

STATE OF IOWA - LOCATE DATA SHEET - IOWA IV-D CHILD SUPPORT AGENCY
PURPOSE:

Petitioner _____ IV-D Non Public Assistance
_____ IV-D Non PA Medical
Respondent _____ Full Services
_____ Medical Services Only
_____ IV-D Public Assistance
_____ IV-E Foster Care (IV-D Case)
_____ Non-IV-D
_____ Possibly Dangerous
To: Responding Central Registry Init. Jurisdiction _____ URESA _____ UIFSA

Iowa Case No.

From: Initiating Contact Person Your State Case No.
Worker ID:

*****LOCATE PERSON INFORMATION*****

Name (First, Middle, Last) Social Security Number
_____ Alias _____ Maiden _____ Mothers Maiden or Father's Name
Current Spouse's Name
Date of Birth (or approximate year) Place of Birth (City/State/County)
Driver's License Number/State Sex Race Hair Eyes Height Weight
Distinguishing Marks, Scars, Tattoos, Glasses, Etc.
Usual Occupation/Prof. Licenses Employment Wage Qtr:
Wage Amount
Last Known Address Last Known Employer
_____ Residence _____ Mailing

_____ Confirmed Date _____ Confirmed Date

Attachments _____ Photograph _____ Other Items, E.G. Fingerprints

Contact Name :
Contact Phone:
Contact Fax :
E-Mail :
470/3475 (4/2000)

DATE GENERATED: