



The Saginaw Chippewa Indian Tribe Of Michigan

7070 EAST BROADWAY

MT. PLEASANT, MICHIGAN 48858

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The Saginaw Chippewa Indian Tribe of Michigan Tribal Children's Welfare Program Agreement Tribal Clerk's Office, 7070 East Broadway, Mt. Pleasant, Michigan 48858, Phone: (989) 775-4054

I, _____, _____ of _____
(Print Name of Custodial Parent or Guardian) (Social Security Number) (Physical Address and Phone Number)

_____ warrant that I qualify as the Custodial Parent or Guardian of the
Physical Address and Phone Number, cont.)

minor listed below, as that term is defined in Subsection II.C.2.a of the Saginaw Chippewa Indian Tribe of Michigan Tribal Gaming Revenue Allocation Plan.

(a) Definition. "Custodial Parent or Guardian" shall mean the parent(s) or guardian(s) with whom the minor child has physically resided for at least 51% of the time during the three months prior to any per capita payment and who provided at least 51% of the support of the Minor during the same period.

Furthermore, I covenant that I will comply with all requirements of the Saginaw Chippewa Indian Tribe of Michigan Tribal Gaming Revenue Allocation Plan relating to the Minor's per capita payments, including, but not limited to the requirement that:

1. All such payments will be expended solely for the benefit of the Minor; and
2. I will provide such affidavits, reports and documentation as the Tribe, in its discretion, may require to prove such compliance; and
3. I will repay any amounts deemed by the Tribe to have been expended in violation of said requirements; and
4. If I am a member of the Saginaw Chippewa Indian Tribe of Michigan, I consent to the deduction of any amounts deemed by the Tribe to have been expended in violation of these requirements from any per capita payments to which I may be entitled.

Minor's Full Name / / - - M
Birthdate Social Security # SCIT Membership #

Signature of Custodial Parent/Guardian of the Minor

Date