

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

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

Notice Regarding Lack of Information to Establish Paternity

Our records show that we do not have enough identifying information about the alleged father in this case to establish paternity. The Division of Child Support Services (DCSS) has been given the authority to close a case when every effort has been made to identify the biological father, but he remains unknown.

Please complete the enclosed Lack of Information Statement. This statement asks you to confirm the information you have, or do not have, about the alleged father. Return the statement to the address listed below within 10 days from the date of this letter or bring it to any DCSS office. Without additional information your case may be closed.

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

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.



Child Support Services Lack of Information Statement

Re: AZCARES No.: 001428730400

CUSTODIAL TEST TEST

() I, CUSTODIAL TEST TEST, cannot provide the name of the father or other identifying information such as current address, date of birth, or Social Security number regarding the father of the child(ren) listed below:

CHILD TEST

() I only know the following about NONCUSTODIAL ATLAS TEST:

Name: _____

Address: _____

Date of Birth: _____ Social Security Number: _____

Name of Employer: _____

Address of Employer: _____

Other Information regarding the child(ren)'s father: _____

I cannot provide further information regarding the father of the above named child(ren) for the reason that:

I declare under penalty of perjury that this document has been read and completed by me and to the best of my knowledge this is a true, correct and complete document.

Signature

Date

