



OKLAHOMA DEPARTMENT OF HUMAN SERVICES



Oklahoma Child Support Services
Central Case Registry

Request for Address of Record

I am requesting the address of record for this person:

Form with fields: First name, Middle initial, Last name, Date of birth, Social Security number, Oklahoma child support case number FGN, District court case number, County, State

List child(ren) in this case:

Table with 4 columns: First name, Middle initial, Last name, Date of birth

Form with fields: Last name of custodial person (CP), First, Middle, Social Security number; Last name of noncustodial person (NCP), First, Middle, Social Security number

Under 43 O.S. § 112A, the last known address of record will be released to the person requesting address disclosure. Home addresses are not disclosed if prohibited by a court order granted for the protection of a parent or custodian, or if the Oklahoma Child Support Services (OCSS) case has been assigned a family violence indicator.

I am an authorized person to request this information under Oklahoma law (43 O.S. § 112A) because I am the: (Check one)

- checkbox custodian of the child(ren).
checkbox noncustodial parent.
checkbox attorney for the custodian. OBA no.: _____
checkbox attorney for the noncustodial parent. OBA no.: _____
checkbox other party or authorized representative: _____

I am requesting this address of record for service of process for the following purpose:

- support
- visitation
- custody

I state under penalty of perjury under the laws of the State of Oklahoma that the forgoing is true and correct.

Type or print name of requestor

Signature of requestor

Date

Notice: The person whose address of record you are requesting may be notified of your request. A copy of page one of this request may be sent with the notice. OCSS allows a 15-day time period for a response. Within 45 days after OCSS receives your request, OCSS will notify you if your request can be processed.

Complete the following information about yourself. This information is for identification and communication with you. This page will not be sent with the notice to the non-requesting party.

Information about the person requesting address disclosure.

| | | | | | |
|-------------------------------------|-----------------------|--|-----------------------------|-----------------------|-----|
| First name of requestor | | Middle initial | Last name | | |
| Social Security number if CP or NCP | | Oklahoma child support case number FGN: | | | |
| District court case number | County | State | Date of birth, If CP or NCP | | |
| Street address | | City | | State | Zip |
| Area code | Home telephone number | | Area code | Work telephone number | |
| E-mail address, optional | | | | | |

Purpose of form

Form 03EN009E may be used by a custodial person (CP), noncustodial parent (NCP), the attorney for either, or an authorized person to request disclosure of the custodial person's or the noncustodial parent's address of record.

Instructions

- Enter name, date of birth, and Social Security number of the person whose address of record you are requesting.
- Enter the OCSS case number. This is also called the FGN number.
- Enter the district court case number along with the county and state where it was entered.
- Enter the names and dates of birth of up to four children in this case.
- Enter the names and Social Security numbers of the CP and the NCP.
- Check the appropriate box to indicate you are the CP, NCP, attorney for the CP or NCP, or an authorized representative. If you are the attorney, enter your Oklahoma Bar Association number. If you are a party or authorized representative not listed, check the other box and explain your status and authority for making this request.
- Check the box corresponding with the purpose for your request. Under Oklahoma law, addresses of record are for service of process in support, visitation, and custody actions. [43 O.S. § 112A]
- Type or print your name, and sign and date the form.
- If you are the CP or a NCP, enter your Social Security number.
- Enter your mailing address. Include a street address or a post office box number with city, state, and zip code.
- If you are the CP or a NCP, enter your date of birth.
- Enter your home and work telephone numbers. Include area code(s).
- Enter your e-mail address (not required).

Routing

Make a copy of the form to keep for yourself, and return the original completed form to:

OCSS, Central Case Registry
Attn: Address Disclosures
P. O. Box 248843
Oklahoma City, OK 73124-8843

Questions? Telephone 918-295-3500 in the Tulsa area; 405-522-2273 in the Oklahoma City area; or 1- 800-522-2922 toll free. TTY 405-522-3792 in the Oklahoma City area or 1-866-264-4767 toll free.

