

March 19, 2018



Douglas A. Ducey  
Governor

Michael Traylor  
Director

RE: and  
ATLAS No.:

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

The Division of Child Support Services (DCSS) has been given the authority under the Code of Federal Regulations **45 CFR § 303.11** to close a case where the non-custodial parent's location is unknown, and the State has made diligent efforts which have been unsuccessful to locate the non-custodial parent over a one (1) year period where there is not sufficient information. The attached questionnaire is a request for you to provide additional information that may assist the DCSS in locating the absent parent and will prevent your case from being closed.

The DCSS requires you to complete the enclosed **Absent Party Questionnaire** and return it within 30 calendar days from the date on this notice. Please print legibly and use black ink. You must also answer every question on the questionnaire. If the answer is unknown to you, please write unknown in the provided space. Do not leave any blank answers on the form.

You may return the questionnaire in the postage paid envelope provided or you may bring the form to the address listed below.

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](http://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. Ayuda gratuita con traducciones relacionadas con los servicios del DES está disponible a solicitud del cliente.

**Absent Party (AP) Questionnaire**

Print Legibly - Press Firmly - Use Black Ink - Complete all Items

1. What is the absent party's Name (last name, first, middle initial)?				
2. What other name(s) does the absent party use such as alias or nicknames?				
3. What is the absent party's birthdate (mm/dd/yy)?				
4. What is the absent party's approximate age (if DOB is unknown)?				
5. What is the absent party's birthplace (city, state or country)?				
6. What is the absent party's social security number?				
7. What is the absent party's residential address (Street, City, State, ZIP)?				
8. What date(s) did the absent party reside at above address (from/to)?				
9. Any other person(s) residing in same household: ( ) Yes ( ) No If yes, list below name and relation				
10. What is the last known residential address for the absent party?				
11. What is the mailing address for the absent party?				
12. What is the last known mailing address for the absent party?				
13. What is the absent party's phone number?				
14. What is the absent party's work phone number?				
15. What is the absent party's alternate or message phone number?				
16. AP's Hair Color	Height	Weight	Sex	Race
17. Does the absent party wear eyeglasses? ( ) Yes ( ) No				
18. AP Identifying physical marks (Tatoos or Scars)				
19. AP Disabled: ( ) Yes ( ) No				
20. Date AP was last seen:		By whom:		
21. What is the AP's mother's name? (Last/Maiden, First, Middle I.)				
22. What is the AP's mother's home phone number?				
23. What is the AP's mother's address?				
Does the AP's mother have an alternate address and phone number?				
24. What is the AP's father's name? (Last, First, Middle I.)				
25. What is the AP's father's home phone number?				
26. What is the AP's father's address?				
Does the AP's father have an alternate address and phone number?				
27. AP's Current Employer:			Phone Number:	

Salary: \$ \_\_\_\_\_ per hr,wk,mo,yr

28. AP's Current Employer address: \_\_\_\_\_

29. AP's Occupation: \_\_\_\_\_

30. Last known employer: \_\_\_\_\_ Emp. Phone No.: \_\_\_\_\_  
 Dates of Employment: from \_\_\_/\_\_\_/\_\_\_ to \_\_\_/\_\_\_/\_\_\_ Salary: \$ \_\_\_\_\_ per (hr, wk, mo, yr)

31. AP resides or is employed on a reservation? \_\_\_\_\_

32. If so, name and address on reservation: \_\_\_\_\_

33. AP served in the Armed Forces? ( ) Yes ( ) No  
 If yes, From \_\_\_\_\_ To \_\_\_\_\_ what branch? \_\_\_\_\_  
 Rank: \_\_\_\_\_ Current Status:(circle appropriate letter)  
 Active Y/N Retired Y/N Disabled Y/N Received disability pension Y/N  
 Bad Conduct Y/N Dishonorable Y/N General Y/N Honorable Y/N Reserved Y/N

34. List all vehicles owned by the AP (Cars, trucks, motorcycles, boats, etc)  
 1. Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_  
 License Plate: \_\_\_\_\_ State: \_\_\_\_\_  
 State(s) from which alleged father has obtained a driver's license: \_\_\_\_\_  
 2. Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_  
 License Plate: \_\_\_\_\_ State: \_\_\_\_\_  
 State(s) from which alleged father has obtained a driver's license: \_\_\_\_\_

