STATE OF ALASKA

DEPARTMENT OF REVENUE CHILD SUPPORT ENFORCEMENT DIVISION

TONY KNOWLES, GOVERNOR

Please Reply To:

CSED, MAILSTOP 550 W. 7th 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 Full legal name (no nicknames): 1. 2. Any other name(s) used: 3. Social Security Number: _____ Date of Birth: _____ Place of birth: ____ 4. Physical description: _____ 5. 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: ____ Addresses of Employers: 9. Most Recent Employers: Phone #: Unions (name & local number): 10. 11. His/her usual occupation: _____ Military Status: () Active () Reserved () Guard () Retired 12.

PLEASE SIGN AND COMPLETE THE BACK OF THIS PAGE

Branch/Unit:

CSED 04-1423 (Rev 6/97)

OTHER INFORMATION: Please publishing support money for your cetirement programs, Native corpora	children, such as bank account	n that you think may be helpful numbers, assets, stocks, prope
NFORMATION ABOUT THE CH	ILDREN:	
<u>Name</u>	Date of Birth	Social Security No.
lease list any payments made direc	tly to you:	
<u>Amount</u>	<u>Month</u>	<u>Amount</u>
Your Name (PLEASE PRINT)	Signature	Date
Vork Telephone No:	Home Telep	hone No:
our address:		
	ate Zip	
our Social Security No	Date of Birth	:

THANK YOU FOR THIS INFORMATION.