



## REQUEST FOR DILIGENT SEARCH DFPS FINDRS TEAM

**Purpose:** This form is used by CPS staff to:

- locate missing parents,
- obtain personal services for all parents in a CPS foster care case, and
- locate a possible suitable relative with whom a child may be temporarily or permanently placed in a CPS foster care case, as required by law.

**Instructions:** Complete all fields as thoroughly and accurately as possible. Correct spelling increases the probability of a match. Any person, for locating or research purposes, must be listed with the associated open case in IMPACT on the *Person List*.

**Directions:** For help on processing this form, email the [FINDRS mailbox](#) or call (800) 252-3223 and select Option 5. After completing this form, email the completed document to the FINDRS mailbox. Results will be returned within 30 days.

If you need a RUSH request, please indicate this in the subject line of the email and provide the need-by date. In the box below labeled "**Provide any details that will assist in the search and clarify any special needs**" enter the need-by date and justification for the rush request. These requests will be reviewed and processed in order of urgency.

REQUESTOR INFORMATION		
Requestor's Full Name:	Role:	Phone:
Mail Code:		Email:
Caseworker:	Role:	Phone:
Mail Code:		Email:
Supervisor:		Phone:
Mail Code:		Email:
Legal County:		Region:
Cause Number:		Case Number:

PURPOSE OF REQUEST
<p><b>Purpose of FINDRS Report:</b></p> <p><input type="checkbox"/> Locate parent</p> <p><input type="checkbox"/> Placement with known extended family or fictive kin, as identified in the <i>Additional Parties</i> section of this form</p> <p><input type="checkbox"/> Locate relatives of one or more of the listed parents</p> <p><input type="checkbox"/> Other (please explain):</p>   



**Additional Requests:**

- FINDRS report not needed, only the checked items below:
- Court of Continuing Jurisdiction (**CCJ**)
  - Paternity Registry (**PR**)

For **CCJ** and/or **PR** requests, the child and mother's information must be listed below, even if the location of the mother is not needed. For **PR**, if the father's information is available, that information should also be listed below, even if the location of the father is not needed. If any of the parents are unknown indicate this on the form. The unknown parent should be listed in IMPACT.

The Department of State Health Services (DSHS) processes these requests in bulk and turn-around times can be between 30-45 days. If you need **CCJ** or **PR** certificates expedited, visit the [FINDRS website](#) on the DFPS intranet for additional instruction on how to proceed.

**Provide any details that will assist in the search and clarify any special needs:**

**CHILDREN'S INFORMATION**

Name: Gender: <input type="checkbox"/> M <input type="checkbox"/> F      Ethnicity: Place of Birth: State:      County: City:	Date of Birth or approx. age: SSN: PID:
Name: Gender: <input type="checkbox"/> M <input type="checkbox"/> F      Ethnicity: Place of Birth: State:      County: City:	Date of Birth or approx. age: SSN: PID:
Name: Gender: <input type="checkbox"/> M <input type="checkbox"/> F      Ethnicity: Place of Birth: State:      County: City:	Date of Birth or approx. age: SSN: PID:
Name: Gender: <input type="checkbox"/> M <input type="checkbox"/> F      Ethnicity: Place of Birth: State:      County: City:	Date of Birth or approx. age: SSN: PID:



Name: Gender: <input type="checkbox"/> M <input type="checkbox"/> F      Ethnicity: Place of Birth: State:      County: City:	Date of Birth or approx. age: SSN: PID:
Name: Gender: <input type="checkbox"/> M <input type="checkbox"/> F      Ethnicity: Place of Birth: State:      County: City:	Date of Birth or approx. age: SSN: PID:
Name: Gender: <input type="checkbox"/> M <input type="checkbox"/> F      Ethnicity: Place of Birth: State:      County: City:	Date of Birth or approx. age: SSN: PID:

Additional children can be included in the *Additional Parties* section on the last page.

