|  |  |  |  |
| --- | --- | --- | --- |
| Send a copy of this request to your unit supervisor when you submit it. | | Request Date | Click here to enter a date. |
| FSFN Case Name | Click here to enter text. | FSFN Case ID | Click here to enter text. |
| FSFN Intake # | Click here to enter text. | Court Case Number | Click here to enter text. |
| CLS Attorney | Click here to enter text. | County | Click here to enter text. |
| Next Hearing Date | Click here to enter a date. | Next Hearing Type | Click here to enter text. |
| CPI/FCC Name | Click here to enter text. | CPI/FCC Unit | Click here to enter text. |

|  |  |  |
| --- | --- | --- |
| Has initial search information already been placed in the FSFN File Cabinet (by the CPI, etc.)? | No | Yes |

This Purpose of this Request is:

|  |  |  |
| --- | --- | --- |
|  | To initiate a Diligent Search for an Unidentified or Unlocated Parent toward an anticipated TPR filing. | |
|  | Date of TPR Advisory Hearing | Click here to enter a date. |
|  | To initiate a Diligent Search for an Unidentified or Unlocated Parent where TPR filing is not anticipated. | |
|  | To provide supplemental information which may be relevant to a diligent search already underway. | |
|  | To request the Status of a Diligent Search. Status Due Date: Click here to enter a date. | |

Child/ren of the Parent to be Located: (Attach the CBHA of listed Children)

Child 1

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Full Legal Name | Click here to enter text. | DOB | Click here to enter text. |
| Birth City & State | Click here to enter text. | Birth County | Click here to enter text. |
| Conception City & State | Click here to enter text. | Sex | Female  Male |

Child 2

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Full Legal Name | Click here to enter text. | DOB | Click here to enter text. |
| Birth City & State | Click here to enter text. | Birth County | Click here to enter text. |
| Conception City & State | Click here to enter text. | Sex | Female  Male |

Child 3

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Full Legal Name | Click here to enter text. | DOB | Click here to enter text. |
| Birth City & State | Click here to enter text. | Birth County | Click here to enter text. |
| Conception City & State | Click here to enter text. | Sex | Female  Male |

Child 4

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Full Legal Name | Click here to enter text. | DOB | Click here to enter text. |
| Birth City & State | Click here to enter text. | Birth County | Click here to enter text. |
| Conception City & State | Click here to enter text. | Sex | Female  Male |

Child 5

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Full Legal Name | Click here to enter text. | DOB | Click here to enter text. |
| Birth City & State | Click here to enter text. | Birth County | Click here to enter text. |
| Conception City & State | Click here to enter text. | Sex | Female  Male |

Child 6

|  |  |  |  |
| --- | --- | --- | --- |
| Child’s Full Legal Name | Click here to enter text. | DOB | Click here to enter text. |
| Birth City & State | Click here to enter text. | Birth County | Click here to enter text. |
| Conception City & State | Click here to enter text. | Sex | Female  Male |

Parent to be Located: (This parent MUST be in FSFN)

|  |  |  |  |
| --- | --- | --- | --- |
| First Name | Click here to enter text. | Middle Name | Click here to enter text. |
| Last Name | Click here to enter text. | Maiden Last Name | Click here to enter text. |
| Date of Birth | Click here to enter text. | Social Security # | Click here to enter text. |
| FSFN Person ID | Click here to enter text. | Sex | Female  Male |
| Driver’s License | Click here to enter text. | Vehicle Tag # | Click here to enter text. |
| Race | Choose an item. | Ethnicity | Click here to enter text. |
| Weight | Click here to enter text. | Height | Click here to enter text. |
| Eye Color | Click here to enter text. | Hair Color | Click here to enter text. |
| Distinguishing marks, scars, tattoos | Click here to enter text. | | |

If the street or PO Box is unknown, please list any know City and/or State

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | Street or PO Box | City | State | Zip Code |
| Last  Known  Address | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. |
| Previous  Address | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. |
| Previous  Address | Click here to enter text. | Click here to enter text. | Choose an item. | Click here to enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Last Place of Employment: | Click here to enter text. | | | |
| Counties where Child Support  may have been ordered: | Click here to enter text. | | | |
| Counties where Criminal History  may be on record: | Click here to enter text. | | | |
| Was the individual ever in the military? | | No | Yes: Branch | Choose an item. |

Other Information:

|  |  |  |  |
| --- | --- | --- | --- |
| Other Parent’s First Name | Click here to enter text. | Other Parent’s Middle Name | Click here to enter text. |
| Other Parent’s Last Name | Click here to enter text. | Other Parent’s Maiden Last Name | Click here to enter text. |
| Other Parent’s Date of Birth | Click here to enter text. | Other Parent’s  Physical Description | Click here to enter text. |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| List children, relatives, neighbors, associates or person familiar with the family who may have knowledge of the whereabouts of the individual. Check the box if s/he is available for interview by the diligent search specialist. | | | | |
| Name | Address Line 1 | Address Line 2 | Phone Number | Int. |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |
| Click here to enter text. | Click here to enter text. | Click here to enter text. | Click here to enter text. |  |

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| --- | --- | --- | --- | --- | --- |
| Is the child currently placed with a relative (or a home where a sibling of the child was previously placed or adopted)? | | | | No | Yes |
| Name of Sibling | Click here to enter text. | Name of Provider | Click here to enter text. | | |

|  |  |
| --- | --- |
| IMPORTANTLY, please list ALL relatives known which should be EXCLUDED from consideration/contact, such as relatives contacted within the last 30-days. | |
| Name of relative to be excluded from contact: | Reason: |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |
| Click here to enter text. | Click here to enter text. |