

Locate Referral Sheet - Tribal

Petitioner:	Respondent:
To: DIVISION OF CHILD SUPPORT CENTRAL SERVICES PO BOX 11520 TACOMA WA 98411-5520	DCS IV-D Case Number:
From: (Contact Person, Tribe, Address, Phone, Fax, E-mail Address)	Tribal IV-D Case Number: Telephone Number: Fax Number: E-mail Address:

Noncustodial Parent Information
 Custodial Parent Information
 Possibly Dangerous

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

Full Name (First, Middle, Last):	Social Security Number:
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<input type="checkbox"/> Alias <input type="checkbox"/> Maiden Name	Current Spouse's Name (First, Middle, Last):
<input type="checkbox"/> Mother's Maiden or Father's Name	

Date of Birth	Place of Birth (City, State, County):	Driver's License Number/State:
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Sex	Race	Hair	Eyes	Height	Weight	Tribal Affiliation
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Distinguishing Marks

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:

Date:	Contact Person:	Telephone Number:
		Fax Number:

DCS Response Locate Referral Sheet - Tribal

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From: (Contact Person, Tribe, Address, Phone, Fax, E-mail Address) DIVISION OF CHILD SUPPORT CENTRAL SERVICES PO BOX 11520 TACOMA WA 98411-5520	DCS IV-D Case Number:

Acknowledgements Return this form to the initiating Tribe.

DCS Response: No Information Found Address Employment Income/Assets