



<b>Division/Section</b>	Family Support
<b>Chapter No./Name</b>	9 – Child Support Enforcement (CSE)
<b>Part No./Name</b>	Y – Forms and Forms Instructions
<b>Section No./Name</b>	Y-7000 OMB Forms and Forms Instructions
<b>Document No./Name</b>	OMB-LOC Ins Locate Request
<b>Effective Date</b>	August 15, 2023

CURRENT VERSION OF FORM: \* 08/23 REPLACING: 10/21 Issue Obsolete \*\*

GENERATED: Manual. Available on the On-Line Policy Management System.

STOCKED: Copy as needed.

UNIT OF ISSUE: N/A (8-1/2" X 11"; front only).

RECORDS RETENTION: The OMB-LOC is considered document for the purpose of the Records Retention. The retention period is active plus 4 years. (Act+4cy)

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**NOTE:** Below are the purpose and instructions for this form provided by The Office of Child Support Enforcement (OCSE).

Attachment

# INSTRUCTIONS FOR CHILD SUPPORT LOCATE REQUEST

## PURPOSE OF THE FORM:

The Child Support Locate Request is used by a child support agency to request locate information on either parent from another child support agency when it cannot use CSENet or there was not a response from a previously sent CSENet transaction.

International locates: If the locate request is to a foreign reciprocating country (FRC), see the appropriate Caseworker Guide on the OCSE website. You may need to include additional information in section II or use another form. Currently, there is no Hague Convention locate form recommended for use with Hague Child Support Convention countries, so some Hague countries may allow for the use of the U.S. locate form. See the [OCSE international website](#) for information about working cases under the Hague Convention.

## USE CSENET IF AN AGREEMENT IS IN PLACE.

**Locate Only Request.** The Locate Request is useful to request “locate only” services if a state believes that a parent may be in another state and the two states do not have a quick locate CSENet agreement. Send the request directly to the other state’s Parent Locator Service or Central Registry. This is a request and not a response.

## THIS FORM CONTAINS SENSITIVE INFORMATION – DO NOT FILE THIS FORM IN A PUBLIC ACCESS FILE.

This form includes information that may pose a significant risk to an individual if made available in a public forum or inappropriately disclosed. This form should not be filed or included in a record available to the general public.

The information on this form may be disclosed as authorized by law.

If you are not the intended recipient, you are hereby notified that any use, disclosure, distribution, or copying of this form or its contents is strictly prohibited.

*Italicized text that appears within a “box” refers to policy or provides additional information.*

*For an address outside the United States, be sure to include the foreign country and postal code.*

*Tribal IV-D programs may choose to use the federal Intergovernmental forms. However, they are not required to use or accept such forms. If you have any questions, contact the tribal IV-D agency directly using the contact information on the OCSE website.*

*Where forms request a locator code, note that tribal locator codes uniquely identify tribal cases with “9” in the first position, 0 (zero) in the second position, and then a 3-character tribal code defined by the Bureau of Indian Affairs (BIA).*

## HEADING/CAPTION:

- In the space marked “To:”, list the name and address (street, PO Box, city, state, and zip code) of the agency to which you are sending the Locate Request.
- In the space marked “From:”, list your agency name and address (street, PO Box, city, state, and zip code).
- In the appropriate spaces, enter the requesting jurisdiction’s locator code, state, and IV-D case identifier.

*The requesting jurisdiction is the jurisdiction that referred the case to the assisting jurisdiction for services. Under “Requesting IV-D Case Identifier”, enter the number/identifier identical to the one submitted on the Federal Case Registry, which is a left-justified up to 15-character alphanumeric field, allowing all characters except asterisk and backslash, and with all characters in uppercase.*

In the “**NOTE:**” section, check any of the following that apply:

- **This form sent through EDE** – Check if this form was sent through the Electronic Document Exchange (EDE).
- **This request or information sent through CSENet** – Check if this request or information was sent through CSENet.

*CSENet and EDE transactions are the recommended methods for making requests or sending information to another state. If CSENet is not listed as an option on the form, then it cannot be used to convey any of the requests or information provided on the form.*

*Supporting documentation should be sent through EDE, whenever possible.*

#### **Section I. Locate:**

- This form may be used to locate a person with respect to a child for whom the services are being provided under the state IV-D child support plan.
- Check the appropriate box to indicate whether the locate request pertains to the “Parent who owes or may owe support,” “Parent who is owed support,” or “Caretaker who is owed support”.
- Enter the full legal name (first, middle, last, suffix) of the person whose location is requested. Check the box for “Possibly Dangerous” if the person being located is believed to be dangerous.
- Provide the Social Security Number, if known, for the person whose location is requested. This information is vital to obtain locate information in the United States.
- Enter the “Alias” of the person whose location is requested, if applicable and known. An alias may include a person’s former married name.
- Enter the “Maiden Name” of the person whose location is requested, if applicable and known.
- Enter the “Date of Birth” of the person whose location is requested or approximate year of birth, if the exact date is unknown.

#### **Section II. Other Pertinent Information:**

In this section, provide additional information that may be useful in locating the individual. If the request is to a IV-D agency and you have included the person’s Social Security Number (SSN), it is unlikely that you need to add additional pertinent information. If the request is to another country, include sufficient pertinent information to identify the person, as an SSN is not used outside of the United States. You may find what is required in the appropriate Caseworker Guide for a Foreign Reciprocating Country or by checking the country profile on [The Hague Conference website](#). General identifying information may include physical description, nationality, passport or national identification number, place of birth, gender, mother’s maiden name, father’s name, current spouse’s name, last known address, telephone number, and employer in the other country.

#### **Section III. Attachments:**

In this section, list any documents attached to this form.

#### **Section IV. Contact Information:**

At the bottom of the form, provide a specific contact person’s name, a direct telephone number (including extension if necessary), a fax number, and an e-mail address to expedite communication between jurisdictions.

#### **Encryption Requirements:**

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to e-mails, may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).

#### **The Paperwork Reduction Act of 1995 (Pub. L. 104-13)**

Public reporting burden for this collection of information is estimated to average 0.06 hours per response, including the time for reviewing instructions, gathering and maintaining the data needed, and reviewing the collection of information.

An agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a currently valid OMB control number.