

# CHEYENNE RIVER SIOUX TRIBE SALAZAR PER CAPITA DISTRIBUTION REQUEST FORM

I, \_\_\_\_\_, born on \_\_\_\_\_ do hereby acknowledge that I am an enrolled member of the Cheyenne River Sioux Tribe. My enrollment number is \_\_\_\_\_ My current address is: \_\_\_\_\_

**APPLICATION FOR MINOR CHILDREN (IF ANY):**

I have legal custody of the following minor children:

- Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Enrollment # \_\_\_\_\_
- Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Enrollment # \_\_\_\_\_
- Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Enrollment # \_\_\_\_\_
- Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Enrollment # \_\_\_\_\_

(attach additional sheets if necessary)

**Attach Documentation:**

- |                         |   |
|-------------------------|---|
| REQUIRED                | 1. Copy of government-issued photo ID (Tribal, state, or federal) for applicants over 18 years old  |
| <i>See Instructions</i> | 2. Most recent court order regarding legal custody of each child (if any)   |
| <i>See Instructions</i> | 3. Copy of most recent federal income tax return showing that you received the federal dependent exemption for any claimed child(ren) (if no court order) |
| <i>See Instructions</i> | 4. CRST Form 2 - Signed Joint Stipulation as to Minor Child's CRST Per Capita Payment   |
| <i>See Instructions</i> | 5. CRST Form 3 - Affidavit of Sole Parent as to Legal Custody of Minor Child(ren)   |
| <i>See Instructions</i> | 6. Copy of legal conservatorship order if applying on behalf of incompetent adult   |

By signing below, I hereby certify that the above information is correct. By claiming the "Salazar" per capita distribution for myself, any above-listed minor children, or another person for whom I am legal guardian, I hereby release the Cheyenne River Sioux Tribe from any liability whatsoever that may arise related to the distribution of these funds.

\_\_\_\_\_ Date \_\_\_\_\_ Applicant

I request that my per capita check, and the checks for any other members listed above, be distributed to me (check one):

\_\_\_\_\_ In Person \_\_\_\_\_ Via US Mail \_\_\_\_\_ Held by Tribe

**IMPORTANT:** *If requesting payment via US Mail you must have this application notarized*

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2013.

\_\_\_\_\_ Signature of Notary Public \_\_\_\_\_ My Commission Expires:

**!! DO NOT FAX THIS FORM !!**  
If requesting payment via US Mail, please return this form and required attachments to:  
**Cheyenne River Sioux Tribe**  
**Tribal Enrollment Office, Attn: Charlene Anderson,**  
**PO Box 590, Eagle Butte, SD 57625**

**CHEYENNE RIVER SIOUX TRIBE  
JOINT STIPULATION AS TO MINOR CHILD'S PER CAPITA PAYMENT**

We \_\_\_\_\_ and \_\_\_\_\_ are the parents of the minor child(ren) named below:

- Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Enrollment # \_\_\_\_\_
- Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Enrollment # \_\_\_\_\_
- Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Enrollment # \_\_\_\_\_
- Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Enrollment # \_\_\_\_\_
- Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Enrollment # \_\_\_\_\_
- Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Enrollment # \_\_\_\_\_

(attach additional sheets if necessary)

There is no existing court order regarding custody of our child(ren).

We agree the parent or family member who may apply for and receive the per capita payment for each child is:

- Child: \_\_\_\_\_ Person to Receive Per Capita Payment \_\_\_\_\_
- Child: \_\_\_\_\_ Person to Receive Per Capita Payment \_\_\_\_\_
- Child: \_\_\_\_\_ Person to Receive Per Capita Payment \_\_\_\_\_
- Child: \_\_\_\_\_ Person to Receive Per Capita Payment \_\_\_\_\_
- Child: \_\_\_\_\_ Person to Receive Per Capita Payment \_\_\_\_\_
- Child: \_\_\_\_\_ Person to Receive Per Capita Payment \_\_\_\_\_

In whose physical custody are the child(ren) as of the date of this application?

- Child: \_\_\_\_\_ Residing with whom? \_\_\_\_\_
- Child: \_\_\_\_\_ Residing with whom? \_\_\_\_\_
- Child: \_\_\_\_\_ Residing with whom? \_\_\_\_\_
- Child: \_\_\_\_\_ Residing with whom? \_\_\_\_\_
- Child: \_\_\_\_\_ Residing with whom? \_\_\_\_\_
- Child: \_\_\_\_\_ Residing with whom? \_\_\_\_\_

By signing below we verify that the above information is correct, and we agree to the above-described distribution of per capita payments for our child(ren). By claiming or directing the payment of the "Salazar" per capita distribution for any of the above-listed minor children, we hereby release the Cheyenne River Sioux Tribe from any liability whatsoever that may arise related to the distribution of these funds.

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Father

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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**CHEYENNE RIVER SIOUX TRIBE**  
**AFFIDAVIT OF SOLE PARENT AS TO CUSTODY OF MINOR CHILD(REN)**

I, \_\_\_\_\_, am the sole parent of the minor child(ren) named below:

- Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Enrollment # \_\_\_\_\_
- Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Enrollment # \_\_\_\_\_
- Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Enrollment # \_\_\_\_\_
- Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Enrollment # \_\_\_\_\_
- Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Enrollment # \_\_\_\_\_
- Name: \_\_\_\_\_ DOB: \_\_\_\_\_ Enrollment # \_\_\_\_\_

(attach additional sheets if necessary)

There is no existing court order regarding custody of my child(ren). I am the only person who is legally authorized to apply for my child(ren)'s per capita payment.

Check one:

- My child(ren) are currently residing with me. (OR)
- I agree that another of the child(ren)'s family member may apply for and receive the per capita payment for each child as listed below:

Child: _____	Person to Receive Per Capita Payment _____
Child: _____	Person to Receive Per Capita Payment _____
Child: _____	Person to Receive Per Capita Payment _____
Child: _____	Person to Receive Per Capita Payment _____
Child: _____	Person to Receive Per Capita Payment _____
Child: _____	Person to Receive Per Capita Payment _____

By signing below I verify that the above information is correct, and I authorize the distribution of per capita payments for my child(ren) as listed above. By claiming or directing the payment of the "Salazar" per capita distribution for any of my above-listed minor children, I hereby release the Cheyenne River Sioux Tribe from any liability whatsoever that may arise related to the distribution of these funds.

\_\_\_\_\_  
Mother

\_\_\_\_\_  
Date

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