

CUSTODIAL TEST TEST
1901 W MADISON ST APT 00000
PHOENIX, AZ 85009-5287

October 10, 2024

Katie Hobbs
Governor



Angie Rodgers
Director

RE: CUSTODIAL TEST TEST and NONCUSTODIAL ATLAS TEST
AZCARES No.: 001428730400

Court Order #

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

Emancipation Letter to SUPPORT RECIPIENT

The Division of Child Support Services (DCSS) is in the process of updating the information in your case. Our records indicate that Child Test, has turned 18 years of age, or will turn 18 within the next 120 days. If Child Test has graduated from high school or obtained a certified equivalency diploma, please provide that date for our records.

Graduation Date Or Date Equivalency Diploma Obtained: _____

If this child is currently attending high school or a certified equivalency program, please provide a verification form from the school on their letterhead indicating the expected graduation date for your child.

This information is very important and must be returned to our office within 10 days of the date of this letter. If you fail to return the requested information, you may stop receiving current child support payments and the DCSS may close your case.

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

NAME: Child Test

AZCARES Case Number: 001428730400

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

1. Is Child Test 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

Parent Daytime Phone Number: _____

6. Name and signature of child if 18 years old:

Print Name Signature

Child Daytime Phone Number: _____



October 10, 2024

Re: 001428730400
CUSTODIAL TEST TEST and NONCUSTODIAL ATLAS TEST
Child Test

STATEMENT REGARDING SCHOOL ATTENDANCE

CERTIFICATION BY SCHOOL OFFICIAL

I affirm that said child is enrolled in the school listed below

School's Name and Address: _____

Type of School Program (for example High School, GED): _____

School Official's Signature: _____

Name

Signature

Title

Date

Contact Telephone Number: () _____

Return to:
DCSS - SOUTH MCPA
PO BOX 40458
PHOENIX, AZ 85067-0458

