

Hoopa Valley Tribe – Fiscal Department

REQUEST FORM

MINOR PERCAPITA DEPOSIT INTO IIM ACCOUNT

(Revised 3/14/12)

Minor's Name: _____ Roll No.: _____

I, _____, hereby certify that I am the

/ / parent / /legal guardian / / Tribal Human Services Caseworker

of the above named minor Hoopa Valley Tribal member. My address and phone number is:

I have authority and hereby request that the entire per capita payment scheduled to be paid on

_____, 20__, including the unrestricted portion payment, be deposited into the

minor's IIM account. The request is consistent with and based on the following section of the

Per Capita Ordinance:

- § 4.4.5 & §4.4.6(c). The minor is in foster care pursuant to a valid court order or is the subject of a case before the Hoopa Tribal Court involving the Hoopa Valley Division of Human Services.
- §4.4.6.2. There is no dispute as to the minor's place of residence. I am the parent or guardian with whom the minor resides and I instruct the Tribe to transmit the full payment, including the unrestricted portion, into the minor's IIM account.
- There is a dispute as to the minor's place of residence and the Tribe shall deposit the full amount of the per capita payment into the minor's IIM account because
 - §4.4.6.2(a). The minor has been with the current parent or guardian for less than three months.
 - §4.4.6.2(b). I am the noncustodial parent. I allege the minor has been with the current parent or guardian for less than three months and the entire amount must be deposited into the minor's IIM account unless proof of residency is provided consistent with §4.4.6.2(b).
 - §4.4.6.2(e). A dispute has arisen as to the identity of the parent or guardian.

I certify under penalty of perjury that the forgoing is true and correct. Executed this _____

day of _____, 20__.

Print Name of Parent/Guardian

Signature of Parent/Guardian