

CHILD SUPPORT AGENCY CONFIDENTIAL INFORMATION FORM**FOR IV-D AGENCY USE ONLY – DO NOT FILE WITH A TRIBUNAL OR PROVIDE TO THE OTHER PARTY**

The information on the form may be disclosed only as authorized by law.

If you are not the intended recipient, you are hereby notified that any use, disclosure, distribution, or copying of this form or its contents is strictly prohibited.

NOTE: This form sent through EDE**Section 1. Case Information:**

Initiating jurisdiction name: AZ DCSS - SOUTH MCPA	Responding jurisdiction name:
Initiating IV-D case identifier: 001428730400	Responding IV-D case identifier:
Initiating tribunal number:	Responding tribunal number:

Section 2. Parent/Caretaker Information

Parent <input checked="" type="checkbox"/> Obligee or <input type="checkbox"/> Obligor	Parent <input type="checkbox"/> Obligee or <input checked="" type="checkbox"/> Obligor
Legal name (first, middle, last, suffix) CUSTODIAL TEST TEST	Legal name (first, middle, last, suffix) NONCUSTODIAL ATLAS TEST
Relationship to child(ren):	Relationship to child(ren):
Gender: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female <input type="checkbox"/> Other	Gender: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other
Date of birth: 12/07/1994	Date of birth: 10/29/1993
Place of birth: (city, county, state) PHOENIX MARICOPA ARIZONA	Place of birth: (city, county, state) PHOENIX MARICOPA ARIZONA
SSN: _____	SSN: _____
Home telephone: _____	Home telephone: (602) 333-3333
Cell telephone: _____	Work telephone (602) 542-6082
Work telephone (602) 542-6082	Cell telephone: _____
Alias (e.g., maiden name, nickname):	Alias (e.g., maiden name, nickname):
Home address (street, city, state, zip): 1901 W MADISON ST APT 00000 PHOENIX, AZ 85009-5287	Home address (street, city, state, zip): CALLE ROEENA HACIENDA LAS PALMAS #6 SAN LUIS, COLORADO MX
Date address confirmed: _____	Date address confirmed: _____
Mailing address (street, PO Box, city, state, zip code): 1901 W MADISON ST APT 00000 PHOENIX, AZ 85009-5287	Mailing address (street, PO Box, city, state, zip code): CALLE ROEENA HACIENDA LAS PALMAS #6 SAN LUIS, COLORADO MX
Date address confirmed: _____	Date address confirmed: _____
E-mail:	E-mail:
Employer name: STATE OF ARIZONA	Employer name: STATE OF ARIZONA
Date employer confirmed: _____	Date employer confirmed: _____
Employer address (street, city, state, zip code): 100 N 15TH AVE STE 302 PHOENIX, AZ 85007-2634	Employer address (street, city, state, zip code): 100 N 15TH AVE STE 302 PHOENIX, AZ 85007-2634
Employer FEIN: 866004791	Employer FEIN: 866004791
Incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, inmate #: _____ and facility name: _____)	Incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, inmate #: _____ and facility name: _____)

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Caretaker – Obligee (When obligee is not the child(ren)'s parent)	
Legal name (first, middle, last, suffix):	
Relationship to child(ren):	
Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other	
Date of birth:	
SSN:	Home telephone:
Cell telephone:	Work telephone:
Home address (street, city, state, zip code):	
Date address confirmed: _____	
Mailing address (street, PO Box, city, state, zip code):	
Date address confirmed: _____	
E-mail:	

Section 3. Child(ren) Information:

Child #1 legal name (first, middle, last, suffix): CHILD TEST	
Home address (street, city, state, zip code): 1901 W MADISON ST APT 00000 PHOENIX, AZ 85009-5287	
SSN: ___-__-____	Date of birth: 04/15/2010
Place of birth (city, county, state): PHOENIX AZ	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Nonmarital birth: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, date of marriage: _____)	
If yes, complete the following:	
<input type="checkbox"/> Parentage Established. Was this parentage establishment a paternity determination of fatherhood? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parentage was established on _____ (date) in _____ (state).	
Parentage was established by:	
<input type="checkbox"/> Order	
<input type="checkbox"/> Acknowledgment of Parentage	
<input type="checkbox"/> Adoption	
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Parentage was not established.	

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Section III. Child(ren) Information (Continued):

Child #2 legal name (first, middle, last, suffix):	
Home address (street, city, state, zip code):	
SSN:	Date of birth:
Place of birth (city, county, state):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Nonmarital birth: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, date of marriage: _____)	
If yes, complete the following:	
<input type="checkbox"/> Parentage established. Was this parentage establishment a paternity determination of fatherhood? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parentage was established on _____ (date) in _____ (state).	
Parentage was established by:	
<input type="checkbox"/> Order	
<input type="checkbox"/> Acknowledgment of Parentage	
<input type="checkbox"/> Adoption	
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Parentage was not established.	
Child #3 legal name (first, middle, last, suffix):	
Home address (street, city, state, zip code):	
SSN:	Date of birth:
Place of birth (city, county, state):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Nonmarital birth: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, date of marriage: _____)	
If yes, complete the following:	
<input type="checkbox"/> Parentage established. Was this parentage establishment a paternity determination of fatherhood? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parentage was established on _____ (date) in _____ (state).	
Parentage was established by:	
<input type="checkbox"/> Order	
<input type="checkbox"/> Acknowledgment of Parentage	
<input type="checkbox"/> Adoption	
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Parentage was not established.	

Additional Child(ren) Information Attached

Encryption Requirements:

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to emails, may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).