



Three Affiliated Tribes  
People's Fund Department

404 Frontage Road \*Fort Berthold Indian Reservation  
New Town, North Dakota 58763-9402  
701-627-8779

**MINOR DISBURSEMENT FORM**  
**RESOLUTION NO. 20-054-FWF – April 2020 GENERAL DISBURSEMENT**  
**FOR MINOR TRIBAL MEMBERS UNDER AGE 14 AS OF 08-01-2020 Enrolled by April 9<sup>th</sup>, 2020.**

Parent/Legal Guardian Name: \_\_\_\_\_ Relationship to Minor: \_\_\_\_\_

(PLEASE PRINT CLEARLY)

I hereby verify that I am the custodial parent/legal guardian of the minor listed below, who is in my custody and care. (If you are not the minor's biological parent, please provide legal documents, such as adoption or guardianship papers, indicating that you are the adoptive parent or legal guardian with physical custody of said minor. If you are not the minor's parent with whom the minor resides full-time or you are in a shared parenting relationship with regard to the minor, provide documentation that you have primary physical custody of the minor child for a minimum of 51% of the time, and legal custody, which means you have decision-making responsibility for the minor child that includes the right to physical custody, the right and duty to protect, clothe, shelter, educate and authorize and provide medical services.) The TAT Finance Department reserves the right to verify the information you provide.

**CHILD'S NAME (Last, First, Middle) (Please Print Clearly)**                      **DOB**                      **ENROLLMENT #**

\_\_\_\_\_

MALE  FEMALE

LEGAL GUARDIANS PHONE NUMBER

\_\_\_\_\_

I authorize TAT Finance Department to send a check made to the [**Minor's Legal Guardian stated above**] **FOR THE BENEFIT OF [the minor child]** to the minor's primary residence on file with TAT Enrollment Office, for the amount of \$1,000.00 authorized by TAT Resolution #20-054-FWF.

INDIVIDUALS GIVING INSTRUCTIONS FOR MINOR'S FUNDS ARE REQUIRED TO READ AND SIGN THE FOLLOWING STATEMENT:

*I certify and attest that the information furnished on this form is true and correct to the best of my knowledge and that the TAT Finance Department may rely on and verify this information to authorize the funds for the designated minor as provided by TAT Resolution #20-054-FWF. I further agree that I may be held personally responsible for funds falsely distributed to me to the fullest extent of Tribal and federal law.*

I am the custodial parent or legal guardian of the above-mentioned minor and have read and understand the preceding instructions regarding my personal legal liability for any funds received from false information:

\_\_\_\_\_  
Signature of person filing affidavit

STATE OF: \_\_\_\_\_ )  
COUNTY OF: \_\_\_\_\_ )

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_

My Commission Number: \_\_\_\_\_  
My Commission Expires: \_\_\_\_\_

(SEAL)

NOTARY PUBLIC: \_\_\_\_\_

The TAT Finance Department will hold in a Pooled Fund Account the amount of \$1,000.00 authorized by TAT Resolution #20-054-FWF for all forms not completed and submitted by August 1<sup>st</sup>, 2020. Such funds shall be held for the minor child until he/she reaches the age of 18 years at which time the funds will be released.

**PLEASE RETURN ONE FORM PER MINOR CHILD WITH NECESSARY DOCUMENTS TO THE ABOVE ADDRESS. Fax and emails will not be accepted. Allow up to four weeks to process once Finance receives your form.**

**DEADLINE TO SUBMIT FORM IS 08-01-2020.**