

FCSE0001F0347004 001428730400 13 06  
DCSS - SOUTH MCPA  
PO BOX 40458  
PHOENIX, AZ 85067-0458

(602) 252-4045

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

October 10, 2024

DRAFT



## Support Payor Request for Administrative Review

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone #: \_\_\_\_\_  
AZCARES #: 001428730400  
Date of Action: \_\_\_\_\_

Arizona law allows you to ask the Division of Child Support Services (DCSS) to do an Administrative Review if the DCSS takes action against you. If you want to ask for an Administrative Review, you must fill out this form and return it with a copy of the notice you received, within the number of days stated on the notice, to the address listed below. **YOU CANNOT REQUEST AN ADMINISTRATIVE REVIEW BY PHONE.**

### **I am asking for an Administrative Review because the DCSS took the following action against me:**

- |  |  |
|--|--|
| <input type="checkbox"/> Federal Tax Refund                                  | <input type="checkbox"/> Real Property or MVD Lien     |
| <input type="checkbox"/> State Tax Refund                                    | <input type="checkbox"/> Lottery Winnings              |
| <input type="checkbox"/> Unemployment Insurance Benefits                     | <input type="checkbox"/> Worker's Compensation         |
| <input type="checkbox"/> Credit Reporting                                    | <input type="checkbox"/> Federal Administrative Offset |
| <input type="checkbox"/> Stop or Modify Income Withholding Order             | <input type="checkbox"/> Passport Denial               |
| <input type="checkbox"/> Limited Income Withholding Order                    | <input type="checkbox"/> Bank Account Seizure          |
| <input type="checkbox"/> Transfer of Support Rights to Another Payee         | <input type="checkbox"/> Income Withholding Order      |
| <input type="checkbox"/> Driver/Professional/Recreational License Suspension |  |

### **Why I am asking for an Administrative Review:**

- This is a mistaken identity (Proof must be attached).
- The child(ren) is/are emancipated, deceased, or adopted (Proof must be attached).
- I do not owe **any** past-due support (Proof must be attached).
- My court order was changed, the DCSS records do not show the changes (Proof must be attached).

### **I have enclosed the following information to prove my claim:**

- Cancelled checks or receipt(s) for child support payments made directly to the other parent.
- Signed/notarized statement(s) by the custodial person about direct payments.
- Birth/Death/Marriage certificates.
- Court order with a change to the amount of child support, a change of custody, or an adoption.
- School or daycare record(s) showing that I have physical custody.
- Other documents that will assist the DCSS: \_\_\_\_\_

\_\_\_\_\_  
Signature of Person Requesting Administrative Review

SEND TO:

DCSS - Administrative Review Unit  
PO Box 40408  
Mail drop 7715  
Phoenix, AZ 85067-0408  
Fax No.: (602)771-8398

