

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

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 on . According to the state where the court order is from, the obligation for current child support ends when a child reaches the age of majority.

Arizona DCSS will stop enforcing and collecting current support for your child unless we receive the enclosed 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 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.

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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Statement Regarding School Attendance

AZCARES Case No.: 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 :

