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

(602) 252-4045

NONCUSTODIAL TEST
NONCUSTODIAL TEST
123 MAIN STREET
MESA, AZ 85201

July 2, 2026

DRAFT

Katie Hobbs
Governor

ARIZONA DEPARTMENT OF ECONOMIC SECURITY

Michael Wisehart
Director

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

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

Support Payor Name:NONCUSTODIAL ATLAS TEST
AZCARES Case Number:001428730400

Payment Agreement
In Lieu of Driver License Suspension/Restriction

I, NONCUSTODIAL ATLAS TEST acknowledge that I owe a support debt for the child(ren) provided in the above referenced case number in the amount of $500.00. The amount owing is equal to or greater than six (6) months of support payments. This amount is based on the information made available to the Division of Child Support Services (DCSS) at the time of signing this agreement and may change if and/or when additional information is made available.

In addition to my current support obligation of (), I agree to make the following payments (choose one):

1. ( ) I agree to make a lump sum payment of toward the arrears on or by and per month toward the arrears beginning

2. ( ) I agree to make a lump sum payment of every toward the arrears beginning on .

I understand that upon the termination of my duty to pay current support, based upon my financial circumstances, my monthly arrears payment may be modified and adjusted.

I understand and agree that in the event I fail to adhere to the terms and conditions contained herein, the DCSS may pursue suspension/restriction of my driver license without further notice or administrative review pursuant to A.R.S. § 25-517 and A.R.S. § 25-518.

The DCSS agrees not to file court action for license suspension/restriction with regard to my case as long as I make payments in accordance with this agreement. I understand that the DCSS will continue to collect the support debt through any other means available, which includes interception of my State and Federal income tax refunds, seizure and sale of property, or withholding of my income.

TO MAKE A PAYMENT:

All Payments must include the AZCARES case number and the court case number.

By Mail:

Clearinghouse
P.O. Box 52107
Phoenix, AZ 85072-2107

Electronically: Payments can be made by credit card, debit card or automated check. You can visit the DCSS website at https://des.az.gov

By Phone: Call 1-888-585-7942.

According to law, I agree to notify the DCSS of any change of address or employment, in writing, within five (5) business days of the change.

I hereby agree to the above payment agreement by signing below.

Support Payor Name (Printed)	Date
Support Payor Name (Signature)	Date
DCSS Representative (Printed)	Date
DCSS Representative (Signature)	Date

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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