

STATE REFERRAL FOR ENHANCED LOCATE SERVICES Project Save Our Children (PSOC)

State of ___ County of _____

IV-D Case Number _____

Locate requested for: Payer Custodial Party

For PSOC Center Use Date Case Received Month ____ Day ____ Yr ____
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PSOC Case Number: _____

SECTION I – PAYER (NONCUSTODIAL PARENT) INFORMATION

Payer Name Last	First	MI	Social Security Number - -	Date of Birth Month ____ Day ____ Yr ____ Place of Birth _____
Street Name and Number (last known address)			Telephone Number(s) - - - -	
City		State & Zip Code		Was The Address Verified? If So, When? _____
Employer Name		Employer Address		Telephone Number - -
Wage and Income History		Date Verified		Source of Verification
Occupation		Professional License		Driver's License/ State Issued /
Alias(es)		Does the Subject Have Outstanding Warrants? If Yes Please Indicate Type and Where Issued		
Brief Physical Description (Race, sex, height, weight, eyes, hair color, tattoo etc.)				

SECTION II - ORDER INFORMATION

Date of Order Entered	Amount Ordered _____ Frequency: Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/>
Court/Tribunal Location	Arrearages _____ Arrearages from Date _____ Arrearages to Date _____
Last Payment Received from Payer	Undistributed Support (Due to Custodial Party): _____

SECTION III – REFERRAL INFORMATION

State ____ County ____		Name of Referring Agency		Referral Date Mon __ Day __ Yr ____	
State Contact Person		Direct Phone Number - -		FAX - -	
Address of Referring Agency (Street Name and Number)				E-Mail Address	
City		State		Zip Code	

SECTION IV – CUSTODIAL PARTY INFORMATION

Custodial Party Name Last First MI		Social Security Number - -		Date of Birth Month __ Day __ Yr ____ Place of Birth _____	
Street Name and Number					
City		State		Zip Code	
Home/Cell Phone - -		Business Phone - -		Spouse Number - -	
Does Parent Have Restraining/Protective Orders Against Payer? <input type="checkbox"/> No <input type="checkbox"/> Yes					
Has Parent Signed a Non-Disclosure Form? <input type="checkbox"/> No <input type="checkbox"/> Yes					

SECTION V – CHILD INFORMATION

Name of Child Last First		Date of Birth Mon __ Day __ Yr ____		Place of Birth		State of Residency	
Name of Child Last First		Date of Birth Mon __ Day __ Yr ____		Place of Birth		State of Residency	
Name of Child Last First		Date of Birth Mon __ Day __ Yr ____		Place of Birth		State of Residency	

**SECTION VI - REFERRAL/GRANT OF AGENCY:
SIGNATURE OF AUTHORIZED OFFICIAL**

The referring IV-D agency certifies that the State has exhausted all State and FPLS locate resources. The locate information sought in this IV-D case is for an authorized user and an authorized purpose.

The signatory below warrants and represents that by this referral, PSOC is granted a limited agency to act on behalf of the referring child support enforcement agency in the above-listed case, and solely for the purposes of enhanced locate using PSOC's public internet and private resources.

By _____ Date _____

NAME: _____

TITLE: _____

IV-D AGENCY: _____

CONTACT ADDRESS: _____

CONTACT PHONE NUMBER: _____

SECTION VII – CASE ASSIGNMENT INFORMATION

For PSOC Use Only:	
State/County	Federal District
Investigative Agency	Agent Assigned
Date Sent to Agent	Agency Case Number

ATTACH ANY LOCATE OR ADDITIONAL INFORMATION THAT WOULD ASSIST IN PROCESSING THE CASE