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NCP_CAS_ID_CASE CAS_CD_CNTY CAS_CD_OFFICE
OFC_NAME_BUS
OFC_ADDR_CSZ

(243) 434-3434

Rec_Name_Full
2321
Rec_Addr_CSZ



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

Katie Hobbs
Governor



Angie Rodgers
Director

RE: CPP_NAME_FULL and NCP_NAME_FULL
AZCARES No.: CAS_ID_CASE

Modification Review Notice

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

The Division of Child Support Services (DCSS) is reviewing your child support case for the possibility of a modification to your court order.

If you are requesting a modification, a modification review will not begin until these completed, notarized documents are received by the DCSS. You must complete all of the following documents: the **Affidavit of Financial Information**, the **Agreement to Accept Service by Mail**, and the **Request for Modification Checklist**. You must sign the **Agreement to Accept Service by Mail** in front of a notary. Notary services are provided free of charge at your local DCSS office. If you DID NOT request a modification, the DCSS is currently reviewing your case for a modification. You are encouraged to return these documents as soon as possible to allow the DCSS to conduct the review using your current financial information. The modification review will continue ten (10) days from the date of this notice.

Medical support is a required provision for all child support orders. You must supply all policy numbers, group numbers and cost information if you are providing health insurance for your children (other than government provided insurance such as AHCCCS). This information must be completed on page 7 of the enclosed *Affidavit of Financial Information*. If there is no medical insurance coverage, a cash medical order may be added to the current child support order.

Additional information on modifications can be found at the DCSS web site:

<https://des.az.gov/services/child-and-family/child-support/modification-requests-frequently-asked-questions>

Both parties may sign a legal agreement (stipulation) to an order. If both parties agree to a proposed order, please contact your local office to obtain an appointment with the DCSS.

DCSS will mail no more than one packet to you per year upon your request. Otherwise, you can download the documents from the DCSS website.



Please provide the following information and return this form with your completed *Agreement to Accept Service by Mail, Affidavit of Financial Information and the Modification Checklist*.

Your Name: _____

Your Current Address: _____

Your Home Phone Number: _____

Your Cell Phone Number: _____

Your Work Phone Number: _____

Other Party's Address: _____

Other Party's Phone Number: _____

Date of last contact with other party: _____

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.

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.

