# In the Court of Common Pleas of County, Pennsylvania

**Phone: Fax:**

Plaintiff Name: Defendant Name: Defendant Member ID: PACSES Case Number: Defendant's Aliases:

# Parent Locate Questionnaire

We are trying to locate . Please answer all questions for which you have any information about this individual. You may skip sections you know do not apply (e.g., military).

# Personal:

1. Other names used (nicknames, aliases, maiden name) if different from those listed above:
2. Social Security Number:
3. Date of birth:
4. Place of birth: City

County

State Country

1. Mother's Maiden Name: Mother's Current Address:

Father's Name: Father's Current Address:

1. Physical description: Height Weight Identifying Marks

**Race:** WBHI AX

**Hair Color:** BD BL BK BN RDGYOT 

**Eye Color:** BU BN DK GNGY HZ OT 

7a. Last known address and when lived there:

Race: W =White, B = Black, H=Hispanic, I = American Indian, Eskimo or Aleutian, A = Asian or Pacific Islander, X = Other

Hair Color: BD = Bald, BL = Blond, BK = Black, BN = Brown, RD = Red, GY = Gray, OT = Other

Eye Color: BU = Blue, BN = Brown, DK = Dark, GN = Green, GY = Gray, HZ = Hazel, OT = Other

Street/Apt./Route City State Zip code Telephone Number: Area Code Number Month Year

7b. Name(s) and relationship(s) of other current member(s) of household: Name Relationship Social Security No.

DOB

7c. Who paid rent:

1. Is defendant self-employed: Yes No

If yes, provide name and address of company:

1. When was the last time you saw the defendant? (month/year, where, explain):
2. Has defendant remarried: Yes No If yes, provide present spouse's maiden name:
3. If defendant is supporting anyone else (e.g., parents, relatives, children) provide name(s), relationship(s), and address(es) of those receiving support:

Name

Relationship

Address

1. If defendant is receiving child support, provide name and address of child support office where defendant receives support:
2. Name and address of the school or college the defendant last attended:

Is the defendant still a student there (Y/N):

Year graduated or anticipated year of graduation:

1. Provide names of groups, organizations, or clubs to which the defendant belongs:
2. Names and addresses of places that defendant frequents:
3. Driver's license number: State Number

Date issued:

1. Are any agencies or organizations trying to locate the defendant (Y/N): If so, provide the name, address and telephone number of the agency(ies):

**Assets:** Please answer the following questions about the defendant's assets:

1. If defendant owns car(s), provide year, make and model:
2. Car license plate number and state where issued:
3. Name(s) of bank(s) where defendant has checking, or savings account, or charge cards:
4. If defendant owns stocks or securities, please describe:
5. If defendant has department store charge accounts, provide store name, address and account number:
6. If defendant has real estate, provide address and assessed value of property:
7. Name and address of mortgage carrier:
8. If defendant has insurance policy(ies), please supply name of insurance company, type of policy, and policy number:
9. If defendant has outstanding debts, please supply name of creditor, type of debt and amount owed:
10. Does the defendant receive any income other than wages such as Unemployment Compensation, Worker's Compensation, Social Security disability, etc.?

What is the source of the income: Where does the defendant receive it: When does the defendant receive it:

**Employment:** Please answer the following questions about the defendant's employment:

1. Name and address of last employer and/or previous employer(s) Rate of Pay
2. Is medical insurance provided (Y/N): If so, are dependents covered (Y/N):

Name and address of medical insurance carrier:

Medical coverage plan information:

Group #: Policy #: Individual(s) named:

Dates of coverage (policy begin date and policy end date):

1. If defendant is not employed, when did employment terminate: Reason for termination: Does the defendant have a professional license (Y/N):

If yes, what type of license and what is the license number?

If defendant was on welfare within the past three (3) years, list when (month/year) and where (state):

If the defendant received unemployment compensation within the past three (3)

years, list when (month/year) and where (state):

If the defendant received workers compensation within the past three (3 )years, list when (month/year) and where (state):

1. Has the defendant been on disability within the past three (3) years (Y/N): If so, provide the date of the accident: Where receiving disability: Identification/policy numbers: Name and address of the disability carrier:

# Employment (continued):

1. If defendant is a union member, provide name and address of the union:

**Military:** If the defendant has served in the military, please answer the following:

1. Provide years and branch of armed forces:
2. Where last stationed (include present address):
3. Is there an allotment (Y/N): If so, provide monthly amount:
4. Is the defendant receiving disability (Y/N): If so, provide monthly amount:
5. Date of enlistment:
6. Present rank and grade:
7. Date and type of discharge:
8. Type of benefits (e.g., VA - GI Bill) and amount of compensation for benefits:
9. Serial number:

**Law Enforcement:** If the defendant has been arrested, please answer the following:

1. If the defendant was arrested within the past five (5) years provide date (month/year) location (city/state)
2. If the defendant was on probation and/or parole, provide:

Name of probation/parole officer:

Address of probation/parole officer:

Telephone number of probation/parole officer: Date of next scheduled probation/parole appointment:

# Law Enforcement (continued):

1. Are there any active arrest warrants or bench warrants for the defendant (Y/N): If so, provide the name of the jurisdiction (city/county/state) looking for defendant:
2. Is the defendant presently in prison (Y/N): If the defendant has been in a prison within the past two (2) years, provide the name and address of the prison:

The statements contained herein are true to the best of the information, knowledge and belief of the undersigned and that the statements are made subject to the penalties of 18 Pa. C.S. § 4904 relating to falsification to authorities.

Your signature Date

Home Telephone Number Work Telephone Number

Please return this completed document along with a recent photograph of the defendant to:

COUNTY

Sincerely,