

CUSTODIAL TEST TEST

October 10, 2024

Katie Hobbs
Governor


DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona

Angie Rodgers
Director

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

Request to Close Child Support Case

As you requested, enclosed is a Request to Close Child Support Case form. You must sign this form and return it to the Division of Child Support Services (DCSS).

When the DCSS receives your completed request, we will review your case to determine if it is eligible for closure. If arrears are owed to the State of Arizona, your case may not be eligible for closure.

Closure of your case with the DCSS does not stop the court order for child support. If a current order of support exists for any minors on this case, the DCSS will notify your local Clerk of Court to open a case. Any payments received for child support must continue to be paid through the centralized State Disbursement Unit (Clearinghouse).

Please be advised that it may take up to 30 days to process your closure request.

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.

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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AZCARES No.: 001428730400

I want to close my case with the Division of Child Support Services (DCSS). I understand if I want child support services in the future, I must reapply with the DCSS. I understand that by closing my case with the DCSS, credit reporting, asset seizure, automatic income withholding, tax and lottery intercepts will stop with the closure of my case.

I understand that unless I complete a new application for child support services, no more action will be taken on my case by the DCSS unless the child(ren) of this case receives TANF or AHCCCS benefits.

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

Signature

Date

DRAFT

