

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

September 5, 2024

Katie Hobbs  
GovernorAngie Rodgers  
DirectorRE: CPP\_NAME\_FULL and NCP\_NAME\_FULL  
AZCARES No.: CAS\_ID\_CASE

Court Order No.:

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

### Advance Notice Of Termination Of Current Child Support Services

Our records show that will turn 18 on . According to state law, the obligation for current child support ends when a child reaches the age of majority (18). If a child is attending high school or a certified high school equivalency program when he/she reaches the age of 18, current child support shall continue to be provided while the child is actually attending high school or the equivalency program but only until the child reaches nineteen years of age, unless the court enters an order pursuant to A.R.S. § 25-320 for a mentally or physically disabled child.

We will stop enforcing and collecting current support for your child unless we receive the required information by . All unpaid arrears payments for past due support will continue to be collected.

If is attending high school or a certified high school equivalency program, please complete the **STATEMENT REGARDING SCHOOL ATTENDANCE** form and take it to the school for a school official to certify the information you provide.

IF WE DO NOT RECEIVE THE STATEMENT REGARDING SCHOOL ATTENDANCE, CURRENT CHILD SUPPORT ENFORCEMENT AND COLLECTION WILL BE STOPPED.

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

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.



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Governor



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**Statement Regarding School Attendance**

AZCARES Case Number: CAS\_ID\_CASE                      Child Name:

(For a change of address, strike through the printed address and insert the new address.)

1. Is currently attending school? ( ) Yes ( ) No  
(Note: If you are completing this form during a summer break period and your child was in attendance prior to the break and will continue school in the fall, you should answer YES to this question.)

2. School's Name and Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Type of School Program: (for example, High School, GED): \_\_\_\_\_

4. **EXPECTED** graduation date: Month \_\_\_\_\_ day \_\_\_\_\_ year \_\_\_\_\_

5. Name and signature of parent:

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Daytime Phone Number

**CERTIFICATION BY SCHOOL OFFICIAL:** I affirm that the above information is true and correct.

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\_\_\_\_\_  
Date

Contact Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

Return to:  
OFC\_NAME\_BUS  
,  
OFC\_ADDR\_CSZ  
FAX: 1233213

