



# STATE REQUEST FOR **PSOC LOCATE SERVICES**

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](mailto:joan.oconnor@acf.hhs.gov)**.

**\* MANDATORY – SECTION MUST BE COMPLETED**