

Alaska Department of Revenue
Child Support Services Division

Please Reply To:
CSSD, MS

550 W. 7TH 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.

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

INFORMATION ABOUT THE CHILDREN:

Name Date of Birth Social Security No.

Please list any payments made directly to you:

Month Amount Month Amount

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.