

**GOVERNMENT OF THE DISTRICT OF COLUMBIA**  
**Child and Family Services Agency**



**Business Process: Diligent Search**

**I. Policy**

It is the policy of CFSA to conduct a diligent search when attempting to identify and locate missing parents or other relatives to provide them with notice that a relative child is in the custody of CFSA, and to determine whether such individuals are able to appropriately care for the child. The assigned social worker and the Diligent Search Unit (DSU) investigator shall use reasonable and concerted efforts and shall exhaust all leads in attempting to locate the persons being sought.

**II. Procedures**

**A. Social Worker's Responsibilities When Conducting a Preliminary Diligent Search**

When conducting a preliminary diligent search, the social worker shall complete the following activities:

1. Conduct a thorough review of FACES.NET and any relevant family case files to determine the identity and location of any relatives or significant non-relatives who may serve as a possible resource for the child and the family.
2. Coordinate with the assigned assistant attorney general (AAG) as applicable to ensure that any relevant information that has developed in court proceedings is referenced.
3. Gather information through interviews with the age-appropriate child and (when appropriate) any known relatives or caregivers regarding the whereabouts of the child's parent(s), other relatives, friends, or any significant non-relatives who may be a resource for the child or family. The social worker shall attempt to obtain the full names, aliases, nick names, addresses, telephone numbers, and any other identifying information that may be helpful in locating the person being sought.
4. If the social worker has not located the person through an interview with the child, relatives, or other persons, he or she shall continue the search by conducting the following activities:
  - a. Check with the child's current and previous school to review the child's school records for the names and addresses of parents or caretakers.
  - b. Search the internet ([www.whitepages.com](http://www.whitepages.com)), the telephone directory, or obtain operator assistance to locate the missing person's address.
  - c. Contact the missing person's last known employer or landlord, if known and applicable.
  - d. Contact the DC Department of Corrections or conduct an internet search at both websites for the federal Bureau of Prisons ([www.BOP.com](http://www.BOP.com)) and the National Victim Notification Network ([www.vinelink.com](http://www.vinelink.com)) to determine if the person is currently incarcerated.
  - e. Contact local shelters and hospitals to determine whether the person is currently located in either a shelter or hospital.
  - f. Contact CFSA's Health Services Administration (HSA) to determine if the child has had recent immunizations in the District of Columbia or has accessed medical services from the Children's National Medical Center (CNMC).

5. If the social worker has identified an address for the person being sought, he or she shall make a good faith effort to conduct an in-person visit during various times of day, unless it can be verified that the person no longer lives there (e.g., the leasing office confirms that the person does not reside at the identified address).
  - a. If a visit to the last known address indicates that the address is not current and there is no known forwarding or current address, the social worker shall send a certified letter, i.e., return receipt requested, to the last known address. The social worker shall send an additional letter marked "Address Correction Requested – Do Not Forward" under the return address.
  - b. The social worker may also check with the local post office to attempt to obtain a current address.
6. If the social worker's efforts (listed above) do not yield results, and there is reason to believe that the person is located in another jurisdiction, the social worker shall complete and submit a *Protective Services Alert Form* and cover letter (see *Attachment A*) to his or her supervisor for review and signature.
  - a. Once approved, the social worker shall use the addresses located on the form to forward the form and cover letter to the county Interstate Compact for the Placement of Children (ICPC) offices in Maryland and Virginia.
  - b. The social worker shall also submit the form and cover letter to the CFSA ICPC administrator or program manager to determine whether the family has relocated to another state.
  - c. The ICPC administrator or program manager shall forward the form and cover letter to the ICPC offices in every state and request that each ICPC office contact CFSA with any relevant information regarding the person being sought.
  - d. The social worker shall consult with his or her supervisor to follow up on any information obtained from other jurisdictions.
7. The social worker must document all efforts to locate the person being sought and enter the results in FACES.NET, including when, where, and how attempts were made to identify and locate person.
8. If the social worker is unable to locate the person after completing steps 1–6 above, the social worker should consult with his or her supervisor to determine whether the search is complete. The supervisor will determine whether further action is required or whether the case should be referred to DSU.
9. If a supervisor determines that the case should be referred to the DSU, the social worker shall complete a Diligent Search Referral Form (referral form) (see *Attachment B*) and submit the referral to the supervisor for review and signature.
10. Upon receipt of supervisory approval and signature, the social worker completes one or more of the following tasks:
  - a. Electronically submit the referral form to DSU at [cfsa.dsu@dc.gov](mailto:cfsa.dsu@dc.gov).
  - b. Hand-deliver the referral form to the DSU supervisor.
  - c. Fax the referral form to DSU at 202-727-7818. Note: if the referral form is faxed, the social worker absolutely needs to follow up to ensure the form has been received.

