

**CHILD SUPPORT LOCATE REQUEST – Use CSENet if an agreement is in place**

**THIS FORM CONTAINS SENSITIVE INFORMATION – DO NOT FILE THIS FORM IN A PUBLIC ACCESS FILE**

The information on this form may be disclosed as authorized by law.

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To: (Central Registry or Agency Name and Address)

File Stamp

CHILD SUPPORT

From: (Agency Name and Address)

DCSS - SOUTH MCPA  
PO BOX 40458  
PHOENIX, AZ 85067-0458

Requesting Locator Code: 04 13 State AZ  
Requesting IV-D Case Identifier: 001428730400

**NOTE:**

- This form sent through EDE
- This request or information sent through CSENet

**Section I. Locate:**

You may only seek to locate an individual with respect to a child to whom the jurisdiction provides services under the IV-D child support plan.

- Parent who owes or may owe support
- Parent who is owed support
- Caretaker who is owed support

Legal name (first, middle, last, suffix): CUSTODIAL TEST TEST	<input type="checkbox"/> Possibly Dangerous	SSN: 914-28-7304
Alias: Maiden name:	Date of birth (or approximate year): 12/07/1994	

**Section II. Other Pertinent Information:**

**Section III. Attachments:**

**Section IV. Contact Information:**

05/14/2026 Date      TERESA A-000009771 Initiating contact person (first, middle, last, suffix)      (602) 252-4045 Direct telephone number and extension  
Fax: (602) 353-5711      E-mail: test

**Encryption Requirements:**

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to e-mails, may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).