

**STATE REFERRAL: FOR FEDERAL CRIMINAL PROSECUTION
FOR NON-SUPPORT (18 U.S.C. §228)**

Project Save Our Children

State of Louisiana Parish/County of _____

IV-D Case Number* _____

<u>For OCSE PSOC Use</u> Date Case Received Month ____ Day ____ Yr ____

Locate requested for: ☐ Payer ☐ Custodial Party

PSOC Case Number: _____

SECTION I – PAYER INFORMATION

Name of Payer* Last First Middle		Social Security Number* - -	Date of Birth* Month ____ Day ____ Year ____ 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.		
Brief Physical Description (Race, sex, height, weight, eyes, hair color, tattoo etc.)			

SECTION II - ORDER INFORMATION

Date Order was Entered*	Amount Ordered _____
When was the Last Payment?	Arrearage* _____ Arrears from Date _____ Arrears to Date _____
ATTACH PAYMENT HISTORY AND ORDER Attach any locate or additional information that would assist in processing the case.	

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SECTION III – REFERRAL INFORMATION *

State <u>LA</u> Parish/County	Name of Referring Agency Child Support Enforcement	Referral Date Mon __ Day __ Yr ____
State Contact Person Cassie DeLaune	Direct Phone 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

SECTION IV – CUSTODIAL PARTY INFORMATION

Name of Custodial Party *			Social Security Number *	Date of Birth *
Last	First	Middle	- -	Month __ Day __ Yr ____
Place of Birth _____				
Street Name and Number *				
City *		State *		Zip Code *
Home Phone Number - -		Business Phone Number - -		Spouse's Phone Number - -
Does custodial party have any restraining/protective orders against payer? <input type="checkbox"/> No <input type="checkbox"/> Yes				
Has this party signed a-non-disclosure form? <input type="checkbox"/> No <input type="checkbox"/> Yes				

SECTION V – CHILD INFORMATION

Name of Child *	Date of Birth *	Place of Birth	State of Residency
Last First	Mon __ Day __ Yr ____		
Name of Child *	Date of Birth *	Place of Birth	State of Residency
Last First	Mon __ Day __ Yr ____		
Name of Child *	Date of Birth *	Place of Birth	State of Residency
Last First	Mon __ Day __ Yr ____		

SECTION VI – PROSECUTOR REVIEW

Has this case been reviewed by a prosecutor for possible state criminal charges? No <input type="checkbox"/> Yes <input type="checkbox"/>	If yes, by whom? (List prosecutor's or assistant's name and phone number)
If yes, what was the outcome of the review? (criminal warrant, case did not meet an element of state law, etc.)	

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SECTION VII – OTHER ELEMENTS

1. List enforcement efforts to date showing which other remedies have been attempted. What systems were used and dates?

2. Describe information relevant to establishing that the obligor has traveled interstate or internationally for the purpose of evading child support. Append supporting documentation, including any tribunal order making such a finding.

Please attach a separate sheet outlining this information, if available (Indicators or history of willful non-payment, ability to make full or partial payment, obligor's knowledge of obligation or other circumstances)

SECTION VIII – REFERRAL *

SIGNATURE OF AUTHORIZED OFFICIAL

The referring IV-D agency certifies:

- The case is believed to meet statutory criteria for federal prosecution under 18 U.S.C. §228;
- The state has exhausted all available and reasonable alternative enforcement remedies;

By _____ Date _____

NAME: _____

TITLE: _____

*** MANDATORY – SECTION MUST BE COMPLETED**