12. Upon receipt of the DSU investigator's diligent search results (see *Procedure B following for DSU processes once a referral is received*), the social worker shall document the results in the contacts section in FACES.NET, including all steps the social worker has taken to follow up on the leads identified by DSU.
13. The social worker shall continue to periodically conduct an on-going search until all persons being sought are found, or until the child reaches permanency or all reasonable efforts have been exhausted.
14. If the social worker exhausts all reasonable efforts to locate the person identified by DSU, he or she consults with the assigned supervisor to determine whether further action is required or whether the search is complete.
15. If the supervisor determines that further action is required, the social worker continues the search and may need to contact the DSU supervisor to request that another search be conducted.

#### **B. DSU Requirements for Processing a Social Worker's Request for a Diligent Search**

Upon receipt of a *Diligent Search Referral Form (Attachment B)*, the DSU supervisor or designee reviews the referral and immediately assigns it to a DSU investigator (no more than 1 business day). The investigator responds to requests that are determined to be a high priority (e.g., at-risk cases or a removal) within the same day of receiving the referral and within 5 business days for all other referrals. Diligent search services are available to the Kinship Unit for emergency placement purposes 24 hours a day.

1. The DSU investigator conducts the following activities when initiating a diligent search investigation:
  - a. Contact the referring social worker within the same business day of receiving the referral form to confirm receipt, and to review identifying information regarding the person to be sought.
  - b. Conduct a FACES.NET search and review the case file to obtain additional information, as needed.
  - c. Review the neglect jacket at the DC Superior Court for possible leads, as needed.
2. If the DSU investigator has knowledge of the person's name, he or she shall review the following databases to obtain the location of the person being sought:
  - a. Automated Client Eligibility Determination System (ACEDS) for the District of Columbia
  - b. Justice Information System For the District of Columbia (JUSTIS)
  - c. Federal Parent Locator System (FPLS)
  - d. Washington Area Law Enforcement System (WALES)
  - e. Zabasearch
  - f. Accurint
  - g. Reverse Phone Directory
  - h. Vinelink (Victim Information and Notification Everyday)
  - i. Federal Bureau of Prisons (BOP)
  - j. Department of Motor Vehicles (in the applicable state)
  - k. Various social media sites (e.g., Facebook, Instagram, Twitter, Google)

3. For diligent search referrals from the Kinship Unit for emergency home assessment and placement purposes, the DSU investigator completes the above search activities, and the following background checks:
  - a. Child Protective Register (CPR) check
  - b. National Crime Information Center (NCIC)
  - c. Live Scan (fingerprinting)

*Note: Diligent Search referrals for kinship purposes are completed within 4 hours of the request. The results are emailed to the referring social worker.*

4. At the request of the referring social worker, the DSU investigator contacts via telephone the person identified through the database search (e.g., relatives, friends, landlord, or employer) to obtain additional information regarding the location of the person being sought.

*Note: When the social worker refers a case to DSU, the DSU investigator is not required to attempt in-person contact with the missing individual. For court-ordered diligent search requests, the DSU investigator is required to exhaust all leads to locate the person, including conducting in-person interviews with relatives and associates (for more information, see Procedure D following for Court-Ordered Diligent Search Requests).*

5. If the DSU investigator is unable to locate the person through a database search, he or she shall contact local shelters and hospitals to determine whether the person is currently located in these facilities.
6. The DSU investigator completes the search and submits to the referring social worker a *Diligent Search Referral Investigation Report* (investigation report) (see Attachment C) summarizing the results of the search.
  - a. If the referral is a priority (e.g., an at-risk case or a removal), DSU submits the investigation report to the referring social worker within the same day of the referral's receipt, or within 5 business days for all other referrals.
  - b. The investigation report must identify all potential leads that may assist the social worker in locating the person being sought.

*Note: Diligent search referrals for kinship purposes are completed within 4 hours of the request. The results are emailed to the referring social worker.*

### **C. Court-Ordered Diligent Search Requests**

Upon the receipt of a court-ordered diligent search request, the following steps are completed:

1. The assigned social worker provides the DSU supervisor with the court order within 2 business days from the date the order was issued for immediate processing.
2. The DSU supervisor, or designee, reviews the court order and assigns a DSU investigator to the case within 1 business day.
3. The DSU investigator conducts the following activities when initiating a diligent search investigation:
  - a. Contact the assigned social worker, petitioner's attorney, parent's attorney, guardian *ad litem* (GAL), and the AAG, as needed, to obtain additional information regarding the location of the person being sought.
  - b. Conduct a FACES.NET search and review the case file to obtain additional information, as needed.
  - c. Review the neglect jacket at the DC Superior Court for possible leads, as needed.

