

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #2- SUBSEQUENT ACTIONS

The information on this form may be disclosed as authorized by law.

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Child Support Agency Confidential Information Form Attached.

Petitioner: Legal Name (first, middle, last, suffix)

CUSTODIAL TEST TEST

Tribal Affiliation (if applicable)

IV-D Case: TANF

IV-E Foster Care

Medicaid Only

Respondent: Legal Name (first, middle, last, suffix)

NONCUSTODIAL ATLAS TEST

Tribal Affiliation (if applicable)

Former Assistance

Never Assistance

File Stamp

To: (Agency Name and Address)

CHILD SUPPORT

Responding Locator Code: 04 013 State AZ

Responding IV-D Case Identifier: 001428730400

Responding Tribunal Number:

From: (Agency Name and Address)

DCSS - SOUTH MCPA

PO BOX 40458

PHOENIX, AZ 85067-0458

Initiating Locator Code: State

Initiating IV-D Case Identifier:

Initiating Tribunal Number:

Payment Locator Code: State AZ

NOTE:

- Nondisclosure Finding/Affidavit attached**
- This form sent through EDE**
- This request or information sent through CSENet**

Section I. Case Processing Actions: (Provide additional information in section III or as an attachment as appropriate.)

Providing:

- 1. Status Update
- 2. Notice of hearing
- 3. Notice of case forwarding
- 4. Document filed
- 5. Order issued
- 6. Arrears calculation (month by month)
- 7. Payment History (provide details under section III)
- 8. Arrears balance and/or accrued interest (affidavit of arrears)
- 9. Notice of health care coverage change (see section III or attachment)
- 10. Notice of case receiving tax refund offset from federal collection and enforcement program
- 11. Nondisclosure finding/affidavit
- 12. Other

Requesting:

- 13. Status update
- 14. Arrears balance and/or accrued interest (affidavit of arrears)
- 15. Payment history
- 16. Arrears calculation (month by month)
- 17. Administrative review for contested debt certification in the federal collection and enforcement program
- 18. Modification of the order in an open intergovernmental case. Please advise what pleading or documents are needed.
- 19. Other (List and describe in section III.)

Please return the requested information.

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Section II. Intergovernmental Closure Actions:

From Initiating Agency:

1. The initiating agency has closed its IV-D intergovernmental case because

_____ . Proceed with closure of your responding IV-D intergovernmental case.

2. Close the responding agency's IV-D intergovernmental case and stop income withholding, if applicable.

We are keeping our IV-D case open and your agency's intergovernmental services are no longer needed.

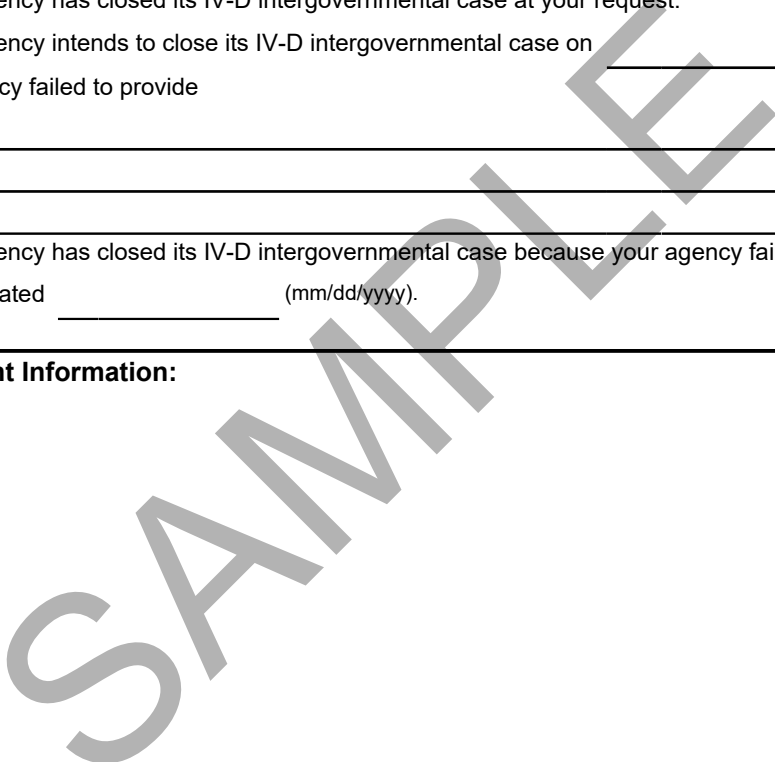
From Responding Agency:

3. The responding agency has closed its IV-D intergovernmental case at your request.

4. The responding agency intends to close its IV-D intergovernmental case on _____ (mm/dd/yyyy) because your agency failed to provide

5. The responding agency has closed its IV-D intergovernmental case because your agency failed to respond to the 60-day notice dated _____ (mm/dd/yyyy).

Section III. Other Pertinent Information:



05/14/2026

Date

TERESA A-000009771

Contact person(first, middle, last, suffix)

(520) 872-9264

Direct telephone number and extension

Fax: (602) 353-5711

E-mail: _____

Encryption Requirements:

When communicating this form through electronic transmission, precautions must be taken to ensure the security of the data. Child support agencies are encouraged to use the electronic applications provided by the federal Office of Child Support Enforcement. Other electronic means, such as encrypted attachments to e-mails may be used if the encryption method is compliant with Federal Information Processing Standard (FIPS) Publication 140-2 (FIPS PUB 140-2).