

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

October 10, 2024



DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona

Katie Hobbs
Governor

Angie Rodgers
Director

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

Sworn Statement for Claim of Good Cause

I, _____, swear or affirm that on or about _____,
(Your Name) (Date of incident)

_____ did or said the following (explain what happened),
(Alleged Father/Support Payor)

making me believe that he/she may harm me or my children:

Check if applicable:

() I received medical treatment at _____
on _____ by (if known) _____
(Date)

() I did not get treated for my injuries because _____

I declare under penalty of perjury that the foregoing is true and correct.



(Your Signature)

Date

(City)

(State)

(Zip)

DRAFT