4. If the DSU investigator has knowledge of the person's name, he or she conducts a database search to obtain the person's location (*see item 2 under Procedure B above for a list of database searches*).
5. The DSU investigator interviews the relatives, friends, and significant non-relatives of the person being sought in order to obtain the following information:
  - a. Person's full name
  - b. Any known nicknames or aliases
  - c. Person's contact information, including current or last known address and telephone and cellular phone numbers
  - d. Identifying information, including the sought person's age, date of birth, place of birth, and social security number
  - e. Last known place of employment
  - f. The names and contact information for any of the sought person's relatives or friends, including their place of employment
  - g. The last time the person being sought was seen by friends, relatives, or the child
  - h. History of interaction between the person and child, including whether the child lived with the person
  - i. Marriage history of the person (when applicable)
  - j. If the person is the non-custodial parent, the investigator attempts to interview the custodial parent and other available resources (paternal and maternal grandparents, aunts, and uncles of the child involved) to obtain the following information:
    - i. Location and address of the other parent
    - ii. If applicable, whether or not child support (formal or informal) is paid for the child
    - iii. If applicable, whether the father's name is on birth certificate
    - iv. If applicable, whether the father acknowledges paternity
    - v. If applicable, a biological mother's affidavit concerning paternity
  - k. The sought person's driver's license information, including the issuing state
  - l. Vehicle information
  - m. Proof of receipt of social security or any other public benefit (e.g., disability, medical or other public assistance).
  - n. Any identifying marks (e.g., tattoo, scar, birth marks)
  - o. Height, weight, complexion, hair style, color, facial hair, and any known handicaps, etc.
  - p. Veteran or military status and if so, the branch, rank, and the years of service
  - q. History of incarceration and if so, the inmate identification number, the police department identification number (PDID), and the location of the prison or jail
6. If the person is still not found, the DSU investigator contacts local shelters and hospitals to determine whether the person being sought is currently located in these facilities.
7. The DSU investigator makes an in-person visit to the sought person's last known address (if there is reason to believe that the person may be there or the information can be obtained from neighbors).
  - a. If there are multiple persons involved, good faith efforts must be made to contact each person, including visits to the last known address (unless it can be verified that the person no longer lives there and there are no neighbors, friends, or relatives living nearby who can assist with additional information).

- b. In the event that that there is no answer at the door, or the home appears abandoned, or the DSU investigator is informed that person being sought does not reside at the home, he or she conducts the following activities, as applicable:
        - i. Leave a written message at the home and send a certified letter requesting that the person being sought contact the investigator immediately.
        - ii. Check with the apartment rental manager to verify the person's address.
        - iii. Check with the neighbors to obtain more information.
        - iv. Check the local post office and the local department of motor vehicles to verify the person's current address.
8. If the sought person is incarcerated in a detention facility within a 100-mile radius of the Washington, DC metropolitan area, the DSU investigator completes the following tasks:
  - Coordinate the travel date and time with the DSU supervisor.
9. For the person incarcerated outside of the District of Columbia, the DSU investigator completes the following tasks in the order listed:
  - a. Verify the exact location of the person being sought and his or her inmate identification number.
  - b. Obtain the address and telephone number of the local county sheriff's office, which serves the detention facility, and request their fee for service.
  - c. Complete a *Demand Payment Form* (see *Attachment D*) to request a check for the fee, made payable to the local county sheriff or process server. The form must include the case number and name of the child and person to be served.
  - d. Prepare a letter requesting service from the appropriate sheriff's office.
  - e. Send a packet to the appropriate sheriff's office via U.S. mail or UPS containing the letter requesting service, the court order(s), an *Affidavit of Service* (see *Attachment E*) to be completed by the process server, and the appropriate service fee.
10. If the court order requires that the DSU investigator locate but not necessarily serve the sought person, then the DSU investigator provides the court with a signed and notarized statement of the efforts made to locate the person.
11. If the court order requires that the DSU investigator serve the person once he or she is located, the DSU investigator immediately serves the person by providing him or her with a copy of the court order and any other supplemental orders, summons, or other additional documents that may be attached to the summons.
12. Once the DSU investigator serves the person being sought, he or she shall complete a *Diligent Search Case Report* (see *Attachment F*) along with a notarized *Affidavit of Service* within 24 hours and submit both to the DSU supervisor for review. The affidavit is filed with the court only after supervisory approval.
13. If the DSU investigator has exhausted all leads, or it becomes apparent that he or she will be unable to locate or serve the person being sought within the appropriate timeframe (see item #14 following), the DSU investigator completes an *Affidavit of Efforts* (see *Attachment G*) within 24 hours and files the affidavit with the court after supervisory review and approval.
  - a. The DSU investigator shall include a statement in the *Affidavit of Efforts* requesting the court to grant a continuance to allow the Agency more time to locate the missing person, when appropriate.
  - b. The search is deemed complete only when the court determines that sufficient, reasonable efforts have been made to locate the missing person.

