

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

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