

DCS #: _____

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|----------------------------|
| FOR OFFICE USE ONLY |
| Request Date: _____ |
| Date 406 Sent: _____ |
| Date 406 Received: _____ |

APPLICATION FOR STATE PARENT LOCATOR SERVICES

The Division of Child Support (DCS), State Parent Locator Service will provide location only services to the resident parent, legal guardian, attorney or agent of a child who is not receiving Temporary Assistance to Needy Families (TANF) services; or a court that has authority to issue an order against a noncustodial parent. With this service, the State Parent Locator Service shall attempt to locate the noncustodial parent's address for the purposes of establishing paternity, establishing a child support obligation or the collection of court ordered child support. **A \$20.00 application fee for this service is required. A \$50.00 application fee is required in child custody or parental kidnapping cases when the Social Security Number of the noncustodial parent is provided at the time of application. A \$54.00 application fee is required in child custody and parental kidnapping cases when the Social Security Number of the noncustodial parent is unknown or not provided.** The fee is waived for services requested by the courts.

The State Parent Locator Service provides **only** information about the noncustodial parent's possible location(s). The State Parent Locator attempts to obtain the most recent address and employment information about the missing parent from state and federal records, and forwards that information to the applicant. The State Parent Locator Service does not verify or investigate the information obtained, and **cannot** guarantee that the missing parent will be found.

If you make a request and we find out that your case involves domestic violence or child abuse, we will not submit the request to the Federal Parent Locator Service. However, you can ask a court to submit the request for you. The court will decide whether to release the information to you.

Please print or type your answers. Read all instructions carefully and answer each question as completely as possible. Failure to answer each question may delay processing of the application. Sign and mail completed application with appropriate attachments to Division of Child Support (DCS), Attn: State Parent Locator Service Unit, 700 Governors Drive, Pierre, SD 57501.

If you are unable to understand or complete this form, or need assistance in completing this form, please contact any DCS office for help. **Incomplete applications will be returned.**

Confidentiality/Interpreter Needs

Federal and State laws and regulations limit the use and disclosure of confidential information about applicants and recipients of Child Support services.

Do you need interpreter services? Yes No

If yes, specify what type of service you require (language type, sign, etc.) _____
(Interpreter services are provided free of charge.)

Nondiscrimination Statement

As a recipient of Federal financial assistance and a State or local governmental agency, the Department of Social Services does not exclude, deny benefits to, or otherwise discriminate against any person on the ground of race, color, or national origin, or on the basis of disability or age in admission or access to, or treatment or employment in, its programs, activities, or services, whether carried out by the Department of Social Services directly or through a contractor or any other entity with which the Department of Social Services arranges to carry out its programs and activities; or on the basis of actual or perceived race, color, religion, national origin, sex, gender identity, sexual orientation or disability in admission or access to, or treatment or employment in, its programs, activities, or services when carried out by the Department of Social Services directly or when carried out by sub-recipients of grants issued by the United States Department of Justice, Office on Violence against Women.

To file a complaint of discrimination, you may write to:

U.S. Department of Agriculture, Director, Office of Adjudication, 1400 Independence Avenue, S.W., Washington, D.C. 20250-9410; by Fax (202)690-7442; or by email at program.intake@usda.gov. Individuals who are deaf, hard of hearing, or have speech difficulties and wish to file a complaint, please contact USDA through the Federal Relay Service at (800)877-8339 or (800)845-6136 (Spanish).

Or write to:

U.S. Department of Health and Human Services, Office of Civil Rights, 200 Independence Ave, S.W., Suite 515F, HHH Building, Washington, D.C. 20201; by phone (800)368-1019 (voice) or (800)537-7697 (TDD); by Fax (202)619-3818; by email ocrmail@hhs.gov; or online at <http://www.hhs.gov/ocr/civilrights/complaints/index.html> .

Or write to:

Discrimination Coordinator, Director of DSS Division of Legal Services, 700 Governors Drive, Pierre, SD 57501; by phone (605)773-3305; or by email DSSinfo@state.sd.us .

Social Security Numbers

Social Security Numbers are used by the Division of Child Support program to locate individuals for purposes of establishing paternity, modifying, and enforcing support obligations. See 42 U.S.C. § 666(a)(13). If you do not have a Social Security number or the noncustodial parent's Social Security Number is unknown, the DCS will not deny your application.

Race/Ethnicity

Race/Ethnicity is an optional requirement. However, race/ethnicity may be used to aid in determining parentage and allows the DCS to determine whether or not the DCS has jurisdiction over a noncustodial parent who may be Native American residing on reservation/trust land.

