

**DCBS Number:**

**DCBS Name:**

**Commonwealth of Kentucky  
Cabinet for Health and Family Services  
Department for Community Based Services**

**Absent Parent Form**

LEGAL NAME OF PARENT:

OTHER NAMES PARENT USES:

DATE OF BIRTH:

SOCIAL SECURITY NUMBER:

NAME(S) OF CHILD(REN) OF THIS PARENT INVOLVED IN CURRENT PROCEEDING:  
*(Name, Date of Birth)*

What is the parent's legal relationship to child(ren)?

- Mother
- Legal and biological father
- Presumed legal father
- Putative father

PARENT'S LAST KNOWN WHEREABOUTS:

As of what date:

ALL KNOWN MAILING ADDRESSES FOR PARENT IN PAST YEAR.

Address	Date From	Date To

NAME AND ADDRESSES OF ALL KNOWN EMPLOYERS OF PARENT IN THE PAST.

Name	Address

ALL KNOWN NAMES AND ADDRESSES FOR RELATIVES OF PARENT:

Name	Address	Relationship to Child

Does parent receive any kind of financial benefits, e.g., S.S.I., Veterans, Food Stamps?

Does parent have a criminal record? List state, county, and/or city of any record.

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Is parent member of an Indian tribe?

If yes, name of tribe:

(Federal law requires notification of tribe in any TPR or adoption involving a native American.)

List names and addresses of anyone else who might know parent's whereabouts (e.g., friends, former spouse, landlords, other social service agencies, parole officer, etc.) :

<b>Name</b>	<b>Address</b>	<b>Relationship to Parent</b>

List any court actions which may give information regarding the child such as paternity suits, divorce actions, child support orders, etc.

<b>Legal Action</b>	<b>Date of Action</b>	<b>County/State</b>