- c. If the court finds that reasonable efforts to locate the person have been made, the DSU investigator shall submit a *Diligent Search Case Report (Attachment F)* to the DSU supervisor for review and case closure.
14. The DSU investigator or designee files an affidavit with the court only after supervisory review and within the following time frames:
    - a. For adoption proceedings, the DSU investigator files an affidavit with the court no later than 5 business days prior to the scheduled hearing (or within the time frame designated by the court).
    - b. For guardianship proceedings, if the court date is listed on the court order, the DSU investigator files an affidavit with the court no later than 5 business days prior to the hearing date. If there is no court date listed on the court order, the investigator has 45 calendar days from the issuance of the court order to file the affidavit.
    - c. For all other proceedings, the court designates the time frame by which to file the affidavit (based on the hearing date).

*Note: To determine the hearing date, the DSU investigator reviews the order of reference for adoption cases or the date located on the first page of the order for guardianship cases. If there is no court date, the DSU investigator contacts the DSU supervisor. The DSU investigator also follows ups with the DSU supervisor if he or she is unaware of the filing date for affidavits.*

15. When completing an *Affidavit of Service* or an *Affidavit of Efforts*, the DSU investigator must include the following information:
  - a. Affidavit of Service
    - i. Case name and docket number
    - ii. DSU investigator's name
    - iii. Date and time of service
    - iv. Location of service
    - v. Type of documents served
    - vi. How the parent was identified
  - b. Affidavit of Efforts
    - i. Case name and docket number
    - ii. DSU investigator's name
    - iii. Chronological dates listing all possible efforts to locate the parent
    - iv. Whether the parent was able or unable to be located
16. The DSU investigator shall document all investigative notes in an investigative file in a timely, clear, and organized manner.
17. The DSU investigator shall also retain a copy of all documents, checks, and receipts in the case file.

#### **D. Confidentiality**

1. When making inquiries of relatives, neighbors, or other individuals, confidential information regarding the investigation or parties involved may not be divulged.
2. The individual conducting the diligent search shall identify himself or herself as an Agency employee and may make inquiries regarding the whereabouts of the person being sought, but he or she shall not disclose any information regarding the circumstances or nature of the case, allegations or type of case, nor the parties involved in the case.

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
Child and Family Services Agency**



**Protective Services Alert Referral Form**

The Dept. of Health & Human Services  
805 Brightseat Road  
Landover, Maryland 20785

The Dept. of Health & Human Services  
1301 Piccard Drive  
Rockville, Maryland 20850

The Dept. of Health & Human Services  
P.O. Box 1010  
200 Kent Avenue  
LaPlata, Maryland 20646

Virginia Department of Social Services  
7 N. Eighth Street  
Richmond, VA 23219

NC Division of Social Services  
2401 Mail Service Center  
Raleigh, NC 27699-2401

Remaining 50 State ICPC Offices

RE: CPS Referral Number # or Client ID Number

- Protective Services Alert Attached.
- Please Clear your agency's records (paper and automated systems)
  - Share this alert with your master file room personnel and create a tickler card in case the child(ren) or family comes to your agency's attention (e.g., public assistance, food stamps, child welfare services).
  - Distribute this alert to children's services agencies in your state.
- Cancel the Protective Services Alert submitted / /20\_\_. We have located the child(ren).
- Comments:

Sincerely,

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office Number/ Fax Number

\_\_\_\_\_  
Email

200 I Street, SE ♦ Washington, DC 20003  
www.cfsa.dc.gov



**All States ICPC  
Protective Services Alert Referral Form**

The Dept. of Health & Human Services  
805 Brightseat Road  
Landover, Maryland 20785  
Phone: (301) 909-2000  
Fax: (301) 909 -2200

The Dept. of Health & Human Services  
1301 Piccard Drive  
Rockville, Maryland 20850  
Phone: (240) 777-1245  
Fax: (240) 777-4258

