FL-558

LOCATE DATA SHEET

Petitioner

Respondent

[ ] IV-D Non Public Assistance
[ ] IV-D Non PA Medicaid
[ ] Full Services
[ ] Medical Services Only
[ ] IV-D Public Assistance
[ ] IV-E Foster Care (IV-D Case)
[ ] Non-IV-D

File Stamp

To: (Agency Name and Address)

Responding FIPS Code _____ State _____

Responding IV-D Case No. _____

Responding Docket No. _____

From: (Contact Person, Agency, Address, Phone, Fax, Internet)

Initiating FIPS Code _____ State _____

Initiating IV-D Case No. _____

Initiating Docket No. _____

Initiating Jurisdiction [ ] URESA [ ] UIFSA

[ ] Non Custodial Parent Information [ ] Custodial Parent Information [ ] Possibly Dangerous

Full Name (First, Mid, Last)

Social Security Number(s)

[ ] Alias [ ] Maiden Name [ ] Mother's Maiden or Father's Name

Current Spouse's Name (Fst, M, Lst)

Date of Birth (or approximate year)

Place of Birth (City, State, County)

Driver's License Number/State

Sex	Race	Hair	Eyes	Height	Weight	Distinguishing Marks, Scars, Tatoos, Glasses, Etc.

Last Known Address - [ ] Residence [ ] Mailing

[ ] Confirmed
Date_____

Telephone: (_____)_____

Usual Occupation/Professional Licenses

Last Known Employer (Name, Full Address, Federal EIN)

[ ] Confirmed
Date_____

Telephone: (_____)_____

Other Information, Including Assets, Education, Police Record, Public Assistance History

Employment
Wage Qtr _____

Wage Year_____

Attachments: [ ] Photograph [ ] Other Items, e.g. Fingerprints

Wage Amount _____

_____ Date

_____ Initiating Contact Person (Print or Type)

(_____)_____ Telephone Number and Extension

(_____)_____ Fax Number