DEPARTMENT OF HEALTH AND HUMAN SERVICES

DIVISION OF WELFARE AND SUPPORTIVE SERVICES

CHILD SUPPORT ENFORCEMENT MANUAL

CHAPTER III

LOCATES (300)
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## CHAPTER 300 - LOCATES

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300   LOCATES

A.   IV-D PROGRAM'S AUTHORITY FOR LOCATES

Federal Regulations [45 CFR 303.3] require the IV-D Program to request information regarding the non-custodial parent (NCP) from all appropriate sources including the following:

1.   State, county, and local agencies;
2.   Public and private employers;
3.   Employee organizations and trusts of every kind;
4.   Financial institutions and entities which are in the business of providing credit reports; and
5.   Public Utilities.

NRS 425.393 requires cooperation by these entities and provides for penalties in the event of non-cooperation.

301   TIME LIMITS AND FREQUENCY

A.   GENERAL REQUIREMENTS

For child support purposes location means information concerning the NCP’s physical whereabouts, employment, or other sources of income or assets, which is sufficient to establish paternity, or establish and/or enforce an obligation.

The locate function is considered complete or successful when the address or information received is sufficient to take the next appropriate action. When the location of a NCP is unknown the case manager must attempt to locate the NCP, including all sources of income and/or assets. All locate resources including the Federal Parent Locate Service (FPLS) must be contacted and the receipt or nonreceipt of information documented in the case record and evaluated within seventy-five (75) calendar days of determining location is necessary. If information received indicates a NCP resides in another state, a State Parent Locate Service (SPLS) request must be initiated to that State's Central Registry within twenty (20) calendar days.

B.   VERIFYING LOCATE INFORMATION

Obtaining a NCP’s correct social security number is a valuable resource for locating the NCP, establishing paternity and a child support order, and enforcing an order. Resources for obtaining SSNs include divorce decrees, support orders, paternity determinations, paternity acknowledgments, death certificates and applications for professional, commercial driver’s, occupational, and marriage licenses.

Except as listed below, all locate information must be verified:

1.   Information reported as current by the CST or other jurisdiction.
2.   Address information provided by a current employer.
3.   Address or employment information provided by the NCP. (Income information must be verified by wage stub, an employment letter, a tax return or other means.)
4. Information received from the National Directory of New Hires

Upon evaluation of evidence which indicates the location of the NCP is sufficient to take the next appropriate action, the case manager must document the record and proceed with case processing as appropriate.

302 REPEATED LOCATION ATTEMPT REQUIREMENTS (NCP’S WHEREABOUTS UNKNOWN)

45 CFR 303.3(b)(5) requires locate attempts be repeated in cases where previous attempts to locate have failed. Additional locate attempts which must be repeated are as follows:

A. QUARTERLY EMPLOYMENT SECURITY DIVISION LOCATE ATTEMPTS

Locate attempts must be made quarterly if enough information exists to request an Employment Security Division file. The IV-D automated system processes locate attempts every quarter by data match of all active payors with Employment Security Division files.

Automatic updates are completed daily and quarterly. Updates report any files in which the NCP address has changed, cases put into the "Do Not Pay" status, and disqualification of unemployment benefits. Updates show any changes in unemployment benefits or new employment information.

B. ANNUAL SUBMITTAL TO FEDERAL PARENT LOCATE SERVICE (FPLS)

The IV-D system submits cases to FPLS automatically whenever found to meet the following criteria:

1. A "B" (for bad address) exists in the address code for twelve (12) months.
2. Twelve (12) months have elapsed since the last FPLS request, or it has been twelve (12) months and a FPLS has never been requested, or a verified address is not entered on the system.
3. An event is entered to the automated system to produce a FPLS request at a future date.

C. REQUIREMENTS TO ACT ON NEW INFORMATION

Upon receipt of new or additional locate information, a locate attempt must be initiated and information verified within seventy-five (75) calendar days of receipt.

D. REQUIREMENTS WHEN UNABLE TO PROCESS ESD (Employment Security Division) OR FPLS REQUESTS

All locate cases require the case manager contact the CST regarding the location and/or employment of the NCP at least every 12 months to determine if there is new information relevant to the case. Information regarding the NCP may be obtained by letter, personal interview or telephone conference.
LOCATE STANDARDS

Cases may be submitted to FPLS and/or other locate sources simultaneously or independently based on case information. However, all appropriate sources must be accessed and information or nonreceipt of information documented and evaluated within the seventy-five (75) calendar day time frame.

A. MANDATORY LOCATE CHECKS

Upon determining the location of the NCP is unknown, the child support application or form 2906 and case file must be reviewed for possible leads. All possible addresses must be verified by using the Postal Verification Form GN0024. When the address is a post office box, the box holder’s residential address must be requested from the postmaster. All employment information is verified using the Employer Verification Form GN0092.

The following resources must be checked and the information verified within seventy-five (75) calendar days when the NCP is not located:

1. Intrastate (Local, Local) Cases
   a. Department of Motor Vehicles (DMV)
   b. ESD
   c. FPLS (SEM 308)

2. Interstate (Nevada Initiated) Cases:
   a. DMV (if NCP resided in NV)
   b. ESD (if NCP resided in NV)
   c. SPLS (State Parent Locator Service, SEM 307)
   d. FPLS (SEM 308)

B. ADDITIONAL LOCATE SOURCES

Wherever appropriate, the following locate sources must be used in location attempts, per 45 CFR 303.3:

TANF, Food Stamp, Medicaid, general assistance programs and Social Service files
Relatives and friends of the NCP
Local telephone companies
U.S. Postal Service
Local financial institutions
Labor unions
Fraternal organizations
Police, Parole, and Probation records
Current and past employers
Utility companies
Insurance companies
Department of Wildlife (hunting and fishing licenses and boat registration)
State Employment Security Agencies (SESA)
Gaming Control Board
Vehicle registrations
Criminal records
Directory of New Hires (state/federal)
State agencies and departments
Local government agencies and departments
Other states’ Parent Locator Services
Case Registry (state/federal)

C. SOCIAL SECURITY NUMBER (SSN) SOURCES

A number of the resources listed in SEM 303(B) can be used to obtain or verify the NCP’s SSN. Resources available for obtaining SSNs include divorce decrees, support orders, paternity determinations and acknowledgments, death certificates, and applications for professional, commercial driver’s, occupational and marriage licenses.

