

**CHILD SUPPORT LOCATE REQUEST – Use CSENet if an agreement is in place**

**THIS FORM CONTAINS SENSITIVE INFORMATION – DO NOT FILE THIS FORM IN A PUBLIC ACCESS FILE**

The information on this form may be disclosed as authorized by law.

If you are not the intended recipient, you are hereby notified that any use, disclosure, distribution, or copying of this form or its contents is strictly prohibited.

To: (Central Registry or Agency Name and Address)

File Stamp

From: (Agency Name and Address)

Requesting Locator Code: \_\_\_\_\_ State \_\_\_\_\_  
Requesting IV-D Case Identifier: \_\_\_\_\_

**NOTE:**

This form sent through EDE

This request or information sent through CSENet

**Section I. Locate:**

You may only seek to locate an individual with respect to a child to whom the jurisdiction provides services under the IV-D child support plan.

Parent who owes or may owe support

Parent who is owed support

Caretaker who is owed support

Legal name (first, middle, last, suffix) : _____	<input type="checkbox"/> Possibly Dangerous	SSN: _____
Alias: _____		Date of birth (or approximate year): _____
Maiden name: _____		

**Section II. Other Pertinent Information:**

**Section III. Attachments:**

**Section IV. Contact Information:**

\_\_\_\_\_

Date                      Initiating contact person (first, middle, last, suffix)                      Direct telephone number and extension

Fax: \_\_\_\_\_                      E-mail: \_\_\_\_\_

**Encryption Requirements:**

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to e-mails, may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).