

Alaska Department of Revenue  
**Child Support Services Division**

Please Reply To:  
CSSD, MS

550 W. 7<sup>TH</sup> Ave., Suite 310  
Anchorage, AK 99501-6699  
www.csed.state.ak.us

Case No.:

## **INFORMATION LOCATE SHEET**

We are trying to locate the non-custodial parent for your child support case. We need additional information from you concerning the possible location of this person. 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 NON-CUSTODIAL 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. Most Recent Employers:      Addresses of Employers:      Phone #:  
\_\_\_\_\_  
\_\_\_\_\_
10. Unions (name & local number): \_\_\_\_\_
11. His/her usual occupation: \_\_\_\_\_
12. Military Status: ( ) Active    ( ) Reserved    ( ) Guard    ( ) Retired  
Branch/Unit: \_\_\_\_\_

**PLEASE COMPLETE AND SIGN THE SECOND PAGE**

CSSD 04-1423 (Rev 05/20/04)

TOLL FREE (In-state, outside Anchorage): (800) 478-3300

SOUTHEAST: (907) 465-5887

MAT-SU: (907) 357-3550

ANCHORAGE: (907) 269-6900 FAX: (907) 269-6813 or 6914

FAIRBANKS: (907) 451-2830

TDD machine only: (907) 269-6894 / TDD machine only, toll free (In-state, outside Anchorage): (800) 370-6894

**OTHER INFORMATION:** Please provide any further information that you think may be helpful in obtaining support money for your children, such as bank account numbers, assets, stocks, property, retirement programs, Native corporation memberships, etc.

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**NAMES AND ADDRESSES OF FRIENDS OR RELATIVES WHO MAY KNOW THE ADDRESS OF THE NON-CUSTODIAL PARENT:**

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**INFORMATION ABOUT THE CHILDREN:**

Name                      Date of Birth                      Social Security No.

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Please list any payments made directly to you:

Month                      Amount    Month                      Amount

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\_\_\_\_\_  
Your Name (PLEASE PRINT)

\_\_\_\_\_  
Signature    Date

Work Telephone No: \_\_\_\_\_

Home Telephone No: \_\_\_\_\_

Your address: \_\_\_\_\_

Your Social Security No. \_\_\_\_\_ Date of Birth: \_\_\_\_\_

THANK YOU FOR THIS INFORMATION.