304 LOCATE RESOURCES

A. INFORMATION FROM FINANCIAL INSTITUTIONS

The IV-D program is authorized to request information from financial institutions. The information received from these institutions can be used to locate the NCP; establish a court order; and to identify assets which may be subject to attachment.

The term “financial institution” means a depository institution as defined by the Federal Deposit Insurance Act. This includes, but is not limited to, banks, savings and loans, federal and state credit unions, insurance companies, safe deposit companies, stock and bond brokers or similar entities authorized to do business in the State.

The term “financial record” means an original, a copy of, or information known to have been derived from any record held by a financial institution pertaining to a customer’s relationship with the financial institution. Financial records may include, but are not limited to, the name, record address, social security number or other identification number and asset information.

1. NON-LIABILITY OF FINANCIAL INSTITUTIONS

Financial institutions are not liable for disclosing in good faith any financial record(s) of an individual to a state child support enforcement agency attempting to establish, modify or enforce a support obligation of such individual.
2. SOURCES OF FINANCIAL INSTITUTION INFORMATION

Sources to obtain information regarding potential assets of NCPs, include:

a. FPLS, SPLS
b. Credit reports
c. Title IV-D Support Enforcement Form 4000 or other application from custodian
d. Financial Statement Form 4350-EC (from NCP)
e. Financial Institution Data Match (FIDM) information reported on the NOMADS TR42 screen. (SEM 619, Financial Institution Data Match.)

B. STATE GAMING CONTROL BOARD REQUESTS

State law (NRS 463.335) requires employees of a gaming licensee (casino, slot route operator, manufacturer, distributor, etc.) employed in a gaming position, as defined in NRS 463.0157, to register with the Gaming Control Board (GCB), which maintains a statewide database of gaming employees.

Registration is required of any person connected directly with the operation of a gaming establishment licensed to conduct any game, including, but not limited to:

- Boxpersons
- Cashiers, change personnel, counting room personnel
- Dealers
- Floorpersons
- Hosts or other persons empowered to extend credit or complimentary services
- Keno runners and writers
- Machine mechanics, managers
- Odds makers and line setters
- Security personnel, shift or pit bosses, shills, supervisors
- Ticket writers

Bartenders, cocktail waitresses or other persons engaged exclusively in preparing or serving food or beverages are not considered gaming industry employees.

1. Gaming Employee Registration Law System (GERLAW)

The Gaming Control Board provides a limited number of authorized CSEP staff access to the on-line Gaming Employee Registration Law System (GERLAW), a secure confidential database of registered gaming employees. Information available in GERLAW includes a gaming employee’s name, address, telephone number, social security number, current and previous gaming employment information, occupation, and any GCB arrest history. Information obtained from GERLAW may be useful for locate purposes and for establishing an obligor’s earning ability.
To request GERLAW access, a hardcopy GCB Peace Officer Registration form (Exhibit 300-05) and the Automated System User Request (ASUR) (Exhibit 300-6) must be completed and mailed by the enforcing authority’s Designated Security Coordinator (DSC) to:

Welfare Security Administrator  
Division of Welfare and Supportive Services  
1470 College Parkway  
Carson City, NV 89706

The Gaming Control Board requires the original hardcopy Peace Officer Registration document with wet signatures. The IV-D staff member who will access GERLAW must complete the User/Registrant information fields and sign in the space provided for User/Registrant signature. The DWSS Security Administrator will sign as the Agency Representative and forward the completed request to the GCB. End users will receive an email from GCB representatives with user ID and password information.

2. Requests from the Gaming Control Board

Information requests from the GCB are submitted directly to Central Office and distributed to the appropriate responding jurisdiction. Information requests from the Gaming Control Board must include a release of information authorization from the party for whom information is requested. See SEM 107 regarding child support case confidentiality requirements.

C. NEVADA DEPARTMENT OF WILDLIFE (NDOW)

NDOW has provided CSEP with access to the Nevada Wildlife Data System (NWDS), a secure and confidential database of boat registration and recreational license database via a secure website. Enforcing authorities may request user IDs and passwords for accessing NWDS by submitting an Automated System User Request (ASUR) completed by the office Designated Security Coordinator (DSC) to the DWSS Security Administrator at welfsecurity@dwss.nv.gov. NDOW representatives will then email the end user with sign-on information. Instructions for navigating the NDOW website are available on the secure CSEP website.

1. Boat Registration

The following information is provided:

a. Issue date  
b. Name and address of the registered owner  
c. Name of legal owner  
d. Year, make, and length of boat  
e. Purchase price of boat
2. Licenses

The following information is provided:

a. SSN
b. Issue date
c. Name and address of the licensee
d. Date of birth of the licensee
e. Type of license issued
f. Name changes
g. Phone numbers and email addresses

D. NEW HIRE REPORTING

1. Effective October 1, 1997 Nevada law requires all Nevada employers to report newly hired or rehired employees to the Department of Employment, Training and Rehabilitation, Employment Security Division (ESD).

Effective May 1, 1998, the Personal Responsibility and Work Opportunity Reconciliation Act of 1996 PRWORA requires that income withholding notices must be sent within two (2) business days after the data is entered into the State Directory of New Hires.

2. PRWORA provides, at state option, a civil money penalty may be set for noncompliance by employers. Since the goal of the child support program is to obtain voluntary cooperation by employers, a regulation for noncompliance has not been adopted.

3. In addition to use of SDNH information for child support purposes (enforcement, locate, establishment, establishment of paternity and modification), such information shall be shared with income and eligibility verification programs such as IV-A, Medicaid, Food Stamps, or any state program approved under Titles I, X, XIV, or XVI.

Information may be provided to employment security and workers’ compensation programs. Nevada State Division of Welfare and Supportive Services (DWSS) has an interlocal agreement with ESD regarding transfer and use of information for use within ESD programs.