35. The place and location where you met the absent party:  
 Date: \_\_\_\_\_ Time: \_\_\_\_\_ Name of Place: \_\_\_\_\_  
 Address: \_\_\_\_\_

36. Name of someone who knows the whereabouts of the absent party:  
 Friends (F) Neighbors (N) or Relatives (R) - Circle one  
 1. Name \_\_\_\_\_ F/N/R Address and Phone # \_\_\_\_\_  
 2. Name \_\_\_\_\_ F/N/R Address and Phone # \_\_\_\_\_  
 3. Name \_\_\_\_\_ F/N/R Address and Phone # \_\_\_\_\_

37. Has the absent party ever been incarcerated? ( ) Yes ( ) No  
 From: \_\_\_\_\_ To: \_\_\_\_\_ Reason: \_\_\_\_\_ Name of Jail/Prison \_\_\_\_\_

38. Is the absent party currently married? ( ) Yes ( ) No  
 If Yes, to whom: \_\_\_\_\_

39. What is the AP's current spouse's phone number and address? \_\_\_\_\_

40. Name of schools attended by the AP(trade school, university, colleges)  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Year: \_\_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Year: \_\_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Year: \_\_\_\_\_

41. The names of all unions and/or fraternal organizations to which the AP belongs:  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Year: \_\_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Year: \_\_\_\_\_  
 Name: \_\_\_\_\_ Address: \_\_\_\_\_ Phone: \_\_\_\_\_ Year: \_\_\_\_\_

42. List any type of licenses held by the AP: (contractors, real state, etc.)  
 Type: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
 Active: ( ) Yes ( ) No Revoke ( ) Yes ( ) No

Type: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Active: ( ) Yes ( ) No Revoke ( ) Yes ( ) No

Type: \_\_\_\_\_ Issue Date: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Active: ( ) Yes ( ) No Revoke ( ) Yes ( ) No

43. Does the AP own property? ( ) Yes ( ) No

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

44. What sources of income does the AP have?

( ) Veterans benefits \$ \_\_\_\_\_ ( ) Social Security benefits \$ \_\_\_\_\_  
( ) Industrial Com \$ \_\_\_\_\_ ( ) Unemployment benefits \$ \_\_\_\_\_  
( ) Other \$ \_\_\_\_\_

45. Where and when did the AP file his/her Income Tax Return?

State: \_\_\_\_\_ Year: \_\_\_\_\_ Name of the Accountant: \_\_\_\_\_

46. Does the AP have credit cards? ( ) Yes ( ) No

Visa ( ) Master Card ( ) Discover ( ) American Express ( ) Other ( )

Account Number: \_\_\_\_\_

Visa ( ) Master Card ( ) Discover ( ) American Express ( ) Other ( )

Account Number: \_\_\_\_\_

47. Indicate any checking, savings, or loan accounts the AP has:

Name of Bank: \_\_\_\_\_ City and State: \_\_\_\_\_ Account No.: \_\_\_\_\_

Name of Bank: \_\_\_\_\_ City and State: \_\_\_\_\_ Account No.: \_\_\_\_\_

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Name of Bank: \_\_\_\_\_ City and State: \_\_\_\_\_ Account No.: \_\_\_\_\_

48. What is the AP's public assistance case number?

49. Does the AP have a girlfriend / boyfriend? ( ) Yes ( ) No

Name: \_\_\_\_\_ Home Phone Number: \_\_\_\_\_

50. When did the AP leave?

51. Why did the AP leave?

52. When will the AP return or best time to contact him/her at home?

53. Has the AP made support payments to you? ( ) Yes ( ) No

( ) Via court Amount: \_\_\_\_\_

( ) Direct to you Date of Last Payment \_\_\_\_\_ County and State \_\_\_\_\_

( ) Other (specify) \_\_\_\_\_ How often: \_\_\_\_\_

54. How would you try to find the AP if the child(ren) were seriously ill and wanted to see him/her?