

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

September 5, 2024

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.

You are scheduled to appear at the Division of Child Support Services (DCSS) office to discuss support establishment for the following children:

<u>Name(s)</u>	<u>Date of Birth</u>
CHP01_NAME_FULL	
CHP02_NAME_FULL	
CHP03_NAME_FULL	
CHP04_NAME_FULL	

Location:

EVT\_NAME\_BUS

EVT\_ADDR\_BUS\_CSZ

Date:

Time:

**If you fail to appear for this conference, a lawsuit may be filed against you. The Court will be asked to order you to pay all costs incurred, including service costs and attorney's fees.**

Please bring the following with you:

1. **The attached affidavit which must be completed by you prior to the appointment.**
2. Copies of your federal and state income tax returns (personal, partnership, and corporate), as well as schedules, attachments, W-2s and 1099s, for the past three years.
3. Copies of your pay stubs or statement of earnings for the last two months.
4. The most recent statements reflecting the **payment amount** of any benefits such as social security, SSI, TANF, unemployment compensation, workmen's compensation, trust income, retirement benefits and the like.

5. Proof of the cost of medical insurance actually paid by you for the benefit of the minor child(ren). Such verification may include a letter from your employer or insurer, or other appropriate proof.
6. Proof of the availability of medical insurance coverage, the cost of available coverage, persons for whom you are providing medical insurance, the actual cost, the insurance carrier and the policy number.
7. Payment records, or check stubs reflecting your payment of support for children other than the child(ren) for whom support is sought in this proceeding, for the past twelve months.
8. Proof of direct payments of support for which you wish to receive credit.
9. You must bring **Photo Identification** with you to your appointment.

**IF YOU ARE A MINOR, YOU MUST BRING A PARENT OR A LEGAL GUARDIAN WITH YOU TO THE APPOINTMENT.**

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/dcss](http://www.azdes.gov/dcss).

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