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

ND DEPARTMENT OF HUMAN SERVICES
CHILDREN AND FAMILY SERVICES DIVISION
SFN 1944 (9-2012)

Clear Fields

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 Enforcement (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 csespls@nd.gov, the regional supervisor 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.

INFORMATION ON THE INDIVIDUAL FOR WHOM LOCATE INFORMATION IS BEING REQUESTED

Name (First*, Middle, Last*, Suffix)

Also Known As (include aliases/nicknames/maiden/former names) | Social Security Number

Relationship of Individual to Child(ren)* (select one)
☐ Father ☐ Alleged Father ☐ Mother ☐ Relative

Gender*
☐ Male ☐ Female

Birthdate (or approximate)

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*	Birthdate (or approximate)	Social Security Number
Child 1:	☐ Male ☐ Female		
Child 2:	☐ Male ☐ Female		
Child 3:	☐ Male ☐ Female		
Child 4:	☐ Male ☐ Female		

INFORMATION ON THE REQUESTOR

Request Originating From* (select one)
☐ DHS ☐ County Social Service Board
☐ DJS ☐ Tribe

If County Social Service Board is selected: Name of County | County Number

If Tribe is selected: Name of Tribe

Name of Regional Supervisor*

Email Address of Regional Supervisor*