

NCP\_CAS\_ID\_CASE CAS\_CD\_CNTY CAS\_CD\_OFFICE  
OFC\_NAME\_BUS  
OFC\_ADDR\_CSZ

(243) 434-3434

Rec\_Name\_Full  
C/O 2321  
Rec\_Addr\_CSZ

September 5, 2024



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**DEPARTMENT OF ECONOMIC SECURITY**

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*Your Partner For A Stronger Arizona*

Katie Hobbs  
Governor

Angie Rodgers  
Director

RE: CPP\_NAME\_FULL and NCP\_NAME\_FULL  
AZCARES No.: CAS\_ID\_CASE

Si usted necesita asistencia con la traducción de este documento, por favor llame a la oficina y pregunte por un representante que hable español.

**Please Update Your Information**

The Division of Child Support Services (DCSS) is working to provide child support services to you and your family. Our services include, but are not limited to, locating the absent parent, establishing paternity, establishing an obligation to support, enforcing the support obligation, and accounting for and distributing support collections. At times, we can also provide information on other resources that you and your family may need.

It is critical that you keep us informed of any change of address or telephone number. This is particularly important when we are receiving child support payments for you. Without your correct contact information, we cannot ensure that payments will reach you.

Please complete and return the information below by to the address listed below. If we do not receive a response from you, your case may be reviewed for closure.

If you have any questions about this notice, you may contact DCSS Customer Service at (602) 252-4045 (within Maricopa County), Nationwide toll free at 1-800-882-4151, or TTY/TDD Services: 7-1-1. You may also contact us by e-mail at the DCSS web site at [www.azdes.gov/dcass](http://www.azdes.gov/dcass).

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Child Support Services at (602) 252-4045; TTY/TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local.



Name: CPP\_NAME\_FULL

AZCARES No.: CAS\_ID\_CASE

Your Current Mailing Address: \_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

(Cell) \_\_\_\_\_ (E-mail) \_\_\_\_\_

Please fill out the information below for the other parent or alleged parent:

Alleged Parent/Other Parent Name: \_\_\_\_\_

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

Phone Number(s): \_\_\_\_\_

Employer Name: \_\_\_\_\_

Return completed form to:

OFC\_NAME\_BUS  
OFC\_ADDR\_CSZ

