## Alaska Department of Revenue

## **Child Support Services Division**

Please Reply To: CSSD, MS 550 W 7th Ave, Suite 310 Anchorage AK 99501 PHONE: (907) 269-6900 FAX: (907) 787-3216 www.childsupport.alaska.gov

Case Number: Custodian:

## **INFORMATION LOCATE SHEET**

Please complete as much as possible. Sources for this information are joint tax returns, bank statements, credit accounts, legal documents friends or relatives.

## INFORMATION ABOUT THE NON-CUSTODIAL PARENT

1.	Their full legal name (no nicknames):  First Mid. Last					
2. 3.	Any other names/alias they may have used:					
4.	Date of birth: Place of birth: Physical Description:					
5.	Did they ever live/work in Alaska?  Are they a citizen of the United States? If not, what country are they a citizen of?  Yes No Yes No When?					
6.	Mailing Address:					
7.	Resident Address:  City/State/Zip:  Work phone number: Home phone number:					
8. 9.	Name of their employer:					
10.	Their usual occupation:  How do they support themselves?					
11.	Military Status: (_) Active (_) Reserves (_) Guard (_) Retired  Branch/Unit					
PLEASE SIGN AND COMPLETE THE BACK OF THIS PAGE						
(over)						

CSSD 04-1423 (rev 05/19/15)

CSSD Customer Service: (907) 269-6900

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

helpful in securing support stocks, property, retirement	money for you	ur children such	as hank accoun	te accote
			2 27 2	
Name	<u>G THE CHILDI</u>	REN:	Date of Birth	
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			<del></del>	
			1.7	
Please list any direct paymer	nts you receive	ed;		
Month	<u>Amount</u>	<u>Month</u>		<u>Amount</u>
Your name (PLEASE PRINT)		Signature		Date
Work telephone #:		Home #:		
Your Address:				
Your Date of Birth:		City	State	Zip
Todi Date of Birtil				