Diligent Search Referral Form

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| **Child’s Status: Placement** (COS, PPRS and non- court cases not accepted at this time)  |  **Request:**   |
| **WORKER / UNIT INFORMATION** |
| Source of Referral: |  | Date of Request: |       |
| CPS Name: |       | CPS Phone Number: |       |
| CPS Supervisor: |       | Next Court Date: |       |
| CPS Borough: |  | CPS Zone: |  |
| FC Agency: |  | If FC Agency not listed, include name here: |       |
| FC Agency Worker: |       | FC Agency Worker’s Phone Number: |      |
| Diligent Search Point Person/Liaison: |       | FC Agency Worker’s email:  |       |
| FCLS Attorney: |       | FCLS Attorney’s Phone Number: |       |
|  |
| **CASE INFORMATION** |
| ACS Case Number: |       | CNNX Case ID Number: |       |
| Case Name: |      |
| Child’s Name: |       | Child’s CIN #: |      |
|  |
| **PRIMARY SEARCH INFORMATION** |
| Subject’s Name: | Last Name: | First Name: | Middle Name: |
|  |       |       |       |
| Social Security #: |       | Date of Birth: |       |
| Last Known Address: | Street Address and Apt. #: | City : | State and Zip: |
|  |       |       |       |
| Relationship to Child: |       |
| Other Identifying Information: |       |
|  |
| Subject’s Name: | Last Name: | First Name: | Middle Name: |
|  |       |       |       |
| Social Security #: |       | Date of Birth: |       |
| Last Known Address: | Street Address and Apt. #: | City : | State and Zip: |
|  |       |       |       |
| Relationship to Child: |       |
| Other Identifying Information: |       |

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| **SEARCH INFORMATION FOR NON-HOUSEHOLD MEMBERS** |
| Subject’s Name: | Last Name: | First Name: | Middle Name: |
|       |       |       |
| Social Security #: |       | Date of Birth: |       |
| Last Known Address: | Street Address and Apt. #: | City : | State and Zip: |
|       |       |       |
| Relationship to Child: |       |
| Other Identifying Information: |       |
|  |
| Subject’s Name: | Last Name: | First Name: | Middle Name: |
|       |       |       |
| Social Security #: |       | Date of Birth: |       |
| Last Known Address: | Street Address and Apt. #: | City : | State and Zip: |
|       |       |       |
| Relationship to Child: |       |
| Other Identifying Information: |       |

Please email all referrals to ACSDSU@ACS.NYC.GOV

The following must still be searched by CPS or Agency worker.

* Post Office
* Hospital
* IRS
* City TAX
* VA
* Military
* Wage reporting
* Federal parent locater