

JOHNSTON COUNTY CHILD SUPPORT ENFORCEMENT  
120 S 3<sup>RD</sup> STREET  
PO BOX 2275  
SMITHFIELD, NC 27577

Our agency is attempting to locate the non-custodial parent. We need the information listed below for this person. Please complete as much as possible.

1. Social Security number: \_\_\_\_\_

2. Address: \_\_\_\_\_

\_\_\_\_\_

3. Directions to home: \_\_\_\_\_

\_\_\_\_\_

4. Telephone number: \_\_\_\_\_

5. Name and address of current or last employer: \_\_\_\_\_

\_\_\_\_\_

6. Year, make, and model of vehicle: \_\_\_\_\_

\_\_\_\_\_

7. Names of other people living in the home: \_\_\_\_\_

\_\_\_\_\_

8. Any other information which may be of assistance to the office: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Cont'd. . .

9. Date you had last contact with this person: \_\_\_\_\_

Return this letter to our office within ten days.

If you receive TANF and/or MEDICAID, you are required to cooperate with this agency. Failure to return this letter may result in your being referred to the Department of Social Services for non-cooperation. This may result in a reduction of your TANF check and/or a protective payee being assigned to your case.

Sincerely,

Child Support  
(919) 989-5080