Information may be disclosed to any agent of the agency which is under contract with the agency to carry out such purposes. Only agents with a contractual agreement with DWSS may have access to SDNH information. Confidentiality and safeguarding the information is mandatory for any agent with whom information is shared.

E. PROJECT SAVE OUR CHILDREN (PSOC) LOCATE ASSISTANCE

The Federal Office of Child Support Enforcement, Project Save Our Children (PSOC) was created to coordinate efforts supporting activities resulting from the federal criminal non-support laws. State IV-D agencies may refer cases to PSOC for assistance with locate efforts and for federal criminal prosecution. See SEM 613(E) regarding criminal referrals.
When an enforcing authority is unable to locate an obligor or an obligor’s assets in an interstate case, using all available state and Federal Parent Locator Service (FPLS) locate resources, the enforcing authority, through the state PSOC Coordinator, may then refer the case to OCSE’s PSOC Locate Analyst to obtain multiple years of wage data and/or additional location information from commercial on-line sources. Cases referred to PSOC for locate assistance must also appear to be appropriate for PSOC criminal referral.

To refer a case for PSOC locate assistance, an enforcing authority must:

1. Complete the PSOC Referral cover Sheet (Exhibit 300-4)
2. Complete parts I and II of the State Request for PSOC Locate Services form (Exhibit 300-5),
3. Forward completed forms to the PSOC Coordinator in Central Office.

The PSOC Coordinator will review the referral to ensure it meets federal criteria and forward the package to OCSE. PSOC should return the results of their research indicating which databases were searched to the state coordinator within two weeks. The state coordinator will forward the results to the enforcing authority.

Please remember that any Annual Wage Record (AWR) obtained by OCSE PSOC from Social Security Administration Data Acquisition Retrieval System (SSADARS) is considered by IRS to be federal income tax data and must be treated as such. The state must verify this data with another source (i.e. the employer) before including the information in a referral for prosecution. The information provided by the third party may be included with the referral, but the AWR report may not. See SEM 604.1 regarding safeguarding federal income tax data.

305 LOCATING MILITARY PERSONNEL

The federal Office of Child Support Enforcement (OCSE) has prepared a resource document titled “Working with the Military as an Employer, A Quick Guide” which is located at: http://www.acf.hhs.gov/programs/cse/newhire/employer/publication/military_quick_guide.htm#1. The purpose of this document is to provide policy and procedural guidance to child support staff working with the military in the following areas:

- Locating NCP who is in the military
- Requesting verification of employment and pay
- Enforcing child support orders through income withholding
- Enforcing medical support orders using the National Medical Support Notice
- Identifying DFAS and Coast Guard payments
306 CREDIT REPORTS

The Federal Trade Commission approves the use of consumer reports by Child Support Enforcement agencies under Section 604 (a) (4) (5) of the Fair Credit Reporting Act.

CSEP may request a consumer report to obtain information for these case management purposes:

- Information requests for enforcement of a child support order.
- Information requests for establishment or modification of a child support order.
- Information requests to LOCATE the NCP when whereabouts are unknown.

The enforcing authority may contract with Credit Reporting Agency (CRA) of its choosing. Fines and jail time can be imposed for improper request. Additional information is provided at 15 U.S.C. 1681.

307 STATE PARENT LOCATOR SERVICE (SPLS) REQUESTS

When a NCP resides in a state other than Nevada, the case manager must either:

1. Within fifteen (15) calendar days, verify the specific information received; or
2. Request a SPLS within twenty (20) calendar days.

307.1 AUTOMATED SPLS REQUESTS

A. REQUIRED INFORMATION TO PROCESS

To initiate a SPLS, the following information is mandatory:

1. Full name of the noncustodial parent (including middle initial, if available). Some states require this information to access their DMV records.
2. Full date of birth.

NOTE: California requires a Social Security Number in order to process a request.

B. ADDITIONAL INFORMATION TO HELP THE SEARCH

Information not required, but which may assist a state in locating the noncustodial parent may be provided if available:

1. Place of birth
2. Physical description
3. Aliases
4. Last known address
5. Last known employer
STATE REGULATION ADOPTED SEPTEMBER 27, 1999

Data required for Federal Case Registry

The following data is required to be provided to the Division of Welfare and Supportive Services for forwarding to the Federal Case Registry for purposes of collecting child support and locating absent parents.

1. Social Security numbers of the parties (parents and children);
2. Names, dates of birth and driver’s license numbers of the parties;
3. Names of the child(ren);
4. Residential and mailing addresses and telephone numbers of the parties;
5. Employer names, addresses and telephone numbers of the parties;
6. Case identification number assigned by the court; and
7. A statement affirming if domestic violence is present among the parties, if applicable.

The FPLS is operated by the Office of Child Support Enforcement (OCSE). When it is determined the noncustodial parent’s location is unknown, 45 CFR 303.3 requires a FPLS be requested and the information evaluated within seventy-five (75) calendar days. Periodic resubmission to FPLS (at least annually) is necessary for cases which meet the submittal requirements and the noncustodial parent’s location is still unknown.

When the NCP’s whereabouts remain unknown and the name is not resubmitted to FPLS, documentation to justify such determination must be maintained in the case file for audit purposes.

Some federal agencies providing information to the FPLS are:

1. Internal Revenue Service (IRS)
2. Social Security Administration (SSA)
3. Department of Defense (DOD)
4. Veterans Administration (VA)
5. Federal Bureau of Investigation (FBI)

Available FPLS responses are prepared and returned to FPLS once a week.
308.1 REQUIRED INFORMATION TO PROCESS FPLS

A. MINIMUM INFORMATION TO PROCESS FPLS

To process a FPLS request, the minimum information required on the NCP is name and Social Security Number unless otherwise specified in subsection B, C, D or E below. FPLS will only accept valid SSNs. In the event the SSN is unknown, the request must be made as ‘SSN unknown’.

FPLS divides submitted cases into two categories. These cases are designated as (SSN) “known” and (SSN) “unknown”.

