DYFS 16-71
(new 10/83)

State of New Jersey
DEPARTMENT OF HUMAN SERVICES
Division of Youth and Family Services

LOCATION SERVICES REQUEST

TO: State of New Jersey
Department of Human Services
Child Support & Paternity Unit
CN 716
Trenton, New Jersey 08625

FOR PLS USE ONLY
REC'D _____
LOCATION BEGAN _____
RESPONSE(S) _____
COMPLETED _____

FROM: _____
Name of Case Manager

_____
Code

ABSENT PARENT NO.: _____
WELFARE CASE NAME: _____
WELFARE CASE NO.: _____

[ ] Original Inquiry [ ] Additional Information [ ] Recheck

ABSENT PARENT INFORMATION

SOCIAL SECURITY NUMBER:

BIRTHPLACE:

NAME: Last First Middle

LAST KNOWN ADDRESS: DATE

AKA

ETHNIC/SEX HAIR EYES HT. WT.

BIRTHDATE: Month Day Year

MARKS, SCARS, AMP., TAT., ETC.

PARENT/CHILD RELATIONSHIP LEGALLY ESTABLISHED
____ Yes ____ No

FATHER OF ABSENT PARENT

MOTHER OF ABSENT PARENT

SUPPORT ORDER OUTSTANDING
____ Yes ____ No

ADDRESS

ADDRESS

DATE AND PLACE OF ORDER

SOURCES CHECKED

SERVICE RECORD (Branch of Military and Date)

Whereabouts unknown to complainant since _____

ARREST RECORD

Where _____ Date _____ Charge _____

LAST KNOWN EMPLOYMENT INFORMATION

Employer's Name and Address Occupation Date

AFDC [ ] NPA FULL SERVICE [ ] NPA LOCATE ONLY [ ]

Signature Title Date

☐ CHECK IF ADDITIONAL INFORMATION IS ADDED ON THE BACK