The Dept. of Health & Human Services  
P.O. Box 1010  
200 Kent Avenue  
LaPlata, Maryland 20646  
Phone: (301) 392-6739  
Fax: (301) 934-2662

Virginia Department of Social Services  
7 N. Eighth Street  
Richmond, VA 23219  
Phone: (804) 726-7555  
Fax: (804) 726-7895

NC Division of Social Services  
2401 Mail Service Center  
Raleigh, NC 27699-2401  
Phone: (919) 733-3055  
Fax: (919) 334-1018

**Re: (Mother)**

**Referral Id#**

| <b>Child(ren)'s Name(s)</b>         | <b>DOB</b> | <b>SEX</b>  | <b>Race</b> | <b>SSN</b> |
|-------------------------------------|------------|---|-------------|------------|
|                                     | / /        | <input type="checkbox"/> M <input type="checkbox"/> F | A.A.        | / /        |
|                                     | / /        | <input type="checkbox"/> M <input type="checkbox"/> F | A.A.        | / /        |
|                                     | / /        | <input type="checkbox"/> M <input type="checkbox"/> F | A.A.        | / /        |
|                                     | / /        | <input type="checkbox"/> M <input type="checkbox"/> F | A.A.        | / /        |
|                                     | / /        | <input type="checkbox"/> M <input type="checkbox"/> F | A.A.        | / /        |
|                                     | / /        | <input type="checkbox"/> M <input type="checkbox"/> F | A.A.        | / /        |
|                                     | / /        | <input type="checkbox"/> M <input type="checkbox"/> F | A.A.        | / /        |
|                                     | / /        | <input type="checkbox"/> M <input type="checkbox"/> F | A.A.        | / /        |
| <b>Parent/ Care Giver's Name(s)</b> | <b>DOB</b> | <b>SEX</b>  | <b>Race</b> | <b>SSN</b> |
|                                     | / /        | <input type="checkbox"/> M <input type="checkbox"/> F | A.A.        | / /        |
|                                     | / /        | <input type="checkbox"/> M <input type="checkbox"/> F | A.A.        | / /        |
|                                     | / /        | <input type="checkbox"/> M <input type="checkbox"/> F | A.A.        | / /        |

**Reason For Alert:**

**Relevant Child Family Information:**

**Requesting Jurisdiction Information:** If you have had or currently have contact with any of the family members listed above please notify:

Thank you,

\_\_\_\_\_  
Name/Title

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office Number/ Fax Number

\_\_\_\_\_  
Email

\_\_\_\_\_  
Name/Supervisory Social Worker

\_\_\_\_\_  
Date

\_\_\_\_\_  
Office Number/ Fax Number

\_\_\_\_\_  
Email

## DILIGENT SEARCH REFERRAL FORM

**THE REFERRING PARTY MUST PROVIDE AS MUCH IDENTIFYING INFORMATION AS POSSIBLE. PLEASE PROVIDE A DETAILED CASE SYNOPSIS ON THE LAST PAGE OF THIS FORM. PRIOR TO SUBMITTING THIS FORM, PLEASE ENSURE YOU HAVE CONDUCTED AN INITIAL SEARCH AS REQUIRED, AND PLACE A CHECK MARK NEXT TO THE SEARCHES PERFORMED.**

- |   |   |
|---|---|
| <input type="checkbox"/> VISIT LAST KNOWN ADDRESSES FOR PARENTS   | <input type="checkbox"/> CHECK FACES              |
| <input type="checkbox"/> CALL OR VISIT CHILD'S SCHOOL             | <input type="checkbox"/> CHECK ACEDS              |
| <input type="checkbox"/> TALK WITH CLIENT'S RELATIVES             | <input type="checkbox"/> CHECK LOCAL HOSPITALS    |
| <input type="checkbox"/> TALK WITH NEIGHBORS                      | <input type="checkbox"/> CHECK MEN/WOMEN SHELTERS |
| <input type="checkbox"/> CONTACT LANDLORD                         | <input type="checkbox"/> CONTACT PAST EMPLOYER    |
| <input type="checkbox"/> PUBLIC INFORMATION SEARCHES VIA INTERNET |   |

**Please return this form to the Diligent Search Unit, 200 I Street, SE, Rm. 2650, Washington, DC 20003, telephone (202) 727-4688, fax (202) 727-7818, or email: [cfsa.dsu@dc.gov](mailto:cfsa.dsu@dc.gov).**

Person Requesting Search: \_\_\_\_\_

|                               |                  |                     |
|-------------------------------|------------------|---------------------|
| Name _____                    | Department _____ | Title _____         |
| Phone _____                   | Department _____ | Email Address _____ |
| Social Worker Signature _____ |                  | Date _____          |

