security card
- Valid driver's license or state ID card •
- Marriage certificate
- Valid permanent resident card •

- Birth certificate
- Divorce decree
- Court-approved petition for name change
- Valid alien registration card

Note: Updating your address on this form will only affect regular correspondence with CN OCSS. To update your Address of Record (the address that appears on legal documentation/where your legal documentation is delivered) please contact your case worker for the Address of Record form.

If you are returning this form by mail you must include a copy of a government issued photo ID along with any applicable documents. Form(s) should be returned to your local office or mailed to:

Cherokee Nation Office of Child Support Services (CN OCSS) PO Box 557 Tahlequah, OK 74465

Questions? Feel free to contact our office Monday through Friday, 8 a.m. to 5 p.m. at (918) 453-5444.

I am the: Custodial Party (Person receiving support) Non-Custodial Party (Person ordered to pay support)

## **CLIENT NAME**

Full Name - As it currently appears on case:

First	Middle	Last	Suffix
Full Name - As it <u>should</u> a	appear on case <u>(if <b>applicable):</b></u>		
First	Middle	Last	Suffix
CONTACT INFORMAT	<b>TION –</b> Only enter information you	need to update.	
Physical Address:			
Alt. Address:			
Phone:	☐ Home ☐ Cell Work ☐ Message	Alt. Phone	☐ Home ☐ Cell ———— ☐ Work ☐ Messagu
Alt. Phone:	□ Home □ Cell Email:		
PERSONAL INFORMA	TION – Only enter the information	n you need to change.	
Date of Birth:		SSN:	
Client Signature		Date	
OFFICE USE ONLY	Date MTS Updated:	te MTS Updated: Date Alias Entered:	
Page 1 of 1	CI	CI	OCSS APPROVED 01/01/2017