

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #3 – REQUEST FOR ASSISTANCE/DISCOVERY

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

If you are not the intended recipient, you are hereby notified that any use, disclosure, distribution, or copying of this form or its contents is strictly prohibited.

Child Support Agency Confidential Information Form Attached

Petitioner: Legal Name (first, middle, last, suffix) **IV-D Case:** TANF
CUSTODIAL TEST TEST IV-E Foster Care
Tribal Affiliation (if applicable) Medicaid Only
 Former Assistance

File Stamp

Respondent: Legal Name (first, middle, last, suffix) Never Assistance
NONCUSTODIAL ATLAS TEST
Tribal Affiliation (if applicable)

To: (Agency Name and Address)

Assisting Locator Code: _____ State _____

Assisting Case Identifier: _____

Assisting Tribunal Number: _____

From: (Agency Name and Address)

DCSS - SOUTH MCPA
PO BOX 40458
PHOENIX, AZ 85067-0458

Requesting Locator Code: 04 13 State AZ

Requesting IV-D Case Identifier: 001428730400

Requesting Tribunal Number: _____

NOTE:

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

Dependent Child(ren) Information:

Legal name(s) (first, middle, last, suffix):
CHILD TEST

Section I. Action:

The requesting agency asks for the following required limited service(s):

1. Copy of:
 - Support order(s)
 - Must be certified
 - Payment record(s)
 - Must be certified
2. Assistance with service of process
3. Assistance with genetic testing
4. Assistance with teleconference for hearing or deposition
5. Assistance with administrative review
6. Assistance with discovery
7. Assistance with AEI

The requesting agency asks for the following limited service(s), which may be provided at state option:

8. Assistance with a lien
9. Financial data/proof of respondent's income
10. Other: _____

The requesting agency asks for the following payment processing information/action:

11. Provide the Remittance ID for this case (IV-D or non-IV-D) in your state. This is the Remittance ID that the employer/income withholder should include with payments sent to your agency's State Disbursement Unit (SDU).
12. Forward payments received by your agency's SDU to the requesting agency's SDU for disbursement. Send payments to the requesting agency's SDU: (SDU Name, SDU Address, and Remittance ID): _____

Response needed by May 14, 2026 (Date).

Section II. Other Pertinent Information:

Please Return the Acknowledgment

Section III. Contact Information:

<u>May 14, 2026</u>	<u>TERESA A-000009771</u>	<u>(520) 872-9264</u>
Date	Requesting contact person (first, middle, last, suffix)	Direct telephone number and extension
Fax: <u>(602) 353-5711</u>	E-mail: <u>pczekaj@azdes.gov</u>	

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).

SAMPLE

CHILD SUPPORT ENFORCEMENT TRANSMITTAL #3 – REQUEST FOR ASSISTANCE/DISCOVERY ACKNOWLEDGMENT

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

CUSTODIAL TEST TEST

Tribal Affiliation (if applicable)

IV-D Case: [] TANF

[] IV-E Foster Care

[] Medicaid Only

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File Stamp

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

NONCUSTODIAL ATLAS TEST

Tribal Affiliation (if applicable)

To: (Agency Name and Address)

Assisting Locator Code: _____ State _____

Assisting Case Identifier: _____

Assisting Tribunal Number: _____

From: (Agency Name and Address)

DCSS - SOUTH MCPA

PO BOX 40458

PHOENIX, AZ 85067-0458

Requesting Locator Code: 04 13 State AZ

Requesting IV-D Case Identifier: 001428730400

Requesting Tribunal Number: _____

NOTE:

[] Nondisclosure Finding/Affidavit attached

[] This form sent through EDE

[] This request or information sent through CSENet

ACKNOWLEDGMENT: To be Completed by Assisting Agency and Returned to Requesting Agency

[] Request received and no additional information is necessary

[] Additional Information needed (See remarks.)

[] Remarks/Response

[] Your request has been forwarded for action to:

Name of person (first, middle, last, suffix): _____

Agency name: _____

Address: _____

Locator Code: _____

Direct telephone number and extension: _____

Fax: () _____

E-mail: _____

_____ Date

_____ Person completing form (first, middle, last, suffix)

_____ Direct telephone number and extension

Fax: _____ E-mail: _____

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