

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 will attempt to locate the noncustodial parent’s address for 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 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, 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 assistance. **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? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, specify what type of services 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 government 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. 20205-9410; 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., 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 the DCS has jurisdiction over a noncustodial parent who may be Native American residing on reservation/trust land.

SECTION A: APPLICANT INFORMATION

First Name

Middle Name

Last Name

Applicant's Relationship to the child(ren) for whom paternity or support is sought (check one):

- Custodial parent with child(ren) residing with me.
 Person with legal custody/guardianship of child(ren) residing with me (Attach a copy of court order granting custody/guardianship).
 Attorney representing either the child(ren) or custodial parent of the child(ren).
 Judge or Agent of a Court with jurisdiction to establish paternity and/or establish/modify/enforce child/medical support for the child(ren).

The child IS IS NOT receiving Temporary Assistance to Needy Families (TANF).

If you marked either custodial parent or person with legal custody/guardianship proceed to Section B.

Phone Number (include area code)

Email Address

ADDRESS INFORMATION

Address

City

State

Zip Code

Country

SECTION B: CUSTODIAL PARENT/LEGAL GUARDIAN INFORMATION

First Name	Middle Name	Last Name
Social Security Number	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY)
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	Ethnicity (Optional): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
	Home Phone Number (include area code)	Cell Phone number (include area code)
	Email Address	

ADDRESS INFORMATION

Residential Street Address (street or rural route number and box)

City	State	Zip Code	Country
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Mailing Address (If different than Residential Address)

City	State	Zip Code	Country
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SECTION C: NONCUSTODIAL PARENT'S INFORMATION

First Name	Middle Name	Last Name
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Alias, Nickname or Other Names

Social Security Number	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth (MM/DD/YYYY)	Approximate Age if Date of Birth Unknown
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City of Birth	State of Birth	Country of Birth
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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	Ethnicity (Optional): <input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	
	Height	Weight
	Hair Color	Eye Color

Identifying Marks (scars, birthmarks, tattoos, etc.)

Home Phone Number (include area code)	Cell Phone Number (include area code)	Email Address
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ADDRESS INFORMATION

Residential Street Address (street or rural route number and box)

City	State	Zip Code	Country
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Mailing Address (If different than Residential Address)

City	State	Zip Code	Country
What states has the noncustodial parent resided in?			
EMPLOYER INFORMATION			
Employer Name		State	
City	State	Zip Code	Country
Phone Number (include area code)			
ADDITIONAL INFORMATION			
Noncustodial Parent's Mother Name (First and Last)		Mother's Maiden Name:	Phone Number (include area code)
Noncustodial Parent's Father Name (First and Last)		Phone Number (include area code)	
SECTION D: CHILDREN'S INFORMATION			
List the full name and complete the following information for each child who lives with the custodial parent and for whom the noncustodial parent is ordered to pay child support for.			
	Child 1	Child 2	Child 3
Children's Information			
Full Legal Name	First:	First:	First:
	Middle:	Middle:	Middle:
	Last:	Last:	Last:
Gender	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female	<input type="checkbox"/> Male <input type="checkbox"/> Female
Birthdate (MM/DD/YYYY)			
Social Security Number			
Ethnicity (Optional)	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino
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	<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	<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

VERIFICATION OF AUTHORIZED PURPOSE

I hereby declare and affirm under penalties 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: _____