A known case is one in which the SSN and the NCP’s name is known. All known cases will be verified through SSA’s Verification System for correct name/SSN combination. FPLS will only forward verified known cases to other agencies for locate information. FPLS will return information responses from SSN Verification System to users indicating whether the SSN was verified, corrected, unverified, or if multiple SSNs were identified for the case.

An unknown case is one in which the SSN is unknown. In cases where the SSN is not known, and minimum information required for submission to IRS and SSA is unavailable, OCSE’s Enumeration Verification System (EVS) permits a manager to submit minimal information to the FPLS for a SSN search. Only three data elements are required: the NCP’s name, date of birth, and gender. If the SSN is found, the case is forwarded to all requested federal agencies for locate information. The information provided determines whether the case is sent to the IRS or SSA.

B. REQUESTS SUBMITTED TO IRS WITHOUT A SSN

The IRS may be able to locate a SSN for the noncustodial parent if:

1. The NCP and the custodial parent filed a joint tax return during the past three years, and
2. No subsequent return was filed with another spouse, and
3. The custodial parent's SSN is provided.

C. REQUESTS SUBMITTED TO SSA WITHOUT A SSN

To submit a case without a SSN to the Social Security Administration, the NCP’s name and date of birth are required. In addition, any three of the following are recommended:

1. NCP’s city of birth;
2. NCP’s father's name
3. NCP’s mother's maiden name
D. CASES SUBMITTED TO FEDERAL CASE REGISTRY

All states must include, as part of their automated system, a State Case Registry for all cases in which services are currently being provided by the IV-D agency and all non-IV-D support orders established and/or modified in the state after October 1, 1998. The state must furnish this information to the Federal Case Registry of Child Support Orders and the Federal Parent Locator Service. Requirements to submit requests for information to these entities will be determined at a later date.

E. CASES SUBMITTED TO NATIONAL DIRECTORY OF NEW HIRES (NDNH)

Effective October 1, 1997, all states are required to operate a State Directory of New Hires (SDNH). Employers have a maximum of 20 business days, depending on format used, to report all newly hired or rehired employees. Nevada’s Division of Employment, Training, and Rehabilitation (DETR) Employment Security Division (ESD) will receive the initial reports from employers. ESD transmits the information daily to the SDNH where it will be matched against existing NCP data. Within three business days of the employee being entered to the database, SDNH must transmit the information to the National Directory of New Hires (NDNH).

Effective May 1, 1998, the state is required to perform automated comparisons of SSN’s reported by employers to the SDNH and SSNs appearing in the records of the State Case Registry. When a match is found, the SDNH will provide to the appropriate jurisdiction/case manager the name, address and SSN of the employee and the name, address and Federal Employer Identification Number (FEIN) of the employer. This information will then be used to verify employment and/or initiate income withholding actions. All FPLS locate requests with known SSN’s will be forwarded to the National Directory of New Hires (NDNH) automatically.

308.2 NON-IVD MANUAL LOCATE REQUEST

A. AUTHORIZED REQUESTORS

Certain authorized persons may request, in accordance with 45 CFR 302.35, locate information from the FPLS through the SPLS in a non-IVD child support case in which the child is not receiving Title IV-A benefits. Those authorized to request information in non-IVD cases are:

- Resident Parent
- Legal Guardian
- Agent of the Child, i.e., a caretaker relative having custody of or responsibility for the child.
- Attorney of a Child, i.e., a licensed lawyer who has entered into an attorney-client relationship with either the child or the child’s resident parent regarding child support matters.
- Title IV-B and IV-E agencies for the purposes of locating a custodial or noncustodial parent, a putative father, or a relative of a child in a child welfare case.
Only information in the FPLS or the SPLS may be provided to the requestor and is limited to name, Social Security Number, most recent address, employer information, wage and asset information, and health insurance information. However, IV-B/IV-E agencies may not receive wage, asset, and health insurance information regarding a relative other than a parent or putative father.

Any information received from the FPLS or SPLS by the requestor must be treated as confidential and must be safeguarded. Requests for information are submitted to Central Office using Form 4400, Non-IVD Locate Request (Exhibit 300-01) and form 4765, Locate Data Sheet.

B. CENTRAL OFFICE PROCESSING

Within 10 days of receiving a Non-IVD Locate Request, SPLS staff will submit the request to FPLS for processing. Response information from the FPLS will be returned to the requestor. No additional locate efforts are necessary unless the requestor submits additional requests.

When requesting FPLS information on behalf of a child welfare agency regarding parents or putative fathers, SPLS staff should use the “Adoption Locate” (“AD”) code. FPLS will then return all of the data elements including wage and asset information if known. Alternatively, when requesting information regarding a relative other than a parent or putative father on behalf of a child welfare agency, SPLS staff should not enter a participant type code. FPLS will then omit wage and asset information in its response.

308.3 FEDERAL AGENCIES PROVIDING INFORMATION TO FPLS

A. INTERNAL REVENUE SERVICE (IRS) RESPONSES

FPLS obtains two types of information from the IRS. In cases where the Social Security Number (SSN) is known, IRS provides the address shown on the most recent tax return filed by an individual. The address supplied by IRS may or may not be the residence of the individual, since a person may use any address on a tax return. For this reason, all addresses must be verified using the Postal Verification Form GN0024. If no address is provided by IRS, it is assumed the NCP has not filed a tax return in the past three years or is filing under a different SSN and/or last name.

1. Cases with SSNs

For cases with SSNs, FPLS creates a data file each week containing all new cases posted during the previous week and sends the file to the IRS. IRS processes requests and returns information to the FPLS within approximately one week.
If the case was submitted with a SSN, the following message(s) may be returned from IRS:

a. “SSN Not On File”
b. “Name Does Not Agree”
c. “SSN On File, Yet Address Not Available”

2. Cases without SSNs

In cases where the SSN is unknown, IRS will attempt to provide the SSN of the NCP. This is only possible if the custodial parent and/or the NCP filed a joint tax return.

B. SOCIAL SECURITY ADMINISTRATION (SSA) RESPONSES

The Social Security Administration (SSA) provides the following information.