Supervisor \_\_\_\_\_

|                            |                  |             |
|----------------------------|------------------|-------------|
| Name _____                 | Department _____ | Phone _____ |
| Supervisor Signature _____ |                  | Date _____  |

|                                  |   |  |   |
|----------------------------------|---|--|---|
| <b>SEARCH FOR (Please Check)</b> | <input type="checkbox"/> Birth Mother       | <input type="checkbox"/> Birth/Putative Father | <input type="checkbox"/> Other Relative |
|                                  | <input type="checkbox"/> Maternal Relatives | <input type="checkbox"/> Paternal Relatives    |   |
| <b>Reason for Search</b>         | <input type="checkbox"/> FTM/Removal        | <input type="checkbox"/> FTM/At Risk           | <input type="checkbox"/> Family Find    |
|                                  | <input type="checkbox"/> FTM/LYFE           | <input type="checkbox"/> CPS                   | <input type="checkbox"/> In-Home        |
|                                  | <input type="checkbox"/> Other _____        |  |   |

### CASE INFORMATION

Child's Name \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

FACES ID \_\_\_\_\_ Referral ID \_\_\_\_\_ Case ID \_\_\_\_\_

**MOTHER'S INFORMATION**

Name \_\_\_\_\_  
 Last First Middle

Known Aliases \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Last Known Address \_\_\_\_\_  
 Street City State Zip

Assigned Attorney \_\_\_\_\_  
 Name Phone Number

**PHYSICAL DESCRIPTION**

Race (please check one)  White  Black  Asian  Pacific  Native  Other

Height \_\_\_\_\_ Weight \_\_\_\_\_

Distinguishing Features: (e.g., scars, thick glasses, etc.) \_\_\_\_\_

Physical Afflictions, etc. \_\_\_\_\_

**FATHER'S INFORMATION**

Name \_\_\_\_\_  
 Last First Middle

Known Aliases \_\_\_\_\_

Date of Birth \_\_\_\_\_ Place of Birth \_\_\_\_\_

Social Security Number \_\_\_\_\_

Last Known Address \_\_\_\_\_  
 Street City State Zip

Assigned Attorney \_\_\_\_\_  
 Name Phone Number

**PHYSICAL DESCRIPTION**

Race (please check one)  White  Black  Asian  Pacific  Native  Other

Height \_\_\_\_\_ Weight \_\_\_\_\_

Distinguishing Features: (e.g., scars, thick glasses, etc.) \_\_\_\_\_

Physical Afflictions, etc. \_\_\_\_\_

**(THIS REFERS TO THE PERSON REQUESTING THIS SEARCH)**

Mode of last contact with parent  Phone number (Please specify telephone number) \_\_\_\_\_

Address (Please specify address) \_\_\_\_\_

Last Contact with Parent \_\_\_\_\_  
Month Day Year

Have you asked the attorney to share identifying information on his/her client?  Yes  No

Does the parent have a criminal record  Yes  No If Yes, Date and Location \_\_\_\_\_

Was the person in the U.S. Armed Forces?  Yes  No

If Yes, Which Branch  Army  Navy  Air Force  Marines  Coast Guard Date Active \_\_\_\_\_

Does parent have previous work history  Yes  No

Year Last Employed \_\_\_\_\_ Name of Employer \_\_\_\_\_ City/State \_\_\_\_\_

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### COLLATERAL INFORMATION

Relatives/Neighbors/Significant Others Who May Have Knowledge of the Parent. If a relative, specify the degree and type of kinship, e.g., maternal cousin, paternal uncle. Give name, telephone number and address.

Date of last contact \_\_\_\_\_ Type of Kinship \_\_\_\_\_

Name \_\_\_\_\_

First Middle Last

Address \_\_\_\_\_

Street City State Zip

Telephone \_\_\_\_\_

Date of last contact \_\_\_\_\_ Type of Kinship \_\_\_\_\_

Name \_\_\_\_\_

First Middle Last

Address \_\_\_\_\_

Street City State Zip

Telephone \_\_\_\_\_

**CASE SYNOPSIS**

(Please provide a detailed narrative regarding the case history and circumstances that require this diligent search referral)

## DILIGENT SEARCH REFERRAL INVESTIGATION REPORT

**IN THE MATTER OF:**

**DOCKET NO.**

**SOCIAL FILE NO.**

**REQUESTING SOCIAL WORKER:**

**DSU INVESTIGATOR:**

**INVESTIGATION RESULTS:**

**Diligent Search Recommendation:** This investigator also recommends that the assigned social worker conduct the following steps:

