



MISSOURI DEPARTMENT OF SOCIAL SERVICES
 FAMILY SUPPORT DIVISION
JUDICIAL REQUEST FOR LOCATION SERVICES

SECTION A – APPLICANT INFORMATION

NAME OF COURT REQUESTING SERVICES		COURT CASE NUMBER (IF AVAILABLE)	
AUTHORIZED AGENT'S NAME		AUTHORIZED AGENT'S TELEPHONE NUMBER (INCLUDE AREA CODE)	
AUTHORIZED AGENT'S ADDRESS (NUMBER AND STREET)		(CITY)	(STATE) (ZIP CODE)
AUTHORIZED AGENT IS (CHECK ONE) <input type="checkbox"/> JUDGE <input type="checkbox"/> CLERK <input type="checkbox"/> GAL <input type="checkbox"/> JUVENILE OFFICER <input type="checkbox"/> OTHER SPECIFY:			
PURPOSE OF REQUEST (CHECK ONE OR MORE, AS APPLICABLE)			
<input type="checkbox"/> ADOPTION/FAMILY PRESERVATION		<input type="checkbox"/> ESTABLISHING PATERNITY	
<input type="checkbox"/> MAKING OR ENFORCING A CHILD CUSTODY OR VISITATION DETERMINATION		<input type="checkbox"/> ESTABLISHING, MODIFYING OR ENFORCING CHILD SUPPORT OBLIGATIONS	
<input type="checkbox"/> ENFORCING STATE LAW WITH RESPECT TO UNLAWFUL TAKING OR RESTRAINT OF A CHILD			

SECTION B – INFORMATION ON INDIVIDUAL TO BE LOCATED

NAME (LAST, FIRST, MIDDLE)		RELATIONSHIP TO THE CHILD(REN) <input type="checkbox"/> MOTHER <input type="checkbox"/> FATHER <input type="checkbox"/> OTHER SPECIFY:	
LAST KNOWN ADDRESS (NUMBER AND STREET)		(CITY)	(STATE) (ZIP CODE)
DATE ADDRESS LAST KNOWN	TELEPHONE NUMBER (INCLUDE AREA CODE)	DATE OF BIRTH	BIRTH PLACE (CITY AND STATE)
SOCIAL SECURITY NUMBER	RACE	SEX	HEIGHT
			WEIGHT
			HAIR COLOR
			EYE COLOR
LAST KNOWN EMPLOYER (NAME)			DATE EMPLOYER LAST KNOWN
LAST KNOWN EMPLOYER ADDRESS (NUMBER AND STREET)		(CITY)	(STATE) (ZIP CODE)
MOTHER'S NAME (LAST, FIRST, MIDDLE, MAIDEN)		FATHER'S NAME (LAST, FIRST, MIDDLE)	
ADDITIONAL IDENTIFYING INFORMATION (ATTACH ADDITIONAL SHEETS IF NECESSARY)			

SECTION C – INFORMATION REGARDING THE CHILD(REN) OF THE JUDICIAL PROCEEDING

CHILD'S NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER
NAME OF CHILD'S OTHER PARENT	DATE OF BIRTH	SOCIAL SECURITY NUMBER
CHILD'S NAME	DATE OF BIRTH	SOCIAL SECURITY NUMBER
NAME OF CHILD'S OTHER PARENT (If different from above)	DATE OF BIRTH	SOCIAL SECURITY NUMBER

SECTION D – SIGNATURE/CERTIFICATION

I CERTIFY THAT THIS REQUEST IS MADE IN ACCORDANCE WITH THE PROVISIONS OF 42 U.S.C. 653 AND 663 FOR THE PURPOSE STATED ABOVE. THESE PROVISIONS ALLOW THE FAMILY SUPPORT DIVISION TO PROVIDE LOCATION SERVICES TO "AUTHORIZED PERSONS."

AUTHORIZED AGENT'S SIGNATURE	DATE
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