- Employer addresses
- Beneficiary addresses
- Social Security Numbers
- Self Employment
- Title II, SSA, Pending Claim Information for FCR participants also applying for Title II, SSA benefits.
- Title II, SSA, Retirement, Survivors, Disability Information
- Title XVI, Supplemental Security Income Benefits Information
- Prisoner Locate Responses
- Date of Death (verified in SVES Response Record as a result of a locate response)

C. VETERANS ADMINISTRATION (VA) RESPONSES

The Veterans Administration (VA) maintains records on individuals who served in the Armed Forces, including information on veterans receiving compensation, pensions and/or education benefits. In addition to the most recent address in the VA file, the amount and date of benefits is provided. When VA benefits are paid, the following information is provided:

1. Compensation, Pension or Education Award

2. Amount of Award

   The monthly amount of the benefit check.

3. Date of the Award

   The date the award is paid monthly.

4. Date of Death

   If applicable, the date of death of the veteran.
The VA also indicates if the veteran is incarcerated, eligible for or receiving retirement pay, or is in the active reserves.

D. NATIONAL DIRECTORY OF NEW HIRES (NDNH)

1. Information is supplied by each State’s automated Directory of New Hires.
   a. The State transmits new hire information to the NDNH within 3 business days after the date information regarding a new employee is entered to the SDNH.
   b. In addition, Employment Security Division (ESD) must furnish to the NDNH, on a quarterly basis, information regarding wages and unemployment compensation.

2. The directory will contain information supplied by employers on each newly hired or rehired employee no later than 20 days after date of hire. Information must include:
   a. The employee’s name, address and Social Security Number, and
   b. The employer’s name, address, and tax identification number assigned by the IRS.

E. STATE EMPLOYMENT SECURITY AGENCIES (SESA)

This source is only accessible by submitting a FPLS request, but separate selection option.

By law, states are required to maintain wage and unemployment data on individuals with record of employment in the state. SESA data is updated quarterly by each state to a federal database maintained by the Office of Child Support Enforcement (OCSE) in Washington, DC. If an employment record for the NCP is found, the following information is provided:

1. Name and address of the employer

2. Date of the address (by quarter and year)

3. Amount of wages earned by the NCP during the previous calendar quarter

If the NCP is receiving unemployment compensation benefits, SESA provides the amount of the payment and the address where the unemployment check is mailed.

A SESA request is most effective if there is no indication of the NCP’s whereabouts. When the NCP’s location is suspected to be in another state, a SPLS request is the most efficient means of obtaining information.
309  
FPLS REQUEST FOR PARENTAL KIDNAPPING OR CHILD CUSTODY DETERMINATIONS

The district attorneys in the state are designees authorized to request locate information for parental kidnapping and child custody determination cases. Custody determination means a judgment, decree, or other order of a court providing for custody or visitation of a child, and includes permanent and temporary orders, initial orders, and modifications. The information that may be obtained is limited to most recent address and place of employment of a parent or child.

District attorneys may request information from FPLS for the purpose of:

A. Enforcing any state or federal law with respect to the unlawful taking or restraint of a child; or

B. Making or enforcing a child custody determination.

309.1  
REQUESTS FOR KIDNAPPING/CUSTODY SEARCHES BY DISTRICT ATTORNEYS’ OFFICES

FPLS requests are forwarded to the Nevada Parent Locator Service (NPLS) in Central Office. Requests are submitted on the Locate Request (Exhibit 300-1) and the Locate Data Sheet (Exhibit 300-2).

309.2  
NPLS RESPONSIBILITIES ON KIDNAPPING/CUSTODY CASES

NPLS identifies requests in the manner prescribed by FPLS instructions to distinguish kidnapping/custody cases from other types of requests submitted to FPLS. Upon return response by the FPLS, the information is forwarded to the requestor and the NPLS case is closed. All confidential records and information related to the request must be shredded.

309.3  
CONFIDENTIALITY OF FPLS INFORMATION

All information received from the FPLS must be treated as confidential and safeguarded by NPLS and the requesting District Attorney’s Office. Since information is confidential, it is subject to the following restrictions:

1. Access to data is restricted to authorized personnel whose duties or responsibilities require access in connection with Child Custody and Parental Kidnapping cases.

2. Data must be stored during nonworking hours or when not in use, in a locked container within a secure area, safe from access by unauthorized persons.

3. Data must be processed under the immediate supervision and control of authorized personnel in a manner protecting its confidentiality and in such a way to restrict unauthorized persons from retrieving data by computer, remote terminal or other means.

4. All employees must be briefed regarding who has access to data, security procedures, and instructions for use of FPLS data.
5. Information is released to the court only in connection with civil or criminal enforcement of a parent's custodial rights. This ensures protection for child(ren) and parents from potential harm from the requesting party.

6. When FPLS information contains IRS records;
   a. The FPLS documents cannot be commingled in case records.
   b. When processing of the information in the report is completed, the report must be shredded.

The Division of Welfare and Supportive Services shall not be responsible for any financial or other loss incurred by the district attorney, whether directly or through the use of any data furnished pursuant to these guidelines.
NON IV-D LOCATE REQUEST

TO: NEVADA PARENT LOCATOR SERVICE
Support Enforcement Program
1470 College Parkway  Suite 122
Carson City, Nevada 89706-7924

FROM: ________________________________
______________________________
______________________________

CASE INFORMATION  (Must Be Completed)

Petitioner’s Name: ___________________________  Case No.: ___________________________
Respondent’s Name: ___________________________  Date of Request: ___________________________

Case Type:  Requester Status:  ___________________________
Child Receiving  □ Resident Parent
□ TANF  □ Non-Relative Caretaker
□ Non-TANF  □ Attorney of Child
□ IV-E  □ Legal Guardian
□ IV-B  □ Government Representative (IV-E/IV-B Agency or Kidnapping/Custody)
□ Kidnapping/Child Custody

INFORMATION REQUESTED

I.  □ FEDERAL PARENT LOCATOR SEARCH (FPLS)
   SSN is required for all FPLS resources except IRS and SSA. These two resources will attempt to
   obtain SSN if the following information is provided.
   A. IRS – Date of Birth, Sex, and Ex-Spouse’s SSN.
   B. SSA – Date of Birth, Sex, and at least three (3) of the following: Non-Custodial Parent
      (NCP) City of Birth, NCP State/County of Birth, NCP Father’s First Name, NCP Father’s
      Last Name, NCP Mother’s First Name, or NCP Mother’s Maiden Name.
   □ FEDERAL CASE REGISTRY (FCR)

A completed Locate Data Sheet (Form 4765-EC) must be attached to all Locate Requests. FOR STATE PARENT
LOCATOR SEARCH REQUESTS, A COMPLETED CHILD SUPPORT ENFORCEMENT TRANSMITTAL
MUST BE ATTACHED AND SENT DIRECTLY TO EACH STATE.

