

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

PART 1: INFORMATION ABOUT THE NON CUSTODIAL PARENT		
NONCUSTODIAL PARENT'S NAME:		
OTHER NAMES USED		
CURRENT HOME ADDRESS	AS OF DATE (MM/DD/YY)	
CITY, STATE, ZIP CODE		
EMAIL ADDRESS	CELL PHONE NUMBER	TELEPHONE NUMBER (INCLUDE AREA CODE)
EMPLOYER'S NAME		
EMPLOYER'S ADDRESS (STREET, UNIT)		
CITY, STATE, ZIP CODE	TELEPHONE NUMBER (INLCUDE AREA CODE)	
SOCIAL SECURITY NUMBER	BIRTHDATE (MM/DD/YY)	
PART II: LIST NAMES AND ADDRESSES OF RELATIVE OR ANY PERSON WHO MAY KNOW WHERE THE NON CUSTODIAL PARENT IS LOCATED		
NAME	RELATIONSHIP TO NONCUSTODIAL PARENT:	
ADDRESS (STREET, UNIT)		
CITY, STATE, ZIP CODE	TELEPHONE NUMBER (INLCUDE AREA CODE)	
NAME	RELATIONSHIP TO NONCUSTODIAL PARENT:	
ADDRESS (STREET, UNIT)		
CITY, STATE, ZIP CODE	TELEPHONE NUMBER (INLCUDE AREA CODE)	
NAME	RELATIONSHIP TO NONCUSTODIAL PARENT:	
ADDRESS (STREET, UNIT)		
CITY, STATE, ZIP CODE	TELEPHONE NUMBER (INLCUDE AREA CODE)	

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

CSE Case Number: