

REQUEST FOR LOCATION SERVICES (CD-88):

PURPOSE:

The purpose of this form is to request that an internal search via the Division of Motor Vehicle (DMV) electronic systems be completed by authorized Children's Division (CD) personnel to locate a biological parent, step parent, adoptive parent, legal guardian, or relative of a child in the custody of the CD, whose identity or location is unknown, under the authority of Sections 210.127 and 210.565, RSMo.

Pursuant to the Driver's Privacy Protection Act (DPPA) of 1994, 18 U.S.C. SS2721, information accessed through motor vehicle or driver's license records is highly confidential and restricts public disclosure of personal information contained in DMV records. Designated staff shall abide by all federal laws and state statutes, common law and the Code of State Regulations of the State of Missouri relating to the access and use of these systems. Designated staff shall maintain copies of all documentation for a minimum of five (5) years, as required by the DPPA, and make them available to the motor vehicle department upon request.

The DMV system can only be accessed for CD business purpose. Access for any other purpose other than what is stated in the terms of the contractual agreement is forbidden and could result in disciplinary action, up to and including suspension, dismissal, and civil or criminal court action. Designated staff are not to disclose confidential driving records to anyone without a business-related need to know.

SECTION A—APPLICANT INFORMATION

Please complete **all** fields in this section. If all the fields in this section are not completed, the request will not be processed.

1. Enter the name of the person requesting location services.
2. Enter the requestor's county.
3. Enter the requestor's User ID.
- 4-8. Enter the requestor's address, telephone number including area code, city, state and zip code.
9. Enter the child's name for which this search is being completed.
10. Enter the child's eight-digit departmental client number (DCN).
11. Enter the nine-digit case ID number.
12. Check the appropriate box for which this search is being completed.

SECTION B—INFORMATION ON INDIVIDUAL TO BE LOCATED

Enter as much information as known about the individual on whom the search is being completed. Searches may be conducted in a variety of ways (e.g. Social Security Number-SSN, driver's license #, vehicle identification number-VIN, name (last, first) including partial last name or first initial, title #) Complete a separate request for each individual to be located.

13. Enter the last, first and middle name (or any aliases) of the individual on whom the search is being completed.
14. Enter either the Social Security Number or the Driver's License Number, or both, if known.
15. Check the appropriate box for the relationship of the individual being searched to the child listed in field number 9.
16. Enter the individual's phone number including area code.
17. Enter the individual's date of birth.
18. Enter the city and state of the individual's birthplace.
- 19-22. Enter the individual's sex, height, weight, and eye color.
- 23-26. Enter the individual's last known address (number and street), city, state and zip code.
27. Enter the date the last address was known.
28. Enter parent 1's last, first, middle and maiden/alias name. (To individual listed in field #13).
29. Enter parent 2's last, first and middle name, or any aliases. (To individual listed in field #13).
30. Requestor **must** sign name and date of request.
31. Requestor's supervisor **must** sign and date form.

SECTION C—TO BE COMPLETED BY AUTHORIZED PERSONNEL

This section is to be completed within 7-10 business days by staff authorized to perform the search. If there are blank fields in Section 2 which become known in this search, authorized staff should enter the information in the appropriate fields in a different color of ink. Variations of spelling of the individual's first or last name should be checked. **DO NOT RELEASE ANY INFORMATION REGARDING THE INDIVIDUAL'S DRIVING RECORD including whether or not the individual has a valid driver's license.**

32. Check each system for which a search was completed.
33. Enter the individual's most recent Resident address and As of date.
34. Enter the individual's most Current address and As of date.
35. Enter the State the individual surrendered their license To or From.
36. Enter all aliases the individual may have.
37. If the individual has a lien on an auto or marine vehicle, enter the Lien holder's contact information.
38. Check this box if no information was available.
39. Check this box if the individual is deceased.
40. Authorized staff's signature.
41. Enter authorized staff's User ID.
42. Enter the date the search was completed.

After completing the search the authorized staff must retain a copy of this form for five (5) years and return the original form to the Requestor to file in the Forms section of the case record.

MEMORANDA HISTORY: [CD06-75](#)