

Additional Locate Information Form

Additional Locate Information

(To be completed by the Claimant/Applicant – Do not attach to the Support Application Document.)

The information requested below will be provided to the appropriate authorities for the purpose of locating the respondent and enforcing any support order that may be granted as a result of this application.

This form will be sent to the designated authority and/or enforcement agency in the respondent's jurisdiction and is not intended to form part of the support application or to be provided to the Court.

Respondent's Information

(Last Name)	(First Name)	(Middle Names)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Date of Birth (DD/MM/YYYY)
Surname at birth and any previous names (alias)			Person Respondent is Living With (spouse, common-law, or other)	
Mother's Name at Birth			Father's Name	
Social Insurance Number	Personal Health Number		Drivers Licence Number	
Last Known Address (Street & Number)			City	
			The Respondent's Address is: <input type="checkbox"/> Current <input type="checkbox"/> As of (date):	
Province/Territory/State	Country	Postal/Zip Code		Area Code and Home Phone Number
<input type="checkbox"/> Current, or <input type="checkbox"/> Last Known Employer		Usual Occupation (Include Union, and Trade or Professional Organization Membership)		
Work Address (Street & Number)			City	
			Area Code and Work Phone Number	
Province/Territory/State	Country	Postal/Zip Code		Area Code and Work Fax Number

Respondent's Description

Height	Weight	Eye Colour	Complexion	Wears Glasses? <input type="checkbox"/> Y <input type="checkbox"/> N	Place of Birth	
Visible Distinguishing Marks or Features (Tattoos, Beauty Marks, Scars, etc.)						
<input type="checkbox"/> I have attached a picture of the respondent. The approximate date this picture was taken is (_____ (DD/MM/YYYY))						
Friends and/or relatives who know where to contact the respondent						
Name	Relation	Address	City	Prov/State	Postal/Zip Code	Telephone
1.						
2.						
3.						

Lawyer's Information

Lawyer who acted in previous hearing regarding the respondent				
Name			Company	
Address	City	Prov/State	Postal/Zip code	Telephone