- |  |   |
|--|---|
| <input type="checkbox"/> CALL OR VISIT CHILD'S SCHOOL<br>(Obtain current address or emergency contact)                     | <input type="checkbox"/> SEND CERTIFIED LETTERS TO LAST KNOWN ADDRESS<br>(Send letters to individuals at the address provided in this report indicating reason for contact) |
| <input type="checkbox"/> VISIT LAST KNOWN ADDRESSES FOR PARENTS<br>(Visit address provided in this report)                 |   |
| <input type="checkbox"/> TALK WITH CLIENT'S RELATIVES  | <input type="checkbox"/> CHECK WOMEN'S SHELTER  |
| <input type="checkbox"/> CONTACT LANDLORD<br>(Contact landlord for your client's contact info. and any forwarding address) | <input type="checkbox"/> CHECK MEN'S SHELTERS   |
| <input type="checkbox"/> TALK WITH NEIGHBORS<br>(Ask if they have seen or know the whereabouts of your client)             | <input type="checkbox"/> CHECK LOCAL HOSPITALS  |
| <input type="checkbox"/> CONTACT PAST EMPLOYMENT   | <input type="checkbox"/> CHECK FACES (Check updated info in this system)  |
|  | <input type="checkbox"/> CHECK ACEDS (Get a full report, i.e., benefits, case worker, mailing address, phone numbers)   |

**DEMAND PAYMENT FORM**

**THIS FORM SHOULD BE USED FOR ALL DEMAND PAYMENTS**

**FOR FOA USE ONLY:**

Date: \_\_\_\_\_  
Total Amount \_\_\_\_\_

Requested By: \_\_\_\_\_

Requestor Phone Number: \_\_\_\_\_

Provider Name: \_\_\_\_\_

Provider Id No.: \_\_\_\_\_

**For NEW providers the following information must be provided for entry into FACES:**

Address: \_\_\_\_\_

Tax Id No: \_\_\_\_\_

Provider Phone No: \_\_\_\_\_

For the following clients: (attach additional sheet if necessary)

| Name: | Client Id: | Date of Service: | Amount: |
|-------|------------|------------------|---------|
| _____ | _____      | _____            | _____   |
| _____ | _____      | _____            | _____   |
| _____ | _____      | _____            | _____   |

**Brief Justification: (Attach memorandum and/or attach receipts if applicable)**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Approval: \_\_\_\_\_  
Supervisor/\*Program Manager or Designee Date

**\*A program manager or designee must approve all requests in excess of \$300.**

You may enter the payment request into the FACES system; however, this form must be received in the Accounting office before the payment will be approved.  
Check will be generated within 5-7 days after approval in FACES



**IN THE SUPERIOR COURT OF THE DISTRICT OF COLUMBIA  
FAMILY COURT**

**IN THE MATTER OF:**

**DOCKET NO:**

**SOCIAL FILE NO:**

**AFFIDAVIT OF SERVICE**

I, \_\_\_\_\_, being first duly sworn under oath, depose and say:  
(Server's Name)

1. I am a/an \_\_\_\_\_, for the \_\_\_\_\_, \_\_\_\_\_  
(Your title) (Name of place of employment) (Address of place of  
employment) I am at least 18 years of age.

2. On \_\_\_\_\_, at \_\_\_\_\_ a.m./p.m., I personally served Mr./Ms.  
(Date) (time) (select one) (select one)

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ at \_\_\_\_\_  
(Missing person's name) (Soc. Sec #) (DOB) (Address  
where served) with the following documents:

A. Copy of Summons and Notice of Motion for Guardianship to Parent

B. Copy of Motion for Permanent Guardianship

\_\_\_\_\_  
(Server's Name/Badge Number)

\_\_\_\_\_  
(Title)

SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_,  
(Day) (Month) (Year)

\_\_\_\_\_  
(Notary Public)

My commission expires \_\_\_\_\_.

