

CUSTODIAL TEST TEST

October 11, 2024

Katie Hobbs
Governor



Angie Rodgers
Director

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

Court Order No: **TEST**
Origin of Court Order: **Arizona**
New Recipient of Support: **New Support Recipient Test**
Date Transfer Begins: **11/01/2024**

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 of Transfer of Support Rights and Change of Disbursement

The Division of Child Support Services (DCSS) has received a statement that the children on your case have been residing with New Support Recipient Test, caretaker, for at least 30 consecutive days. The DCSS will begin sending support payments under the existing child support order to New Support Recipient Test on 11/01/2024.

If you object to the change in disbursement, you must request an Administrative Review in writing by November 15, 2024. The review is limited to deciding if New Support Recipient Test has lawful physical custody of the children. A request for Administrative Review is provided for your convenience. You may send your request to:

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

Custodial Test is entitled to all unpaid child support that accrued before the transfer of support begin date and New Support Recipient Test is entitled to all the unpaid child support that accrues while the children are in the caretaker's physical custody. When the children are no longer in the caretaker's physical custody, the change in disbursement terminates.

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/dcsc.



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.

DRAFT



Request for Administrative Review

Name: _____
Address: _____
AZCARES No.: _____
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

