

In the Court of Common Pleas of **BUCKS** 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 _____

5. Mother's Maiden Name: _____

Mother's Current Address: _____

Father's Name: _____

Father's Current Address: _____

6. Physical description: Height _____ Weight _____ Identifying Marks _____

Race: W B H I A X

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

Hair Color: BD BL BK BN RD GY OT

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

Eye Color: BU BN DK GN GY HZ OT

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

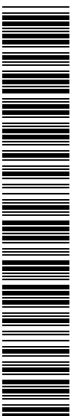
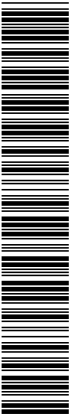
7a. Last known address and when lived there:

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:

<u>Name</u>	<u>Relationship</u>	<u>Social Security No.</u>	<u>DOB</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

7c. Who paid rent: _____

8. Is defendant self-employed: _____ Yes _____ No
If yes, provide name and address of company: _____

9. When was the last time you saw the defendant? (month/year, where, explain):

10. Has defendant remarried: _____ Yes _____ No
If yes, provide present spouse's maiden name: _____

11. If defendant is supporting anyone else (e.g., parents, relatives, children) provide name(s), relationship(s), and address(es) of those receiving support:

<u>Name</u>	<u>Relationship</u>	<u>Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

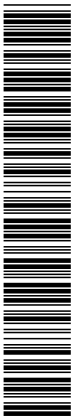
12. If defendant is receiving child support, provide name and address of child support office where defendant receives support: _____

13. 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: _____

14. Provide names of groups, organizations, or clubs to which the defendant belongs:

15. Names and addresses of places that defendant frequents: _____



16. Driver's license number: State _____ Number _____
Date issued: _____

17. 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:

18. If defendant owns car(s), provide year, make and model: _____

19. Car license plate number and state where issued: _____

20. Name(s) of bank(s) where defendant has checking, or savings account, or charge cards:

21. If defendant owns stocks or securities, please describe: _____

22. If defendant has department store charge accounts, provide store name, address and account number:

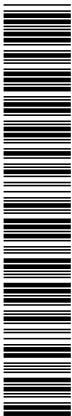
23. If defendant has real estate, provide address and assessed value of property: _____

24. Name and address of mortgage carrier: _____

25. If defendant has insurance policy(ies), please supply name of insurance company, type of policy, and policy number: _____

26. If defendant has outstanding debts, please supply name of creditor, type of debt and amount owed: _____

27. 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:

28. Name and address of last employer and/or previous employer(s) Rate of Pay

_____	_____
_____	_____
_____	_____
_____	_____

29. 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):

30. 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): _____

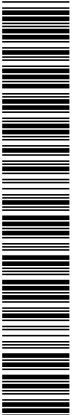
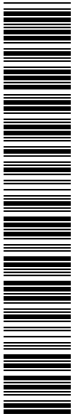
31. Has the defendant been on disability within the past three (3) years (Y/N): _____

If so, provide the date of the accident: _____

Where receiving disability: _____

Identification/policy numbers: _____

Name and address of the disability carrier: _____



Employment (continued):

32. 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:

33. Provide years and branch of armed forces: _____

34. Where last stationed (include present address): _____

35. Is there an allotment (Y/N): _____ If so, provide monthly amount: _____

36. Is the defendant receiving disability (Y/N): _____

If so, provide monthly amount: _____

37. Date of enlistment: _____

38. Present rank and grade: _____

39. Date and type of discharge: _____

40. Type of benefits (e.g., VA - GI Bill) and amount of compensation for benefits: _____

41. Serial number: _____

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

42. If the defendant was arrested within the past five (5) years provide date (month/year) location (city/state) _____

43. 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):

44. 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:

45. 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,

