

**INFORMATION REQUEST TO CUSTODIAL PARTY**

DCSS 0060 (09/1/10)

INSTRUCTIONS: Complete the information requested below in Parts I and II. All the Information requested pertains to the noncustodial parent and people who may know where he/she is located. Return the completed information to:

COUNTY OF SAN DIEGO DEPARTMENT OF CHILD SUPPORT SERVICES  
 PO BOX 122031  
 SAN DIEGO CA 92112-2031

<b>PART I: INFORMATION ABOUT THE NONCUSTODIAL PARENT</b>		
NONCUSTODIAL PARENT'S NAME:		
OTHER NAMES USED:		
CURRENT HOME ADDRESS ( <i>Street, Unit</i> ):		AS OF DATE ( <i>MM/DD/YY</i> ):
CITY, STATE, ZIP CODE:		
E-MAIL ADDRESS:	CELLULAR PHONE NUMBER:	TELEPHONE NUMBER ( <i>include area code</i> ):
EMPLOYER'S NAME:		
EMPLOYER'S ADDRESS ( <i>Street, Unit</i> ):		
CITY, STATE, ZIP CODE:		TELEPHONE NUMBER ( <i>include area code</i> ):
SOCIAL SECURITY NUMBER:		BIRTH DATE ( <i>MM/DD/YY</i> ):
<b>PART II: LIST NAMES AND ADDRESSES OF RELATIVES OR ANY PERSON WHO MAY KNOW WHERE THE NONCUSTODIAL PARENT IS LOCATED.</b>		
NAME:		RELATIONSHIP TO NONCUSTODIAL PARENT:
ADDRESS ( <i>Street, Unit</i> ):		
CITY, STATE, ZIP CODE:		TELEPHONE NUMBER ( <i>include area code</i> ):
NAME:		RELATIONSHIP TO NONCUSTODIAL PARENT:
ADDRESS ( <i>Street, Unit</i> ):		
CITY, STATE, ZIP CODE:		TELEPHONE NUMBER ( <i>include area code</i> ):
NAME:		RELATIONSHIP TO NONCUSTODIAL PARENT:
ADDRESS ( <i>Street, Unit</i> ):		
CITY, STATE, ZIP CODE:		TELEPHONE NUMBER ( <i>include area code</i> ):

**Additional information may be provided below and/or on a separate sheet of paper.**

**CSE CASE NUMBER:**