



DEPARTMENT OF ECONOMIC SECURITY

*Your Partner For A Stronger Arizona*

Katie Hobbs  
Governor

Vacant  
Director

**ARIZONA PARENT LOCATOR SERVICE (APLS) INFORMATION SHEET AND  
APPLICATION FOR LOCATE ONLY REQUESTS**

Thank you for your letter/phone call regarding the Arizona Department of Economic Security (ADES), Division of Child Support Services' (DCSS) Arizona Parent Locator Service (APLS).

The DCSS provides services to locate a noncustodial parent (NCP) for the purposes of enforcing court ordered child support and child kidnapping/custody interference issues through the Arizona Parent Locator Services (APLS) Unit. The APLS only provides information from state and federal records about the missing parent's possible location to an authorized applicant of services. The information returned may include the most recent address and employment information. The APLS does not verify or investigate the information obtained and does not guarantee the NCP's or the NCP's employer will be located.

For ***Locate Only*** services, the following authorized agents of the child for whom paternity and/or support is sought may request and apply for locate services:

Resident (Custodial) Parent not receiving Title IV-A benefits  
Resident (Custodial) Parent's Attorney  
Legal Guardian  
Agent or Attorney for the Child

Please email **[dcsfplsrequest@azdes.gov](mailto:dcsfplsrequest@azdes.gov)** this application and available court orders attention to the DCSS Arizona Parent Locator Service.

**APLS APPLICATION FOR LOCATE ONLY SERVICES**

**Instructions for completing the Application for APLS Services:** Please use **BLACK INK** and make sure to **SIGN** and **NOTARIZE** where indicated. It is very important you fill out all questions completely; leave no blanks. When questions do not apply, write “N/A” (not applicable). When you do not know the answer, write “UNK” (unknown). A clear and complete application will help us to provide you our best services.

**A copy of the most recent court order must accompany this application.** A relevant court order may include a divorce decree, child support order, order for paternity, etc.

Please email [dcspfplsrequest@azdes.gov](mailto:dcspfplsrequest@azdes.gov) this application and available court orders attention to the DCSS Arizona Parent Locator Service.

**A. INFORMATION ABOUT THE APPLICANT**

Name (Last, First, MI)	SSN or State Bar Number	Daytime Phone No.	
Street Address	City	State	ZIP Code

**B. APPLICANT’S RELATIONSHIP TO CHILD(REN) FOR WHOM SUPPORT IS SOUGHT**

*Resident/Custodial Parent (CP) of a Child	*Legal Guardian of a Child
*Attorney or Agent of a Child	Arizona IV-D or its agent
State agency administering a Child and Family Services program (IV-B) or a Foster Care and Adoption IV-E program	Any court having jurisdiction to make or enforce a child support order or any agent of such court
*Resident parent, legal guardian, attorney, or agent of a child <u>not</u> receiving IV-A benefits (a non-IV-D child support request)	

**C. CUSTODIAL PARENT INFORMATION**

Name (Last, First, MI)		Daytime Phone No.
Alias or Other Names Used	Date of Birth	SSN
Residential Address (Street, City, State and ZIP Code) if different than Applicant's Address Above		

**D. INFORMATION ABOUT THE CHILD(REN)**

Last Name	First Name	M.I.	Date of Birth	SSN

**Relationship of the CP to the child(ren) listed above:** \_\_\_\_\_

**E. Relationship of Custodial Parent/Person and NCP:**

Never Married	Separated <u>with/without</u> Court Order	Divorced/Annulled
Date	Place	Married/Divorced/Separated

**F. Court Orders for Child Support:    Yes    No**

Court Order Date	County/State of the Order	Court Order Number
Amount of Child Support Ordered	Frequency	Date of Last Payment Made

**Are there any current or past domestic violence issues between the Custodial Parent/Person, NCP, and/or child(ren) for whom services are being requested:    Yes    No** If yes, please list any court involvement and orders of protection information:

**G. NONCUSTODIAL PARENT (NCP)/ABSENT PARENT INFORMATION**

Name (Last, First, MI)		Social Security Number		
Alias or Other Names Used		Date of Birth	Place of Birth	
Last Known Residential Address (Street, City, State, and ZIP)			Date	
Last Known Mailing Address (If different from residential address)			Date	
Last Known Telephone Number (Home, Cell, and/or Work)				
Last Known Occupation/Field of Work			Date	
Last Known Employer Name and Address (Street, City, State, and ZIP)			Date	
Military Service: Yes    No	If yes, what Branch?	Status: <input type="checkbox"/> Active <input type="checkbox"/> Veteran <input type="checkbox"/> Reserves		
Physical Description:	Hair:	Eyes:	Height:	Weight:
	Race:	Distinguishing Features/Marks/Tattoos:		

**H. \*COMPLETE THE BELOW IF THE NCP'S SOCIAL SECURITY IS UNKNOWN**

Name of NCP's Father (Last, First, MI)	NCP's Father's Place of Birth (if known)
Name of NCP's Mother (Last, First, MI)	NCP's Mother's Place of Birth (if known)

**Additional comments** (any other information about the NCP such as whether he/she is incarcerated, on probation/parole, names of friends or relatives who may have information regarding the NCP's location or employment, etc.):

**I. AFFIRMATION STATEMENT**

I am applying for Locate Only services from the DCSS under 42 U.S.C. 651 et seq., also known as Title IV-D of the Social Security Act. I certify and affirm under penalty of perjury that:

Information provided in this application is true, correct, and complete to the best of my knowledge

The request for location services is made to obtain information for the purpose of obtaining child support

Any information obtained through the APLS shall be used solely for these purposes and shall otherwise be treated as confidential

Title IV-A benefits, also known as Temporary Aid to Needy Families (TANF) is not being received for the child(ren) listed in this application.

I understand upon APLS receipt of the available location information provided in this application, services will terminate. If additional requests are required, a new application will be necessary.

Date: \_\_\_\_\_

Signature of Applicant: \_\_\_\_\_

STATE OF )  
 ) ss.  
County of )

SUBSCRIBED and SWORN to before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_  
(Notary Public)

My Commission Expires:  
\_\_\_\_\_

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008; the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. To request this document in alternative format or for further information about this policy, contact your local office; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request.

action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact the Division of Child Support Services at (602) 242-4045; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. Ayuda gratuita con traducciones relacionadas a los servicios de DES está disponible a solicitud del cliente.