



STATE OF WASHINGTON

DEPARTMENT OF SOCIAL AND HEALTH SERVICES

Economic Services Administration, Division of Child Support
P.O. Box 9162, Olympia, Washington 98507-9162

Date

The Honorable _____
(Tribe)
(Address)
(City, WA Zip code)

RE: Locate Services Available to the _____ Child Support Program from the
Division of Child Support

Dear Chairman _____:

I am writing in response to your request to the State of Washington State Department of Social and Health Services, Division of Child Support (DCS), for assistance in locating custodial and non-custodial parents and assets for tribal child support enforcement purposes (per 45 CFR 310.95).

DCS is pleased to provide "Quick Locate" services to supplement services provided by your Tribal Child Support Program to locate custodial and non-custodial parents and assets. DCS will work these requests in a manner similar to requests received from other jurisdictions. It is our policy to provide no more than one Quick Locate request within a ninety (90) day period on any particular case. There is no fee charged for this service.

Quick Locate involves DCS Central Services staff manually checking on-line resources such as Washington State's Department of Licensing, Department of Corrections, Department of Employment Security, and DCS for addresses, income and/or assets information.

In order to request Quick Locate Services, please complete and send the Locate Referral Sheet – Tribal, DSHS 18-624 (enclosed) to DCS Central Services. After performing the locate service, DCS will notify the Tribe of a match, or that no information was found.

If you or your staff have any questions or if we can assist in any other way, please feel free to contact Georgia Payne, DCS Tribal Relations Team Manager, or I. You can reach Georgia at 360-664-5033 or by email at gpayne@dshs.wa.gov.

Very Truly Yours,

Wally McClure, Director
Division of Child Support

LOCATE REFERRAL SHEET – TRIBAL

Petitioner:	Respondent:
TO: DIVISION OF CHILD SUPPORT CENTRAL OPERATIONS PO BOX 9008 OLYMPIA WA 98507-9008	IV-D Case Number:
FROM: (Contact Person, Tribe, Address, Phone, Fax, E-mail Address)	Tribal Reference Number: Telephone Number: Fax Number: E-mail Address:

Noncustodial Parent Information Custodial Parent Information Possibly Dangerous

Full Name (First, Middle, Last): _____ Social Security Number: _____

Alias Maiden Name Current Spouse's Name (First, Middle, Last): _____
 Mother's Maiden or Father's Name

Date of Birth _____ Place of Birth (City, State, County): _____ Driver's License Number/State: _____

Gender	Ethnicity	Hair	Eyes	Height	Weight	Tribal Affiliation
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Address: Residence Mailing Current Last-Known Confirmed Date:

Is the above address on a reservation? Yes No
If yes, which reservation?

Usual Occupation/Professional Licenses:

Employer (Name, Full Address, Phone): Current Last-Known Confirmed Date:

Telephone Number:

Other Information (Including Income, Assets, Bank Accounts, Vehicles, Education, Police Record, Public Assistance History, and Other Leads):

Action Requested: Locate person/assets through automated locate search. (Include search of the following databases: Washington State's Department of Licensing, Department of Corrections, Department of Employment Security, and IV-D.)

Attachments: Photograph Other Information

Date: _____ Contact Person: _____ Telephone Number: _____

Fax Number: _____

