

# 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 M      F Self identify:	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: Current As of (dd-mmm-yyyy):
Province/Territory/State, Country, Postal/Zip Code				Area Code and Home Phone Number
Current, or 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? Y      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

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#### CONFIDENTIALITY AND PERSONAL INFORMATION PROTECTION NOTICE

Personal information transmitted in this document is to be used only for the purposes for which it was gathered or transmitted. Any authority processing such information shall ensure its confidentiality, in accordance with the law of its jurisdiction.