

REC\_DOC\_IDENT CAS\_ID\_CASE CAS\_CD\_CNTY CAS\_CD\_OFFICE  
 OFC\_NAME\_BUS  
 OFC\_ADDR\_STREET1  
 OFC\_ADDR\_STREET2  
 OFC\_ADDR\_CSZ

(243) 434-3434

REC\_NAME\_FULL  
 C/O REC\_NAME\_COF  
 REC\_ADDR\_STREET1  
 REC\_ADDR\_STREET2  
 REC\_ADDR\_CSZ

August 21, 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.

### Information Request

The Division of Child Support Services (DCSS) is reviewing your case. To assist us in this review, we have attached an **Affidavit of Direct Support Payments** and a **Custodial Parent Questionnaire** that will be used to determine the best actions available to enforce your court ordered support.

This Affidavit and Questionnaire must be completed by you. Your signature must be notarized on the Affidavit if you received any direct payments. A notary is available at DCSS without charge for child support related documents. You must send both the Affidavit and Questionnaire back to DCSS before DCSS can proceed with reviewing your case.

Please be advised that the action chosen may involve a hearing that you would be required to attend.

If you are receiving Temporary Assistance for Needy Families (TANF) cash assistance and the requested information is not returned to us within ten (10) business days, we may notify your eligibility worker of your non-compliance and this could affect your grant.



## Custodial Parent Questionnaire

AZCARES No.: CAS\_ID\_CASE

This information will be used by the Attorney General's Office. It is important that you answer each question completely and truthfully. Your answers could be used in court and may have a very important impact on the outcome of the hearing.

1. Have you accepted ANY payments directly from the NCP (not from the clearinghouse) since COU\_DATE\_SIGN

Yes ( ) No ( )

If so, please complete an Affidavit of Direct Payments (ADP). You must sign the ADP in the presence of a notary. Notary services are available free of charge at your local DCSS office.

2. Have you or your child(ren) received ANY payments from Social Security Disability (SSD) or Worker's Compensation from the non-custodial parent's (NCP) benefit?

Yes ( ) No ( )

If yes, please explain or provide documentation: \_\_\_\_\_

3. Have you and the NCP lived together at any time since COU\_DATE\_SIGN?

Yes ( ) No ( )

If yes, please provide dates: \_\_\_\_\_

4. Have you and the NCP married since COU\_DATE\_SIGN?

Yes ( ) No ( )

If yes, please provide date: \_\_\_\_\_

5. Have any of the following activities occurred?

- ( ) Child married
- ( ) Child turned 18 years of age and is no longer in high school
- ( ) Child has been legally adopted
- ( ) Child is deceased
- ( ) Child entered military

6. Do you know where the NCP is currently employed?

Yes ( ) No ( )

If yes, please list and indicate how you obtained this information: \_\_\_\_\_

7. Do you have any NCP contact information (address, email, phone numbers)?

Yes ( ) No ( )

If yes, please provide and indicate how you obtained this information: \_\_\_\_\_



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8. Have any of the children named in the order lived out of your household or has there been any change in custody since COU\_DATE\_SIGN?

Yes ( ) No ( )

9. Is there any additional information that you would like DCSS to know? Do you know of any reason why DCSS should not enforce this order?

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Return all forms and attachments to:

CAS\_CD\_OFFICE/OFC\_CD\_OFC\_SITE  
OFC\_ADDR\_STREET1  
OFC\_ADDR\_STREET2  
OFC\_ADDR\_CSZ

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Signature

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Date

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).

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.

