

LOCATE DATA SHEET

Petitioner IV-D Non Public Assistance
 IV-D Non PA Medicaid
 Full Services

Respondent Medical Services Only
 IV-D Public Assistance
 IV-E Foster Care (IV-D Case)
 Non-IV-D

File Stamp

To: (Agency Name and Address)

Responding FIPS Code _____ State _____

Responding IV-D Case No. _____

Responding Docket No. _____

From: (Contact Person, Agency, Address, Phone, Fax, Internet)

Initiating FIPS Code _____ State _____

Initiating IV-D Case No. _____

Initiating Docket No. _____

Initiating Jurisdiction URESA UIFSA

Non Custodial Parent Information Custodial Parent Information Possibly Dangerous

Name (First, Middle, Last) _____ Social Security Number(s) _____

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

Date Of Birth (or approximate year) _____ Place Of Birth (City, State, County) _____ Driver's License Number/State _____

Sex	Race	Hair	Eyes	Height	Weight	Distinguishing Marks, Scars, Tattoos, Glasses, Etc.
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Last Known Address - Residence Mailing _____ Confirmed Date _____

Telephone: (_____) _____

Usual Occupation/Professional Licenses _____

Last Known Employer (Name, Full Address, Federal EIN) _____ Confirmed Date _____

Telephone: (_____) _____

Other Information, Including Assets, Education, Police Record, Public Assistance History _____

Employment
Wage Qtr _____
Wage Year _____
Wage Amount _____

Attachments: Photograph Other Items, e.g. Fingerprints

Date _____

Initiating Contact Person (Print or Type) _____

Telephone Number & Extension (_____) _____

Fax Number (_____) _____