I certify, under penalty of perjury, that I am authorized to make this request and that this request is made in
accordance with the requirements of 45 CFR 302.35 for the sole purpose of establishing parentage, establishing
child support, enforcing child support or locating an individual with respect to a IV-B/IV-E case, kidnapping or
child custory matter, and that information obtained shall be treated as confidential and properly safeguarded.

______________________________  ________________________________  ___________________________
Print Name                        Signature                        Date

State of ___________________________  County of ___________________________
SUBSCRIBED and SWORN to before me this _____ day of ___________________________ , 20____.

______________________________
NOTARY PUBLIC

DISTRIBUTION: WHITE – FPLS; CANARY – Casefile

4409 – EC (8/12)
## EXHIBIT 300-2

**LOCATE DATA SHEET**

<table>
<thead>
<tr>
<th>Petitioner</th>
<th>IV-D Case:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>[ ] TANF</td>
</tr>
<tr>
<td></td>
<td>[ ] IV-E Foster Care</td>
</tr>
<tr>
<td></td>
<td>[ ] Medicaid Only</td>
</tr>
<tr>
<td></td>
<td>[ ] Former Assistance</td>
</tr>
<tr>
<td>Respondent</td>
<td>[ ] Never Assistance</td>
</tr>
</tbody>
</table>

To: (Central Registry or Agency Name and Address)

From: (Contact Person, Agency, Address, Phone, Fax, E-mail)

<table>
<thead>
<tr>
<th>Initiating FIPS Code</th>
<th>State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Initiating IV-D Case No.</th>
<th>Initiating Tribunal No.</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</tbody>
</table>

[ ] Non Custodial Parent Information  [ ] Custodial Parent Information  [ ] Possibly Dangerous

<table>
<thead>
<tr>
<th>Full Name (First, Middle, Last)</th>
<th>Social Security Number(s)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>[ ] Alias</th>
<th>[ ] Maiden Name</th>
<th>[ ] Mother’s Maiden or Father’s Name</th>
<th>Current Spouse’s Name (Fst, M, Lst)</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
<td></td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Date of Birth (or approximate year)</th>
<th>Place of Birth (City, State, County)</th>
<th>Driver’s License Number/State</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Sex</th>
<th>Race</th>
<th>Hair</th>
<th>Eyes</th>
<th>Height</th>
<th>Weight</th>
<th>Distinguishing Marks, Scars, Tattoos, Glasses, etc.</th>
</tr>
</thead>
<tbody>
<tr>
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</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Known Address - [ ] Residence</th>
<th>[ ] Mailing</th>
<th>[ ] Confirmed Date</th>
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<tbody>
<tr>
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<td></td>
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</table>

Telephone: (_____)____________________________

<table>
<thead>
<tr>
<th>Usual Occupation/Professional Licenses</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last Known Employer (Name, Full Address, Federal EIN)</td>
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<td></td>
</tr>
</tbody>
</table>

Telephone: (_____)____________________________

Other Information, including Assets, Education, Police Record, Public Assistance History

Employment

<table>
<thead>
<tr>
<th>Wage Qtr</th>
<th>Wage Year</th>
<th>Wage Amount</th>
</tr>
</thead>
<tbody>
<tr>
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</tbody>
</table>

Attachments:  [ ] Photograph  [ ] Other Items, e.g. Fingerprints

<table>
<thead>
<tr>
<th>Date</th>
<th>Initiating Contact Person (Print or Type)</th>
<th>Telephone Number and Extension</th>
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<tbody>
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<table>
<thead>
<tr>
<th>FAX Number</th>
<th>E-mail</th>
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<tbody>
<tr>
<td></td>
<td></td>
</tr>
</tbody>
</table>
STATE REQUEST FOR PSOC LOCATE SERVICES

Project Save Our Children

State of * __ County of ___

IV-D Case Number* _____

SECTION I – PAYER INFORMATION

<table>
<thead>
<tr>
<th>Name of Payer*</th>
<th>Social Security Number*</th>
<th>Date of Birth*</th>
</tr>
</thead>
<tbody>
<tr>
<td>Last</td>
<td>First</td>
<td>Middle</td>
</tr>
<tr>
<td></td>
<td></td>
<td>- -</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Month___ Day ___ Year ___</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Place of Birth</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Last Known Address (Street Name and Number)</th>
<th>Telephone Number(s):</th>
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<tbody>
<tr>
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<td>- -</td>
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</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State &amp; Zip Code</th>
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</thead>
<tbody>
<tr>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Employer Name</th>
<th>Employer Address</th>
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</thead>
<tbody>
<tr>
<td></td>
<td></td>
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</table>

<table>
<thead>
<tr>
<th>Wage and Income History</th>
<th>Date Verified</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Occupation</th>
<th>Professional License</th>
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<tbody>
<tr>
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<table>
<thead>
<tr>
<th>Alias</th>
<th></th>
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<tbody>
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</table>

| Does the payer have any current warrants? If yes, please indicate type and where issued. |

SECTION II – REFERRAL INFORMATION*

<table>
<thead>
<tr>
<th>State ___</th>
<th>County ____</th>
<th>Name of Referring Agency</th>
<th>Referral Date</th>
<th>Referral Date</th>
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</thead>
<tbody>
<tr>
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<table>
<thead>
<tr>
<th>State Contact Person</th>
<th>Direct Telephone Number</th>
<th>FAX</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>- -</td>
<td>- -</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Address of Referring Agency (Street Name and Number)</th>
<th>Email Address</th>
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</thead>
<tbody>
<tr>
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<td></td>
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</table>

<table>
<thead>
<tr>
<th>City</th>
<th>State</th>
<th>Zip Code</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
IV-D Case Number* _____

SECTION III - REFERRAL *

SIGNATURE OF AUTHORIZED OFFICIAL

The referring IV-D agency certifies that this referral is being made as part of an investigation for an interstate child support case that appears to be appropriate for criminal non-support action and the state has exhausted all state and FPLS locate resources. The locate information sought in this IV-D case is for an authorized user and an authorized purpose.