I. INFORMATION ABOUT THE APPLICANT

| | | | | |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------|-----------|---------------------------------------------|--|
| First Name | Middle Name | Last Name | Daytime Phone Number (include area code) | |
| Street Address | City | State | Zip Code | |
| APPLICANT'S RELATIONSHIP TO THE CHILD(REN) FOR WHOM PATERNITY OR SUPPORT IS SOUGHT (check one) | | | | |
| <input type="checkbox"/> Custodial Parent with child(ren) residing with me. | | | | |
| <input type="checkbox"/> Person with legal custody/guardianship of child(ren) residing with me (Attach a copy of court order granting custody/guardianship). | | | | |
| <input type="checkbox"/> Attorney representing either the child(ren) or custodial parent of the child(ren). | | | | |
| <input type="checkbox"/> Judge or Agent of a Court with jurisdiction to establish paternity and/or establish/modify/enforce child/medical support for child(ren). | | | | |
| The child <input type="checkbox"/> IS <input type="checkbox"/> IS NOT receiving Temporary Assistance to Needy Families (TANF). | | | | |

II. CUSTODIAL PARENT/LEGAL GUARDIAN INFORMATION

| | | | |
|------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------------------------------------|
| First Name | Middle Name | Last Name | Home Phone Number (include area code) |
| Residential Address (Street, City, State, Country, Zip Code) | | | Cell Phone Number (include area code) |
| Mailing Address (if different than above) (Street, City, State, Country, Zip Code) | | | |
| Date of Birth (MM/DD/YYYY) ____/____/____ | Ethnicity (Optional): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Select one or more Race (Optional): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other | | |
| Social Security Number (if available) ____-____-____ | | | |
| Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | | | |

III. CHILD(REN) INFORMATION

| | | |
|--------------------------------|-------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| _____ First Name | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Ethnicity (Optional): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Select one or more Race (Optional): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other |
| _____ Middle Name | Date of Birth (MM/DD/YYYY) ____/____/____ | |
| _____ Last Name | Social Security Number (if available) ____-____-____ | |
| _____ Suffix (Jr, II, etc.) | | |
| _____ First Name | Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | Ethnicity (Optional): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Select one or more Race (Optional): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other |
| _____ Middle Name | Date of Birth (MM/DD/YYYY) ____/____/____ | |
| _____ Last Name | Social Security Number (if available) ____-____-____ | |
| _____ Suffix (Jr, II, etc.) | | |

IV. NONCUSTODIAL PARENT INFORMATION

| | | | | |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------|
| First Name | | Middle Name | Last Name | Home Phone Number (include area code) |
| Last Known Residential Address (Street, City, State, Country, Zip Code) | | | | Cell Phone Number (include area code) |
| Last Known Mailing Address (if different than above) (Street, City, State, Country, Zip Code) | | | | What date did the noncustodial parent live at this address? |
| Date of Birth (MM/DD/YYYY) ____/____/____ | Ethnicity (Optional): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino Select one or more Race (Optional): <input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other | | Alias Name(s): | |
| Age (Approximate Age if date of birth is unknown) | | | What states has the noncustodial parent lived in? | |
| Social Security Number (if available) ____-____-____ | | | Was he/she in the Military Service? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, what branch? _____ National Guards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| Sex <input type="checkbox"/> Male <input type="checkbox"/> Female | | | | |
| Place of Birth: | Height: | | | Weight: |
| Eye Color: | Hair Color: | Any distinguishing features: | | |
| What are the name/addresses of the parents of the noncustodial parent? | | | Mother's Maiden Name (important when Social Security Number is unknown) | |
| Name and address of former employer(s): | | | Employer Phone Number (include area code): | |
| | | | When did he/she last work there? | |
| Name/Address/Phone Number of friends that may know the noncustodial parent's address: | | | | |
| Has the noncustodial parent ever been incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, where was he/she incarcerated? _____ Date of incarceration: _____ What type of prison? <input type="checkbox"/> County <input type="checkbox"/> State <input type="checkbox"/> Federal | | Does the noncustodial parent own any property, including vehicles? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown If yes, list/describe the property: | | |

ATTESTATION OF AUTHORIZED PURPOSE

I hereby swear and attest, under penalty of perjury, that:

1. The request is being made to obtain information on, or to facilitate the discovery of, any individual in accordance with section 453(a)(2) of the Social Security Act for the purpose of establishing parentage; establishing or setting the amount of a child support obligation; modifying a child support obligation; or enforcing a child support obligation.
2. Any information obtained through the Federal or State Parent Locator Service shall be used solely for these purposes and shall be otherwise treated as confidential.
3. I am the resident parent, legal guardian, attorney, or agent of a child not receiving assistance under Title IV-A (TANF) of the Social Security Act.
4. I am not the subject of a judgment of conviction for domestic violence or abuse and there are no orders of protection currently in place against me which relate to the individuals subject of this request.

Note: A person who signs this document knowing the information to be false or untrue, in whole or in part, is guilty of perjury – a Class 5 Felony punishable by imprisonment of not more than five years and a fine of not more than \$10,000.

Applicant's Printed Name: _____

Applicant's Signature: _____ Date: _____

Sworn to and subscribed this _____ day of _____, _____.

Notary Public
My Commission expires: _____

(SEAL)