|  |  |  |  |
| --- | --- | --- | --- |
| 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: (You must check one.)

|  |  |  |
| --- | --- | --- |
|  | To locate a placement for a child that has recently entered foster care. | |
|  | To locate family or connections for a child for purposes of permanency apart from immediate placement. For example: Family Finding pursuant to Permanency Round Tables, etc. | |
|  | Other. Please Specify | Click here to enter text. |

Please locate relatives for the following Child/ren:

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 |

Relative(s) to be Located:

|  |  |  |  |
| --- | --- | --- | --- |
| Name of Relative to be located | Date of Birth | Social Security # | Relationship to Children |
| 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. |

Parent Information:

Parent 1

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Parent’s Full Legal Name | | Click here to enter text. | | DOB | | Click here to enter text. | |
| Maiden Name | | Click here to enter text. | | SSN | | Click here to enter text. | |
| Also known as | | Click here to enter text. | | Driver’s License | | Click here to enter text. | |
| Mother  Father of | | Click here to enter text. | | | | | |
|  | Street or PO Box | | City | | State | | Zip Code |
| Current  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. |

Parent 2

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Parent’s Full Legal Name | | Click here to enter text. | | DOB | | Click here to enter text. | |
| Maiden Name | | Click here to enter text. | | SSN | | Click here to enter text. | |
| Also known as | | Click here to enter text. | | Driver’s License | | Click here to enter text. | |
| Mother  Father of | | Click here to enter text. | | | | | |
|  | Street or PO Box | | City | | State | | Zip Code |
| Current  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. |

Parent 3

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Parent’s Full Legal Name | | Click here to enter text. | | DOB | | Click here to enter text. | |
| Maiden Name | | Click here to enter text. | | SSN | | Click here to enter text. | |
| Also known as | | Click here to enter text. | | Driver’s License | | Click here to enter text. | |
| Mother  Father of | | Click here to enter text. | | | | | |
|  | Street or PO Box | | City | | State | | Zip Code |
| Current  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. |

Other Information:

|  |  |  |  |
| --- | --- | --- | --- |
| Relatives, Neighbors, or Associates who may have knowledge of the whereabouts of the relatives to be located: | | | |
| Name | Address Line 1 | Address Line 2 | Phone Number |
| 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. |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| 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 those with a recently denied home study. (Please ensure that the results of any contacts with relatives that do not result in approved home studies are documented on the Notice of Denied or Incomplete Home Study form and that the Notice of Denied or Incomplete Home Study form is filed with the court.) | |
| 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. |