Diligent Search Referral Form

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| **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@](mailto:ACSDSU@DFA.STATE.NY.US)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