

# STATE OF ALASKA

TONY KNOWLES, GOVERNOR

## DEPARTMENT OF REVENUE CHILD SUPPORT ENFORCEMENT DIVISION

Please Reply To:

CSED, MAILSTOP  
550 W. 7<sup>th</sup> Ave., Suite 310  
Anchorage, AK 99501-6699  
907-269-6900  
800-478-3300 Toll Free in Alaska  
907-269-6813 FAX

Case No.:

### INFORMATION LOCATE SHEET

Please provide as much information as you can. Places to look for this information include: tax returns, bank statements, credit accounts, legal documents, and friends or relatives.

#### INFORMATION ABOUT THE ABSENT PARENT

1. Full legal name (no nicknames): \_\_\_\_\_
2. Any other name(s) used: \_\_\_\_\_
3. Social Security Number: \_\_\_\_\_
4. Date of Birth: \_\_\_\_\_ Place of birth: \_\_\_\_\_
5. Physical description: \_\_\_\_\_
6. Did the absent parent ever live or work in Alaska? Yes \_\_\_\_\_ No \_\_\_\_\_ When \_\_\_\_\_  
Is the absent parent a citizen of the United States? Yes \_\_\_\_\_ No \_\_\_\_\_ If not,  
what country is he or she a citizen of? \_\_\_\_\_
7. Mailing address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_
8. Residence address: \_\_\_\_\_  
City/State/Zip: \_\_\_\_\_  
Work telephone number: \_\_\_\_\_ Home telephone number: \_\_\_\_\_
9. 

<u>Most Recent Employers:</u>	<u>Addresses of Employers:</u>	<u>Phone #:</u>
_____	_____	_____
_____	_____	_____
10. Unions (name & local number): \_\_\_\_\_
11. His/her usual occupation: \_\_\_\_\_
12. Military Status: ( ) Active ( ) Reserved ( ) Guard ( ) Retired  
Branch/Unit: \_\_\_\_\_

**PLEASE SIGN AND COMPLETE THE BACK OF THIS PAGE**

