

# LOCATE DATA SHEET – Use CSENet If Agreement in Place

Petitioner: Name (first, middle, last) \_\_\_\_\_ IV-D Case  TANF  
 Social Security Number \_\_\_\_\_  IV-E Foster Care  
 Respondent: Name (first, middle, last) \_\_\_\_\_  Medicaid Only  
 Social Security Number \_\_\_\_\_  Former Assistance  
 Non-IV-D Case:  Never Assistance

File Stamp

TO: (Central Registry or Agency Name and Address)

Initiating FIPS Code \_\_\_\_\_ State IOWA  
 Initiating IV-D Case Identifier \_\_\_\_\_  
 Initiating Tribunal Number \_\_\_\_\_

From: (Contact Person, Agency, Address, Phone, Fax, E-mail)

<input type="checkbox"/> Non Custodial Parent Information			<input type="checkbox"/> Custodial Parent Information			<input type="checkbox"/> Possibly Dangerous			
Full Name (first, middle, last)						Social Security Number(s)			
<input type="checkbox"/> Alias			<input type="checkbox"/> Maiden Name		<input type="checkbox"/> Mother's Maiden or Father's Name		Current Spouse's Name (first, middle, last)		
Date Of Birth (or approximate year)			Place Of Birth			Driver's License Number/State			
Sex	Race	Hair	Eyes	Height	Weight	Distinguishing Marks, Scars, Tattoos, Glasses, Etc.			
Last Known Address		<input type="checkbox"/> Residence	<input type="checkbox"/> Mailing		Date _____		<input type="checkbox"/> Confirmed		
Telephone: ( _____ ) _____									

Usual Occupation/Professional Licenses

Last Known Employer (Name, Full Address, Federal EIN) \_\_\_\_\_ Date \_\_\_\_\_  Confirmed  
 Telephone: ( \_\_\_\_\_ ) \_\_\_\_\_

Other Information, Including Assets, Education, Police Record, Public Assistance History, Incarceration Facility/Address if using for service of process.

Employment  
 Wage Qtr \_\_\_\_\_  
 Wage Year \_\_\_\_\_  
 Wage Amount \_\_\_\_\_

Attachments:  Photograph  Other Items, e.g. Fingerprints

Date \_\_\_\_\_ Initiating Contact Person (first, middle, last) \_\_\_\_\_ Phone Number & Extension \_\_\_\_\_  
 Fax Number \_\_\_\_\_ E-Mail \_\_\_\_\_