

Rec_Name_Full
C/O 2321
Rec_Addr_CSZ

September 5, 2024



DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona

Katie Hobbs
Governor

Angie Rodgers
Director

Si usted habla y lee solamente español, por favor llame a la oficina y pregunte por un representante que hable español.

Dear CPP_NAME_FULL:

The Division of Child Support Services (DCSS) is reviewing your case to ensure that all possible actions have been taken based on the information currently contained in your case record. If you have new information on the support payor that may result in a higher prioritization of your case, please complete the bottom portion of this letter and return it to the "FROM" address as indicated above.

Thank you.

CASE CAS_ID_CASE	DATE: 09/05/24
SUPPORT RECIPIENT:	_____
SUPPORT PAYOR NAME:	_____
SUPPORT PAYOR SSN & DATE OF BIRTH:	_____
SUPPORT PAYOR ADDRESS & ZIP	_____

SUPPORT PAYOR EMPLOYER:	_____
EMPLOYER ADDRESS & ZIP	_____
OTHER INFORMATION:	_____

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.

