

# 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	
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	
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