By______________________________     Date___________________

NAME: __________________________________________________
TITLE: __________________________________________________

Mail the referral via secured mail service (such as FedEx) to the following:

Joan O’Connor, OCSE PSOC Locate Analyst  
Office of Child Support Enforcement  
370 L’Enfant Promenade, S.W.  
4th Floor East  
Washington, DC  20447

Or

Fax to (202) 401-7042  
Please be sure to provide a return fax number in your referral form.

Or

Using an encrypted email function, email to joan.oconnor@acf.hhs.gov.

* MANDATORY – SECTION MUST BE COMPLETED
Office of Child Support Enforcement
Project Save Our Children (PSOC)

State Request for PSOC Locate Services
Instructions

The referring IV-D agency must certify that the referral is being made as part of an investigation for an interstate child support case that appears to be appropriate for criminal non-support action and that the state has exhausted all state and FPLS locate resources. The locate information sought in this IV-D case is for an authorized user and an authorized purpose.

Upon receipt of the referral, the OCSE PSOC Locate Analyst will search the Social Security Administration Data Acquisition Retrieval System (SSADARS) and commercial databases for locate and asset information and provide the results of these searches to the requesting state. The state should expect to receive results within two (2) weeks of the request date. In the event of a delay, the OCSE PSOC Locate Analyst will notify the State PSOC Coordinator of the reason.

This template and instructions will assist you in filling out the PSOC referral quickly and easily. You may still choose to print this form and handwrite the referral. If you handwrite the referral, please print legibly.

This referral is in a template form. Please refrain from altering the form. The areas marked with an asterisk (*) are required fields that must be filled in.

TOP SECTION – STATE REQUEST FOR LOCATE SERVICES

State:  * Enter the abbreviation for the state that is submitting the referral.
County: If the referral originated from a county, enter the name of the county.
IV-D Case Number:  * Enter the state IV-D case number (on both pages).

SECTION I – PAYER INFORMATION

Name of Payer:  * Enter the last name, press the tab button, enter the first name, and enter the middle initial.
Social Security Number:  * Enter the SSN in the format of 000-00-0000
Date of Birth:  * Enter the month, day and year in MM DD YY format. (Example: March 14, 1957 should be 03 14 57)
Place of Birth: Enter the name of the city and state where the payer was born if known.
Last Known Address: Enter the last known address for the payer. Enter the street address and apartment number.
Telephone Number: Enter the last known telephone number of the payer.
City: Enter the last known city of residence.
State and Zip Code: Enter the state’s abbreviation and zip code of the last known address of the payer.
Was the address verified?: If address was verified through mail coverings, post office verifications, etc., enter the verification date. (Format MM/DD/YYYY)
Employer Name: Enter the payer’s last known employer or company name.
Employer Address: Enter the employer’s address to include city, state and zip code, if known.
Telephone Number: Enter the employer’s telephone number, if known.
Wage/Income History: Enter income/wage history (verified).
Date Verified: Enter the date annual wage information was verified.
Source of Verification: Enter the source(s) of verification.
Occupation: Enter the payer’s occupation. (e.g., construction, sales)
Professional License: Enter the type of license that the payer may have, such as Doctor, Nurse, Contractor, etc.
Auto & Driver's License/State Issued: Enter the driver’s license information of the payer, if known. (If only the state is known, please enter it.)
Alias: Enter the aliases or names that the payer may have used or is currently using.
Does the Payer have any outstanding warrants?: Enter the type of warrant and the state or jurisdiction that issued the warrant, if known.

SECTION II – REFERRAL INFORMATION*
(This section must be filled out completely.)
State / County: Enter the abbreviation for the state that is submitting the referral. If the referral originated from a county, enter the name of the county.
Name of Referring Agency: Enter the name of the referring state IV-D agency.
Referral Date: Date that the referral is received / sent to PSOC.
State Contact Person: Enter the name of a person that can be contacted if the PSOC Locate Analyst has questions concerning the referral.
Direct Phone Number: Enter the telephone number for the contact person.
FAX: Enter the fax number for the contact person.
Address of Referring Agency: Enter the mailing street address of the contact person that will receive the case after the case has been processed.
Email Address: Enter the contact person’s email address.
City: Enter the city of the contact person.
State: Enter the state of the contact person.
Zip Code: Enter the mailing zip code of the contact person.
SECTION III – REFERRAL *
(This section must be filled out completely.)

SIGNATURE OF AUTHORIZED OFFICIAL

In this section, the agency certifies that this referral is being made as part of an investigation for an interstate child support case that appears to be appropriate for criminal non-support action and that all state and FPLS locate efforts have been exhausted and that the locate request is made for an authorized purpose and by an authorized person under Title IV-D of the Social Security Act.

The state official making the referral must sign; the referral will be made by the State PSOC Coordinator’s office.

Mail the referral via secured mail service (such as FedEx) to the following:

Joan O’Connor, OCSE PSOC Locate Analyst  
Office of Child Support Enforcement  
370 L’Enfant Promenade, S.W.  
4th Floor East  
Washington, DC  20447

Or

Fax to (202) 401-7042  
Please be sure to provide a return fax number in your referral form.

Or

Using an encrypted email function, email to joan.oconnor@acf.hhs.gov.

