

REQUEST FOR USE OF THE FEDERAL PARENT LOCATOR SERVICE (FPLS) FOR CHILD WELFARE SERVICES

DEPARTMENT OF HEALTH AND HUMAN SERVICES CHILDREN AND FAMILY SERVICES SFN 1944 (11-2022)

The Adoption and Safe Families Act of 1997 and the Fostering Connections to Success and Increasing Adoptions Act of 2008 authorize Title IV-B and Title IV-E agencies to request information from the Federal Parent Locator Service (FPLS) to carry out their responsibilities under the IV-B and IV-E programs. Requests for information can be to assist in locating an individual who is a parent to the child, an alleged father to the child, or a relative of the child. Requests must be made through the State Parent Locator Service (SPLS).

Federal law prohibits the disclosure of any FPLS information on an individual if the Child Support (IV-D) program has placed a Family Violence Indicator (FVI) on an individual when, for example, there is a protection order or when there is "reasonable evidence" of family violence and the disclosure of information could be harmful to the custodial parent or the child.

By forwarding this email to <u>csespls@nd.gov</u>, the CFS Field Service Specialist is certifying this request is being made in accordance with Federal Law for a permissible purpose by an authorized person.

* Required information. Requests submitted without required information may be returned. Although not required, the social security number should be provided if known. It is often vital to successfully locating an individual through the FPLS as authorized under 42 U.S.C. § 653(j)(3) and will be used only for the authorized purpose. NOTE: Submitting optional information may assist SPLS with processing requests and submitting them to FPLS. Optional information is especially important if the social security number for the individual for whom the FPLS information is being requested is not known.

Name (First *, Middle, Last *, Suffix) Also Known As (include aliases/nicknames/maiden/former names) Relationship of Individual to Child(ren) * (select one)	,					
Also Known As (include aliases/nicknames/maiden/former names) Social Security Number	INFORMATION ON THE INDIVIDUAL FOR WHOM LOCATE INFORMATION IS BEING REQUESTED					
Relationship of Individual to Child(ren) (select one) Gender Birthdate (or approximate)	Name (First *, Middle, Last *, Suffix)					
Relationship of Individual to Child(ren) (select one) Gender Birthdate (or approximate)	Also Known As (include aliases/nicknames/ma		Social Security Number			
Father Alleged Father Mother Relative Male Female	, , (Social Cocamy (Carming)				
City of Birth State of Birth Individual's Parents' Names Other information that may help locate the individual (last known address, employer, occupation, etc.) INFORMATION ON THE CHILD(REN) Name (First*, Middle, Last*) Gender* Gen	. , , ,		Birthdate (or approximate)			
Other information that may help locate the individual (last known address, employer, occupation, etc.) INFORMATION ON THE CHILD(REN) Name (First*, Middle, Last*) Gender* (or approximate) Male Female Child 2: Male Female Child 3: Male Female Child 4: Male Female INFORMATION ON T REQUESTOR Request Originating From* (select one) HHS Human Service Zone is selected: DJS Tribe If Tribe is selected: Name of Custodial Agency Case Manager* Case Manager Email Address	<u> </u>					
INFORMATION ON THE CHILD(REN) Name (First*, Middle, Last*) Child 1: Child 2: Child 3: Child 3: Child 4: Male Female Child 4: Male Female Child 4: Male Female Child 5: Child 6: Male Female County Number is selected: Name of County Name of Tribe Name of Tribe Case Manager Email Address	City of Birth State	of Birth State of Birth Individual's Parents' Names				
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Child 1:	INFORMATION ON THE CHILD(REN)					
Child 2:	Name (First*, Middle, Last*)		Gender*			
Child 3: Child 4: Male Female INFORMATION ON T REQUESTOR Request Originating From * (select one) HHS Human Service Zone is selected: DJS Tribe If Tribe is selected: Name of Tribe Name of Custodial Agency Case Manager * Case Manager Email Address	Child 1:		Male Female	e		
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Request Originating From * (select one) HHS Human Service Zone is selected: DJS Tribe If Human Service Zone is selected: Name of County Number Name of Tribe Case Manager Email Address	INFORMATION ON T REQUESTOR					
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	Name of CFS Field Service Specialist (CFS/H	HS Requestor)*	•	Requestor Email Address		