

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

October 11, 2024

Katie Hobbs
Governor



Angie Rodgers
Director

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

Court Order#: TEST

El tiempo de esta informacion es delicado

Si usted habla y lee solamente Espanol, por favor llame a la oficina local de sustento de menores y pregunte por un representante que hable Espanol. Si necesita asistencia legal llame gratis al (602) 252-4045

CP Complaint Denial Notice

We have received your Request for an Administrative Review made pursuant to A.R.S. § 46-408.

You have requested an administrative review of the following:

Test Reason for Administrative Review

Your request for an administrative review is denied because it does not concern the distribution/disbursement of support payments and therefore is not covered by A.R.S. § 46-408.

You may file an appeal of this decision by submitting a written Notice of Appeal within 30 business days of the date of this letter to:

**The Office of Appeals
207 E. McDowell Road
Phoenix, Arizona 85004**

For information concerning the availability of free legal services contact (602) 252-4045

Note: If your address or telephone number changes, you must notify us immediately.

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.

Notice Of Appeal

THIS FORM MUST BE FILED WITH THE DES OFFICE OF APPEALS NO LATER THAN THIRTY (30) CALENDAR DAYS AFTER THE DATE OF THE DEPARTMENT'S RESPONSE TO OBLIGEE'S REQUEST FOR ADMINISTRATIVE REVIEW (THE WRITTEN DECISION SENT TO YOU).

DES Office of Appeals
207 E. McDowell Road
Phoenix, AZ 85004

Date: _____

Re: AZCARES Case(s) No(s): _____

Notice of Appeal from Department's Response to Obligee Request for Administrative Review dated

I am the obligee in the above mentioned case(s) and hereby appeal the written decision as to the distribution/ disbursement of support monies.

I believe the decision is incorrect for the following reason(s):

My current mailing address is:

Sincerely,

Signature

Print Name