**REQUEST TO LOCATE INFORMATION**

**MOTHER'S INFORMATION:**

Check this box if the person named below is the person you need to locate, or if you need to locate this person's relatives (as noted in the *Purpose of Request* section above). Do not check this box if you are providing this person's information only to help locate someone else listed on this form.

Name:

Address:

Alternate Address:

Date of Birth or approx. age:      Ethnicity:      SSN:      PID:

**MOTHER'S INFORMATION:**

Check this box if the person named below is the person you need to locate, or if you need to locate this person's relatives (as noted in the *Purpose of Request* section above). Do not check this box if you are providing this person's information only to help locate someone else listed on this form.

Name:

Address:

Alternate Address:

Date of Birth or approx. age:      Ethnicity:      SSN:      PID:

**FATHER'S INFORMATION:**

Check this box if the person named below is the person you need to locate, or if you need to locate this person's relatives (as noted in the *Purpose of Request* section above). Do not check this box if you are providing this person's information only to help locate someone else listed on this form.

Name:

Address:

Alternate Address:

Date of Birth or approx. age:      Ethnicity:      SSN:      PID:

*father of child:*



**FATHER'S INFORMATION:**

Check this box if the person named below is the person you need to locate, or if you need to locate this person's relatives (as noted in the *Purpose of Request* section above). Do not check this box if you are providing this person's information only to help locate someone else listed on this form.

Name:

Address:

Alternate Address:

Date of Birth or approx. age:

Ethnicity:

SSN:

PID:

*father of child:*

**FATHER'S INFORMATION:**

Check this box if the person named below is the person you need to locate, or if you need to locate this person's relatives (as noted in the *Purpose of Request* section above). Do not check this box if you are providing this person's information only to help locate someone else listed on this form.

Name:

Address:

Alternate Address:

Date of Birth or approx. age:

Ethnicity:

SSN:

PID:

*father of child:*

**FATHER'S INFORMATION:**

Check this box if the person named below is the person you need to locate, or if you need to locate this person's relatives (as noted in the *Purpose of Request* section above). Do not check this box if you are providing this person's information only to help locate someone else listed on this form.

Name:

Address:

Alternate Address:

Date of Birth or approx. age:

Ethnicity:

SSN:

PID:

*father of child:*

Additional parents can be included in the *Additional Parties* section on the last page

**ADDITIONAL PARTIES TO BE LOCATED AND/OR IDENTIFIED:**

Check this box if the person named below is the person you need to locate. Do not check this box if you are providing this person's information only to help locate someone else listed on this form.

Name:

Address:

Alternate Address:

Date of Birth or approx. age:

Ethnicity:

SSN:

PID:

*Relationship to child:*

*Child's name:*



Check this box if the person named below is the person you need to locate. Do not check this box if you are providing this person's information only to help locate someone else listed on this form.

Name:

Address:

Alternate Address:

Date of Birth or approx. age:

Ethnicity:

SSN:

PID:

*Relationship to child:*

*Child's name:*

Check this box if the person named below is the person you need to locate. Do not check this box if you are providing this person's information only to help locate someone else listed on this form.

Name:

Address:

Alternate Address:

Date of Birth or approx. age:

Ethnicity:

SSN:

PID:

*Relationship to child:*

*Child's name:*

Check this box if the person named below is the person you need to locate. Do not check this box if you are providing this person's information only to help locate someone else listed on this form.

Name:

Address:

Alternate Address:

Date of Birth or approx. age:

Ethnicity:

SSN:

PID:

*Relationship to child:*

*Child's name:*

Check this box if the person named below is the person you need to locate. Do not check this box if you are providing this person's information only to help locate someone else listed on this form.

Name:

Address:

Alternate Address:

Date of Birth or approx. age:

Ethnicity:

SSN:

PID:

*Relationship to child:*

*Child's name:*

Check this box if the person named below is the person you need to locate. Do not check this box if you are providing this person's information only to help locate someone else listed on this form.

Name:

Address:

Alternate Address:

Date of Birth or approx. age:

Ethnicity:

SSN:

PID:

*Relationship to child:*

*Child's name:*