

TP

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

September 5, 2024



Katie Hobbs
Governor



Angie Rodgers
Director

September 5, 2024

Rec_Name_Full
Rec_Addr_CSZ

RE: CPP_NAME_FULL
HLCI NO. CPP_ID_PERSON

Employer Id Number:

Verification Of Employment History

Pursuant to **45 CFR § 303.3**, and **Arizona Revised Statutes, A.R.S. § 25-513**, a **Verification of Employment History** is being sent to obtain information regarding the employee named below. Please return the completed form to: DCSS P.O. Box 40458 Phoenix, AZ 85067-0458 **within twenty (20) days**. If you have any questions please contact Customer Service at (602) 252-4045 or outside Phoenix area at 1 (800) 882-4151

This Request Pertains To

Name (Last, First M.I.)	Soc. Sec. No. CPP_SSN_PERSON	BirthDate CPP_DATE_BIRTH
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Your Records Indicate

Name (Last, First M.I.)	Soc. Sec. No.	BirthDate
Residential Address (No., P.O. Box, Street, City, State, Zip).	Phone No. Cell Phone No.	

1. Gross Monthly Income	2. Gross Income for the Period _____ through _____ (Please send a copy of wages when you return this form)
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Former Employee

3. Has employee been terminated? () Yes () No If yes, date last worked:	Last Wages Rcvd	Gross Amt
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4. Is the employee retired? () Yes () No

If retired, amount of retirement benefits? Frequency?

5. Has or will this employee receive cash benefits for sick leave, vacation leave or disability? () Yes () No
If yes, please indicate whether the wages were or will be received in one payment or in installments.
() One Payment () Installments

We would appreciate you providing the following information which would assist the Division of Child Support Services (DCSS) and its agents in completing its statutory duties.



6. Employee's Work Hours

7. Employee's current job site address

8. Can a process server provide documents to the employee at the job site?

() Yes () No

If "yes", what is the contact person's name and phone number for the process server? _____

9. Employee is paid () Weekly () Bi-Weekly () Bi-Monthly () Monthly () Hourly () Other () on dates:

Signature Of Person Completing Form	Title	Phone	Date
Please Provide Your Federal Employer Identification Number			

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.

