



Child Support Enforcement
**Request for Authorization to Use the
State and Federal Parent Locator Service**

Date: _____

I hereby request the State Parent Locator Service (SPLS) of the Florida Department of Revenue, Child Support Enforcement Program, to access available location resources including the Federal Parent Locator Service and provide current location information, if known, concerning the following individual:

- 1) Name: _____
 - 2) Social Security number: _____
 - 3) Date of birth: _____
 - 4) Other information: _____
- _____
- _____
- _____

Note: SPLS information sources require certain identifying information in order for those sources to generate location responses. Failure to provide a name and Social Security number (or date of birth if a Social Security number is unknown) will not allow the SPLS to conduct location searches, resulting in a denial of this request.

PLEASE CHECK THE APPROPRIATE REASON OR AUTHORITY FOR YOUR REQUEST. UNAUTHORIZED USE OF STATE PARENT LOCATOR INFORMATION MAY RESULT IN DENIAL OF FUTURE REQUESTS AND OTHER LEGAL SANCTIONS.

I certify under penalty of perjury that:

_____ the requesting entity is acting on behalf of the petitioner to perform diligent searches as required by s. 39.503(5)-(7) or 39.803(5)-(7), F.S., or both.

_____ the requesting entity is, pursuant to 42 U.S.C. s. 653, an "authorized person" and will use the information for the purpose of establishing parentage; establishing the amount of, modifying, or enforcing a support obligation.

_____ the requesting entity is, pursuant to 42 U.S.C. s. 663, an "authorized person" and will use the information for the purpose of enforcing any state or federal law with respect to the unlawful taking or restraint of a child or making or enforcing a child custody or visitation determination.

Name of Requesting Entity

Name of Entity Representative (Please Print)

Mailing Address

Signature of Entity Representative

City, State, Zip Code

(____)_____
Telephone Number

(____)_____
Fax Number

Please mail or fax the completed form to the following address:

Mailing Address:

Florida Department of Revenue
Child Support Enforcement Program
ATTN: State Parent Locator Service
921 N. Davis St., Building A, Suite 370
Jacksonville, FL 32209-6832

Fax Address:

Florida Department of Revenue
Child Support Enforcement Program
ATTN: State Parent Locator Service
FAX: (904) 359-2514
SUNCOM: 826-2514

INSTRUCTIONS FOR USE OF CS-AP80

The state parent locator may only be accessed for authorized purposes of establishing parentage and/ or support obligations. You must submit one form for each individual for which the agency is attempting to locate.

- 1) Provide the full first name, full middle name (if known) or initials and full last name. **This field is required.**
- 2) Provide the social security number(s). If the individual is known to use multiple social security numbers, provide all.
- 3) Provide the date of birth of the individual. If the full date of birth is not known, provide at least the month and the year of birth. **This field is required.**
- 4) Other information. Provide any information that may assist in the location effort. For example, the last known address(es), last known employer, relatives or friends names. The more information provided, the more likelihood of location.
- 5) Please enter a check on the appropriate line that identifies the appropriate reason or authority for your request. **This field is required.**
- 6) Enter the name of the organization with the individual name and contact information of the requesting party. The requesting individual must sign this form and provide a telephone contact number. **This field is required.**
- 7) Fax or mail the form to the address listed at the bottom of the form. Search results will be sent to the agency address provided by the requestor.

Please ensure the address and all information submitted on the form can be read.