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| Child Support Confidential locate Request | | | | | | | | | | |
| Michigan Department of Health and Human Services | | | | | | | | | | |
| **NOTICE TO REQUESTER** | | | | | | | | | | |
| By completing this form, you attest you are an authorized person as specified in sections 453(c) and/or 463(d) of the Social Security Act or 45 CFR 302.35. In addition, you attest that this request is made pursuant to section 453(a)(2) of the Social Security Act or 45 CFR 303.15 to locate an individual for the purpose of establishing paternity or securing child support, or to locate an individual on a parental kidnapping, child custody and visitation, adoption, or foster care case. You will use the location results solely for this purpose, and you will treat the information as confidential. (To obtain copies of these laws, you may contact the Office of Child Support at 517-241-7800.) | | | | | | | | | | |
| **AUTHORIZED REQUESTER INFORMATION** | | | | | | | | | | |
| 1. Name of Authorized Requester (required) | | | | | | 2. Authorized Requester’s Organization (required) | | | | |
|  | | | | | |  | | | | |
| 3. Authorized Requester’s Mailing Address (required) | | | | | | | | | | |
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| 4. Authorized Requester’s Email Address (required) | | | | | | | | | | |
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| 5. Authorized Requester’s Phone Number (required) | | | | | | 6. Authorized Requester’s Fax Number (required) | | | | |
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| 7. Authorized Requester Type Pursuant to 45 Code of Federal Regulations (CFR) 302.35(c) and 303.15 (required) | | | | | | | | | | |
|  | IV-D Child Support Worker (Includes Tribal) | | | | | | | | | |
|  | Child Protective Services Worker | | | | | | | | | |
|  | Public Assistance Worker | | | | | | | | | |
|  | Foster Care or Adoption Worker | | | | | | | | | |
|  | Court or Court Agent | | | | | | | | | |
|  | Resident Parent, Legal Guardian, Attorney or Agent of a Child not receiving public assistance | | | | | | | | | |
| Note: A resident parent, legal guardian, attorney, or agent of a child who is not receiving public assistance must also complete a IV-D Child Support Services Application/Referral (DHS-1201). The IV-D Child Support Services Application/Referral may be printed from the MDHHS Child Support website (<http://www.michigan.gov/documents/DHS-1201_136519_7.pdf>) and mailed to the Office of Child Support, or it may be completed online from the MiChildSupport website (<https://micase.state.mi.us/portalapp/public/login.html?execution=e2s2>). | | | | | | | | | | |
| 8. Reason for Request (required) | | | | | | | | | | |
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| **LOCATE INFORMATION** | | | | | | | | | | |
| 9. Name of Individual to Be Located (required) | | | | | | | | 10. Date of Birth (if known) | | 11. Social Security Number (if known) |
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| 12. Last-Known Address (if known) | | | | | | | | | | |
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| 13. Is this individual the custodial party, non-custodial parent, or child? (required) | | | | | | | | | | |
|  | | | | | | | | | | |
| 14. MiCSES Member ID (if known) | | | | 15. Docket Number or Court Action Referral Number (if known) | | | | | | |
|  | | | |  | | | | | | |
| 16. Locate Service (required) | | | | | | | | 17. IV-D Case Number (if known) | | |
| Child | | Adult | Affidavit of Parentage | | | | |  | | |
| 18. Is this a request to locate military personnel? | | | | | Yes | | No | | | |
| 19. Additional information that will help with this locate request | | | | | | | | | | |
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| **CERTIFICATION** | | | | | | | | | | |
| By signing this form, I declare that I am an authorized person pursuant to section 453(c) and/or 463(d) of the Social Security Act. I declare the information is true and correct to the best of my knowledge. I will keep confidential the location results provided to me and will use the information to locate an individual for the purpose of establishing paternity or securing child support, or to locate an individual on a parental kidnapping, child custody and visitation, adoption, or foster care case. | | | | | | | | | | |
| Authorized Requester Signature (required) | | | | | | | | | Date | |
|  | | | | | | | | |  | |
| Mail or fax this form to:  Michigan Department of Health and Human Services  Office of Child Support Operations – Lansing  PO Box 30750  Lansing, MI 48909-8250  Fax: 517-335-3030 | | | | | | | | | | |

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| **Notice of confidentiality:** This form may contain child support information and/or federal tax information that is confidential pursuant to federal laws and regulations. 45 CFR 303.21; 26 United States Code (USC) 6103. Unauthorized use, disclosure, or distribution of this information is prohibited and may be subject to civil and criminal penalties, including fines and imprisonment. 45 CFR 303.21(f); 26 USC 7213; 26 USC 7213A; 26 USC 7431. If you are not the intended recipient of this form, please contact the Office of Child Support at 517-241-7800 or [mdhhs-ocs-security@michigan.gov](mailto:mdhhs-ocs-security@michigan.gov). |
| When faxing this form, the sender must include a fax cover sheet that contains a notice of the fax’s confidentiality and the need to protect it. The fax cover sheet must also include a notice to unintended recipients to immediately destroy the fax, notify the sender of the disclosure, and notify the sender the fax has been destroyed. |
| The Michigan Department of Health and Human Services (MDHHS) does not discriminate against any individual or group because of race, religion, age, national origin, color, height, weight, marital status, genetic information, sex, sexual orientation, gender identity or expression, political beliefs or disability. |