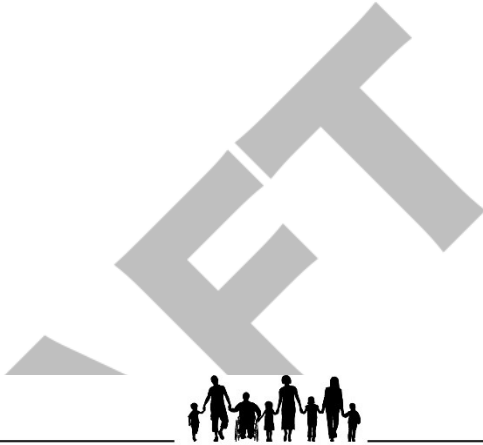


NONCUSTODIAL TEST  
C/O NONCUSTODIAL TEST  
125 MAIN STREET  
MESA, AZ 85201

October 11, 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

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

**Request for Administrative Review  
(Limited Income Withholding Order)**

**Importante: Por Favor Haga Traducir Este Documento Inmediatamente**

To request a review please fill out this form and mail it to the address written below.

**YOU CANNOT REQUEST AN ADMINISTRATIVE REVIEW BY TELEPHONE**

Name \_\_\_\_\_  
 Last \_\_\_\_\_ First \_\_\_\_\_ M.I. \_\_\_\_\_ Social Security Number \_\_\_\_\_  
 Residence Address: \_\_\_\_\_  
 Street \_\_\_\_\_ Home Phone \_\_\_\_\_  
 City/Town \_\_\_\_\_ State \_\_\_\_\_ Z ip \_\_\_\_\_  
 Date you received notice of the department's enforcement action: \_\_\_\_\_

AZCARES No.: 001428730400

Reason For Requesting Review:

The arrears percentage is incorrectly calculated because:

- At the time the Limited Income Withholding Order was issued, I was not in arrears.

The Limited Income Withholding Order is improper or unlawful and should be stopped because:

- I believe the arrears amount is incorrect. I believe I only owe \$ \_\_\_\_\_
- The mother of the child(ren) and I are living together and no money is owed to the State.
- I am filing this Request for Administrative Review on behalf of the non support recipient, who is deceased.
- The support recipient is deceased and no money is owed to the State.



- I am not the support payor.
- The amount being withheld is exempt under A.R.S. § 33-1131(C) or other exemption law.
- Other  
reason: \_\_\_\_\_

I enclose the following information and documents as proof of my claim:

- Cancelled check(s) (front and back);
- Money order receipt(s);
- Pay stub(s) showing child support withheld;
- Child support court order;
- Letter(s) from employers who withheld support from my paycheck;
- Receipt(s) for child support payments made in cash;
- School or day care record(s) showing that I had or have physical custody of the child(ren);
- Written statement(s) signed and notarized by the custodial party;
- Documentation demonstrating that I am not the support payor, (supporting documentation shall consist of two (2) of the following: driver license, ID card issued by a state or outlying possession of the U.S., social security card, birth certificate, ID card issued by federal, state or local government agencies or entities, school ID card with a photograph, voter's registration card, U.S. military card, U.S. Coast Guard Merchant Marine Card, and/or Native American tribal document);
- Other document(s) that will assist the Department: \_\_\_\_\_

You must also send a copy of any notice sent to you by the Department.

If you do not provide any information or documentation, the Department will make its Final Determination based on the information available.

**Note: Upon receipt of this request, the Department will hold any money it receives from your employer or other payor/holder until after the Department renders a Final Determination on your request.**

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

Department of Economic Security  
Division of Child Support Services  
Administrative Review Unit  
PO Box 40408  
Mail drop 7715  
Phoenix, AZ 85067-0408  
Fax No.: (602)771-8398

**You will be notified by mail of the results of your review. Please do not call our office for the status of your review.**

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](http://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.

Programa y Empleador con Igualdad de Oportunidades • Servicios y ayudantes auxiliares para personas con discapacidades están disponibles a petición • Para obtener este documento en otro formato u obtener información adicional sobre esta política, comuníquese con la División de Servicios de Sustento para Menores al (602) 252-4045; Servicios de TTY/TDD: 7-1-1 • Available in English online or at the local office.

DRAFT