## DILIGENT SEARCH CASE REPORT

| DATE OF ASSIGNMENT  | DUE DATE    | INVESTIGATOR:  | CASE NUMBER: |
|---|-------------|--|--------------|
| <b>TYPE OF CASE:</b><br><input type="checkbox"/> ADOPTION <input type="checkbox"/> GUARDIANSHIP<br><input type="checkbox"/> REFERRAL <input type="checkbox"/> CUSTODY ORDER   |             | <b>PERSONS TO LOCATE:</b><br><input type="checkbox"/> LOCATE MOTHER <input type="checkbox"/> LOCATE FATHER<br><input type="checkbox"/> LOCATE CHILD <input type="checkbox"/> OTHER |              |
| PARENTS INFORMATION   |             |  |              |
| Name: (Mother)  | Home Phone: | Name: (Father)   | Home Phone:  |
| Address:  | Cell-Phone: | Address:   | Cell-Phone:  |
| Social Security Number:   | DOB:        | Social Security Number:  | DOB:         |
| CASE STATUS   |             |  |              |
| <input type="checkbox"/> LOCATED MOTHER<br><input type="checkbox"/> LOCATED FATHER<br><input type="checkbox"/> AVOIDING SERVICE<br><input type="checkbox"/> LOCATED CHILD<br><input type="checkbox"/> UNABLE TO LOCATE MOTHER<br><input type="checkbox"/> UNABLE TO LOCATE FATHER |             | <input type="checkbox"/> CASE CLOSED (SERVED/LOCATED)<br><input type="checkbox"/> CASE CLOSED (CONSTRUCTIVE SERVICE BY POSTING)<br><input type="checkbox"/> CASE DISMISSED         |              |
| UPDATED INFORMATION ON PARENTS  |             |  |              |
| Empty space for updated information   |             |  |              |

# DILIGENT SEARCH CASE REPORT

| CHILDREN                       |            |     |                                  |       |
|--------------------------------|------------|-----|----------------------------------|-------|
| LAST NAME                      | FIRST NAME | SEX | DOB                              | NOTES |
| 1.                             |            |     |                                  |       |
| 2.                             |            |     |                                  |       |
| 3.                             |            |     |                                  |       |
| 4.                             |            |     |                                  |       |
| 5.                             |            |     |                                  |       |
| 6.                             |            |     |                                  |       |
| 7.                             |            |     |                                  |       |
| 8.                             |            |     |                                  |       |
| SUPERVISOR'S NOTES             |            |     |                                  |       |
|                                |            |     |                                  |       |
| <b>SUPERVISOR'S SIGNATURE:</b> |            |     | <b>INVESTIGATOR'S SIGNATURE:</b> |       |

# DILIGENT SEARCH CASE REPORT

## INVESTIGATIVE'S NOTES

**INVESTIGATOR'S SIGNATURE:**

**DATE:**

**SUPERVISOR'S SIGNATURE:**

**IN THE SUPERIOR COURT OF THE DISTRICT OF COLUMBIA  
FAMILY COURT**

**IN THE MATTER OF:**

**DOCKET NO:**

**SOCIAL FILE NO:**

**AFFIDAVIT OF**

\_\_\_\_\_  
(Investigator's Name)

**AFFIDAVIT OF EFFORTS FOR**

\_\_\_\_\_  
(Missing person's name)

I, \_\_\_\_\_, being first duly sworn under oath, depose and say:  
(Investigator's name)

1. I am an Investigator in the Diligent Search Unit (DSU), Child & Family Services Agency, 200 I Street, SE., Washington, D.C. 20003. I am over 18 years of age.

2. On \_\_\_\_\_, I received copies of the \_\_\_\_\_  
(Type of Order)  
Order to appear in Court from Judge \_\_\_\_\_, requesting the appearance of  
\_\_\_\_\_, to  
(Missing person's name and relationship to child) (Missing Person DOB) (Missing Person's Soc. Sec #)  
appear before Magistrate Judge \_\_\_\_\_, on \_\_\_\_\_, at  
(Date)  
\_\_\_\_\_ am/pm in courtroom \_\_\_\_\_, in D.C. Superior court,  
(Time) (select one)  
500 Indiana Avenue, NW, Washington, D.C. 20001.

3. On \_\_\_\_\_,  
(Date of activity)

4. On \_\_\_\_\_,  
(Date of activity)

5. On \_\_\_\_\_,  
(Date of activity)

6. On \_\_\_\_\_,  
(Date of activity)

**Note: This affidavit is being prepared to inform the Court of the diligent efforts of trying to locate**

\_\_\_\_\_, \_\_\_\_\_ of \_\_\_\_\_. **I have been unsuccessful at**  
(Missing Person's Name) (relationship to child) (name of child)

**this time to serve** \_\_\_\_\_, **because he/she** ....( Include any other relevant information  
(Missing Person's Name) (select one)

about the person being sought as well as additional efforts that will be made to identify/locate/serve missing person(s)

\_\_\_\_\_  
(Server Name/Badge Number)

\_\_\_\_\_  
(Investigator, DSU)

SUBSCRIBED AND SWORN BEFORE ME THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.  
(Day) (Month) (Year)

\_\_\_\_\_  
(Notary Public)

My commission expires \_\_\_\_\_.