

March 20, 2018



Douglas A. Ducey
Governor

Michael Traylor
Director

Si usted habla y lee solamente español, por favor llame a la oficina y pregunte por un representante que hable español.

Child Support Informational Notice

Enclosed for your information is a Child Support Informational Notice. Persons with a disability may request reasonable accommodations, such as a sign language interpreter, by making a request to the office staff.

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 TDD (Hearing Impaired) at (602) 265-2391. You may also contact us by e-mail at the DCSS web site at www.azdes.gov/dcss.

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact (602) 252-4045, TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. Disponible en español en la oficina local



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As a regular business practice the IV-D agency does not release personal information (address, social security number, date of birth, etc.) for you or your child(ren) except in court documents or when authorized by state or federal law. However, it is now a federal requirement to send personal information to the Federal Case Registry (FCR) which is used to enforce child support cases by all states.

If you claim that family or domestic violence is an issue for you or your child(ren), your address and personal information will not be submitted to the Federal Case Registry (FCR) and will not be released to other state and federal agencies as currently required by law. Any court documents that need to be filed with the court to collect support for you and your child(ren) will show that your address is "ON FILE WITH DES".

We are concerned for your safety and that of your family, so we need to know if you wish to have personal information in your support case protected from release to other state and federal agencies as currently authorized by law.

Did you ever get a court order known as a Temporary Restraining Order or an Order of Protection against your current or past spouse, or the other parent of your child(ren)? Have you ever had to call the police to come to your home to protect you or your child(ren) from your current or past spouse or the other parent of your child(ren)? Does a doctor, hospital, family member, or neighbor know if you have ever been hurt by your current or past spouse or the other parent of your child(ren)?

If you answered "Yes" to any of the above questions, you need to let us know by completing and returning the enclosed form within 10 business days to your local child support office address which is located at the top of page one. This will allow us to protect your information and still collect your support.

If you have any questions regarding this information, please contact your local child support office.

Child Support Non Disclosure Questionnaire

NOTICE: If you do not complete and return this form, the federal government will release information about you or your child(ren)'s whereabouts to other child support agencies, other state and federal agencies as authorized by law and possibly to the child(ren)'s other parent.

My name is:

Other Party's name: _____

My ATLAS Case Number is:

My child(ren)'s name is/are:

1. _____
2. _____
3. _____

Indicate in the appropriate box whether family or domestic violence is an issue:

No, Family/Domestic Violence is **not** an issue in my case.

Yes, Family/Domestic Violence is an issue in my IV-D case. I am requesting that my case be marked to prevent the address and other personal information about me and my child(ren) from being shown in any document that will be filed in court, shared with my current or past spouse or the other parent of my child(ren), or submitted to the Federal Case Registry(FCR).

I declare under penalty of perjury under the laws of the State of Arizona that there is a factual basis for my claim and that I/We need our location safeguarded.

Date: _____ Signature _____

OPTIONAL:

I have included a copy of a Temporary Restraining Order/Order of Protection.

I have included a copy of police record, hospital record, or family/neighbor's statement.

I would like more information about other services that can help me with this issue:

- Legal Aid
- Shelter for my family
- Someone to talk to

It is safe for me to get mail from you.

It is safe for you to call me during the day at: _____

It is not safe for you to call me. I will contact you.