* MANDATORY – SECTION MUST BE COMPLETED
PROJECT SAVE OUR CHILDREN (PSOC) REFERRAL COVER SHEET

☐ LOCATE ASSISTANCE REQUEST OR ☐ FEDERAL CRIMINAL PROSECUTION

NCP Name: ____________________________ Case UPI: ____________________________

NCP Last Known Address: _______________________________________________________

Date Order Entered: ____ / ____ / ____ Court Order #: _____________________________

Amount Ordered: $ ____________________________

Arrearage Amount $ ____________________________

Arrears from Date: ____ / ____ / ____ Arrears to Date: ____ / ____ / ____

Date of Last Payment: ____ / ____ / ____ Amount: $ _____________________________

Date FPLS Requested: ____ / ____ / ____

Date SPLS Requested: ____ / ____ / ____ Which States: , , , , , ,

Name of Child: ____________________________ Child’s State of Residency: ____________________________

Name of Child: ____________________________ Child’s State of Residency: ____________________________

Name of Child: ____________________________ Child’s State of Residency: ____________________________

Referring Case Manager: ____________________________ Office: ____________________________ Date: ____ / ____ / ____

Please Print Phone: ____________________________ Fax: ____________________________ Email: ____________________________

CENTRAL OFFICE REVIEW

Referral Accepted: ☐ Yes ☐ No

Date Sent to PSOC: ____ / ____ / ____

Reason Referral Rejected: ______________________________________________________

________________________________________________________

PSOC Coordinator
NEVADA STATE GAMING CONTROL BOARD
GERLAW
(GAMING EMPLOYEE REGISTRATION
LAW ENFORCEMENT SYSTEM)

PEACE OFFICER REGISTRATION

<table>
<thead>
<tr>
<th>Agency Name</th>
<th>Child Support Enforcement Program</th>
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<tbody>
<tr>
<td></td>
<td>Division of Welfare and Supportive Services</td>
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</tbody>
</table>

<table>
<thead>
<tr>
<th>Agency Address</th>
<th>1470 College Parkway</th>
</tr>
</thead>
<tbody>
<tr>
<td>(mailing address)</td>
<td>Carson City</td>
</tr>
<tr>
<td>(City)</td>
<td>89706</td>
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</table>

<table>
<thead>
<tr>
<th>Agency Contact</th>
<th>Robert Dehnhardt</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Name)</td>
<td>Information Security Office</td>
</tr>
<tr>
<td>(Position)</td>
<td>775-684-0721</td>
</tr>
<tr>
<td>(Work Phone Number)</td>
<td><a href="mailto:rdehnhardt@dwss.nv.gov">rdehnhardt@dwss.nv.gov</a></td>
</tr>
<tr>
<td>(Work Email)</td>
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USER/REGISTRANT:

<table>
<thead>
<tr>
<th>Name</th>
</tr>
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<tr>
<th>Sex</th>
<th>Birth Date</th>
<th>P#</th>
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<td>(M or F)</td>
<td>(mm-dd-yyyy)</td>
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<tr>
<th>Position/Title</th>
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<tbody>
<tr>
<td>Work Phone</td>
</tr>
<tr>
<td>Work E-mail</td>
</tr>
</tbody>
</table>

I/we are aware that the information obtained through the Nevada State GERLAW system is deemed to be confidential and may only be used for official criminal justice purposes and may not be disseminated for any other purpose or to any other agency, person or source. I/we also understand that the information contained in GERLAW is updated weekly and made as accurate as possible, though misstatements and misrepresentations on the part of the subjects and/or contributors as well as entry time delays, may affect the accuracy of the information. The Board shall not be held responsible for the accuracy of the information contained in GERLAW.

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<tbody>
<tr>
<td>Signature</td>
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<th>User/Registrant</th>
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<tr>
<td>Signature</td>
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<td>(Date)</td>
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GCB USE ONLY

<table>
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<tr>
<th>User ID:</th>
<th>Date e-mail sent:</th>
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<table>
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<tr>
<th>Date Activated:</th>
<th>Date Deactivated:</th>
<th>BY:</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>
# Automation System User Request Form

## System User Information

- **Full Name**: (Last, First, Ml): 
- **Title**: 
- **Agency Employed by**: 
- **Office**: 
- **Unit & Supervisor's Name**: 
- **Phone number**: 

## Purpose of Request

- [ ] Establish New Account
- [ ] Modify an Existing Account
- [ ] Terminate an Account

## Welfare Network/Mainframe User Information

<table>
<thead>
<tr>
<th>Network User Name</th>
<th>Mainframe User ID</th>
<th>Number of Sample Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>(Log in ID)</td>
<td>(PACF ID)</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

**WELF Number**

<table>
<thead>
<tr>
<th>Network</th>
<th>Mainframe User ID</th>
<th>Number of Sample Cases</th>
</tr>
</thead>
<tbody>
<tr>
<td>(4 Digt number)</td>
<td>[ ]</td>
<td>[ ]</td>
</tr>
</tbody>
</table>

### Requested Action

<table>
<thead>
<tr>
<th>System Affected</th>
<th>Description of Requested Action</th>
</tr>
</thead>
<tbody>
<tr>
<td>NSWD NETWORK</td>
<td></td>
</tr>
<tr>
<td>NOMADS FAME</td>
<td></td>
</tr>
<tr>
<td>NOMADS IV-D</td>
<td></td>
</tr>
<tr>
<td>WELF INQUIRY</td>
<td></td>
</tr>
<tr>
<td>WELF UPDATE</td>
<td></td>
</tr>
<tr>
<td>WELF QIDB</td>
<td></td>
</tr>
<tr>
<td>WELF NEON</td>
<td></td>
</tr>
<tr>
<td>WELF LIHEA</td>
<td></td>
</tr>
<tr>
<td>OASIS</td>
<td></td>
</tr>
<tr>
<td>EBT</td>
<td></td>
</tr>
<tr>
<td>DMV</td>
<td></td>
</tr>
<tr>
<td>OTHER</td>
<td></td>
</tr>
</tbody>
</table>

## Signature Authority

- **(Print Name of Security Coordinator)**
- **(Phone Number)**
- **(Fax Number)**
- **(Designated Security Coordinator Signature)**
- **(Date)**
- **(Email Address)**