

**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

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