

STATE REQUEST FOR PSOC LOCATE SERVICES

Project Save our Children

State of Louisiana Parish/County of _____

IV-D Case Number _____

Locate requested for: ☐ Payer ☐ Custodial Party

For OCSE PSOC Use
Date Case Received

Month ____ Day ____ Yr ____

PSOC Case Number: _____

SECTION I – PAYER INFORMATION

Name of Payer * Last First MI		Social Security Number * - -	Date of Birth * Month ____ Day ____ Yr ____ Place of Birth _____
Last Known Address (Street Name and Number)			Telephone Number(s) - - - -
City	State & Zip Code		Was The Address Verified? If So, When? _____
Employer Name	Employer Address		Telephone Number - -
Wage and Income History	Date Verified		Source of Verification
Occupation	Professional License		Auto & Driver's License/ State Issued /
Alias	Does the Payer have any current warrants? If yes please indicate type and where issued.		

SECTION II – REFERRAL INFORMATION

State <u>LA</u> Parish/County _____		Name of Referring Agency Child Support Enforcement		Referral Date Mon ____ Day ____ Year ____	
State Contact Person Cassie DeLaune		Direct Telephone Number 225-342-0032		FAX 225-342-8822	
Address of Referring Agency (Street Name and Number) 627 N. 4 th Street, P. O. Box 94065				E-Mail Address Cassie.deLaune@la.gov	
City Baton Rouge		State LA		Zip Code 70804	

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SECTION III REFERRAL *

SIGNATURE OF AUTHORIZED OFFICIAL

The referring IV-D agency certifies that this referral is being made as part of an investigation for an interstate child support case that appears to be appropriate for criminal non-support action and the state has exhausted all state and FPLS locate resources. The locate information sought in this IV-D case is for an authorized user and an authorized purpose.

By _____ Date _____

NAME: _____
TITLE: _____

Mail the referral via **secured mail** service (such as FedEx) to the following:

**Joan O'Connor, OCSE PSOC Locate Analyst
Office of Child Support Enforcement
370 L'Enfant Promenade, S.W.
4th Floor East
Washington, DC 20447**

Or

Fax to (202) 401-7042

Please be sure to provide a return fax number in your referral form.

Or

Using an encrypted email function, email to joan.oconnor@acf.hhs.gov.

*** MANDATORY – SECTION MUST BE COMPLETED**