

DCSS
Attn: Financial Asset Seizure
PO Box 40408
Phoenix, AZ 85067

REC_NAME_FULL
REC_ADDR_STREET1, REC_ADDR_STREET2
REC_ADDR_CSZ

August 21, 2024



DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona

Katie Hobbs
Governor

Angie Rodgers
Director

**NOTICE OF LEVY
(Financial Institution)**

AZCARES Case Number:	
OBLIGOR'S NAME:	NCP_NAME_FULL
SOCIAL SECURITY NUMBER:	NCP_SSN_PERSON
LAST KNOWN ADDRESS	
AMOUNT OF LEVY:	\$ (this amount may not include all arrears or interest owed.)

Accounts

1. Account Number/Type	2. Account Number/Type
3. Account Number/Type	4. Account Number/Type
5. Account Number/Type	6. Account Number/Type

Pursuant to A.R.S. § 25-521, if there is a court ordered judgment or if the obligor is in arrears in an amount greater than or equal to twelve months of current support, property is subject to levy and shall be immediately seized and held upon receipt of a Notice of Levy and subsequently paid to the Department upon receipt of a Notice/Demand to Surrender. The obligor has failed to pay at least the above amount of past due child support which is currently owed and unpaid.

The levy extends only to property possessed and obligations existing at the time of service.

PLEASE NOTE: This levy also attaches to any other account(s) held by the obligor in your institution.

Note to Financial Institution: Please leave a minimum of \$250.00 In this account. Please seize any amount over \$ 250.00.

PLEASE NOTE: Do not remit levied account monies to the Department until you receive the subsequent Notice/Demand to Surrender document.

You are hereby notified that all property or rights to property, monies, and credits belonging to the obligor, or for which you are obligated to the obligor, and currently in your possession, are levied upon for payment of the child support delinquency, which may or may not include interest. Pursuant to A.R.S. § 25-521, within three (3) days of the receipt of this Notice, you shall notify the obligor and any other individual or entity known or believed to have an interest in the property, that a levy has occurred.

Any person who fails or refuses to surrender property subject to this levy shall be liable in a sum equal to the value of the property not so surrendered, but not exceeding the amount of past-due support for which the levy has been made.

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NOTICE OF LEVY

COPY TO OBLIGOR/OTHER PERSON/ENTITY (known or believed to have interest of rights to the property)

Pursuant to Arizona Revised Statutes § 25-521, your bank account has been levied for past-due support. A levy requires your bank to deduct money from your account, up to the amount of past-due support you owe, and send it to the Department of Economic Security, Division of Child Support Services (DCSS). DCSS took this action because you owe past due support greater than or equal to twelve months of current support or have a court ordered judgement, and is authorized to seize your account(s), even if you have joint account(s). You have been previously notified of your child support obligation or past-due support delinquency.

You may avoid the payment of these assets to DES/DCSS by paying the levied amount of \$ directly to DES/DCSS within 15 days after the date of the mailing of this Notice of Levy by the Financial Institution.

If you do not owe past-due support or if you do not owe the amount being held for seizure, or if you wish to contest this action, please use the enclosed "Administrative Review Request" form to request a review of your case. Include documents such as letters, copies of receipts, canceled checks; or other documents to support your claim and return the completed form and documents within 15 days after the date of the mailing of the Notice of Levy by the Financial Institution to:

Division of Child Support Services (DCSS), PO Box 40408, Phoenix, Arizona 85067
Phone Number: (602) 252-4045
FAX Number: (602) 771-8398
Attn: Administrative Review Unit

Request for administrative review must be timely and note that DCSE cannot review your case over the telephone.

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.

Bankruptcy case # _____ Date petition was filed: _____

Plan has been confirmed: () Yes () No

() I am a joint account holder with an Interest in the property.

() I have already requested a review of my case. I requested the review, in writing, on:

() Other: _____

I ENCLOSE THE FOLLOWING INFORMATION AND DOCUMENTS AS PROOF OF MY CLAIM:

- () If joint account, contribution to the account to include deposit slips, bank statements or any other proof related to contribution.
- () Mistake in Identity (supporting documentation shall consist of two (2) of the following: driver license, ID card issued by a state or outlying possession of the U.S., social security card, birth certificate, ID card issued by federal, state or local government agencies or entities, school ID card with a photograph, voter's registration card, U.S. Military card, U.S. Coast Guard Merchant Marine Card, and/or Native American-tribal document, or other official document).
- () Canceled check(s): (front and back) / money order(s);
- () Pay stubs showing child support withheld;
- () Child support order;
- () Letter(s) from employer(s) who withheld support from my paycheck;
- () Receipt(s) for child support payment(s) made in cash;
- () School or day care record(s) showing that I had or have physical custody of the child(ren);
- () Written statements signed and notarized by the custodial party;
- () Documents proving ownership of the seized property;
- () Other document(s) that will assist the Department: _____

If you do not provide any information or documentation including any requested by the Department, the Department will make its final determination based on the information available.

NOTE: Upon timely receipt of this request, the Department will hold any money it receives from your Financial Institution until after the Department renders a final determination on your request.

DATE

Signature of Person Requesting Administrative Review

Division of Child Support Enforcement
PO Box 40408
Phoenix, AZ 85067
FAX: 602-771-8398
Attn: Administrative Review Unit

YOU WILL BE NOTIFIED BY MAIL WITHIN 15 DAYS OF THE RESULTS OF YOUR REVIEW.

Please complete the form below and return it to the address provided below.

AZCARES NO: _____

PROPERTY SEIZED/HELD RESPONSE

PROPERTY SEIZED AND HELD BY: _____
Financial Institution's Name

Financial Institution Asset Seizure Representative's Name

Signature

Date

Notice sent/date seized: Name:	SSN:	Date Notice Sent:
1. _____	____ - ____ - ____	____ / ____ / ____
2. _____	____ - ____ - ____	____ / ____ / ____
3. _____	____ - ____ - ____	____ / ____ / ____
4. _____	____ - ____ - ____	____ / ____ / ____
5. _____	____ - ____ - ____	____ / ____ / ____
Account(s) Levied:	Amount Seized:	Date Seized:
1. _____	\$ _____	____ / ____ / ____
2. _____	\$ _____	____ / ____ / ____
3. _____	\$ _____	____ / ____ / ____
4. _____	\$ _____	____ / ____ / ____
5. _____	\$ _____	____ / ____ / ____

Division of Child Support Services (DCSS)
P.O. Box 40408
Phoenix, Arizona 85067
Phone Number (602) 252-4045
Fax Number: (602) 353-5725
Attn: Administrative Asset Seizure Unit