

REC\_DOC\_IDENT CAS\_ID\_CASE CAS\_CD\_CNTY CAS\_CD\_OFFICE  
 OFC\_NAME\_BUS  
 OFC\_ADDR\_STREET1  
 OFC\_ADDR\_STREET2  
 OFC\_ADDR\_CSZ

(243) 434-3434

REC\_NAME\_FULL  
 REC\_NAME\_COF  
 REC\_ADDR\_STREET1  
 REC\_ADDR\_STREET2  
 REC\_ADDR\_CSZ

January 6, 2026

Katie Hobbs  
 Governor

**ARIZONA**  
 — DEPARTMENT OF —  
**ECONOMIC SECURITY**

Michael Wisehart  
 Director

RE: CPP\_NAME\_FULL and NCP\_NAME\_FULL  
 AZCARES No.: CAS\_ID\_CASE

Si usted necesita asistencia con la traducción de este documento, por favor llame a la oficina y pregunte por un representante que hable español.

**Enforcement Review**  
 YOU MUST TAKE ACTION

**What you need to know:**

**On** , the Superior Court of entered a child support order requiring you to pay \$ per month for support of your children. The payments are ordered to be paid to the Support Payment Clearinghouse to be sure that you receive full credit for the payment and avoid sanctions issued by the court up to and including incarceration. The last payment on this case was made on .

**What you need to do:**

My name is and I have reserved a time especially for you to review your case. This is your opportunity to discuss your child support obligation. The DCSS recognizes that circumstances change, and you may not have the ability to pay this obligation. **Please call me at on the date and time listed below.**

DATE:

TIME:

If this appointment does not work for you, please call me any time before the date scheduled above to discuss your situation. Please leave me a voice mail and I will return your call. When you call me or the DCSS please use your AZCARES case number CAS\_ID\_CASE. **Please note that the DCSS calls from unidentified phone numbers which may also include out of state area codes.**



Complete the questionnaire and return it to me ten (10) days before your appointment to help the DCSS determine the best course of action available to review your child support order. You can return the questionnaire by e-mail at [DCSS-Documents@azdes.gov](mailto:DCSS-Documents@azdes.gov) or by mail. You may also return this document to any local office by using the drop off box to leave correspondence.

Contact me if there has been a change in your employment status. Provide the name, address and phone number so the DCSS can assist with a new Income Withholding Order. This allows the child support to be paid by your employer to the Support Payment Clearinghouse.

If you do not have an employer or are currently self-employed, payments can be made to the Support Payment Clearinghouse by the following methods:

You may choose from six different ways to make your monthly payment. Your options are:

- 1) **Send a check or money order to:**  
Support Payment Clearinghouse  
P O Box 52107  
Phoenix, AZ 85072-2107  
To make sure you receive credit, please write your AZCARES case # and the name of the other parent or the child's caretaker in the memo line on the front of the check.
- 2) **Go online:** the State of Arizona Child Support Payment Gateway accepts credit and debit card payments (with VISA, MasterCard, American Express or Discover logo) on the Internet. To access the Arizona Payment Gateway, visit our website at [www.azdes.gov/dcss](http://www.azdes.gov/dcss).
- 3) **Pay by phone:** You may call the Arizona Payment Gateway at 888-585-7942, DCSS Customer Service at 602-252-4045 or call toll free in Arizona at (800-882-4151).
- 4) **Walk In:** You may pay your child support by visiting any child support office that offers a payment kiosk. For a list of offices, go to <https://www.des.az.gov/find-your-local-office>. Click on an office location pin to see if a payment kiosk is available at that location. Payments can be made with Cash, Credit Card (with VISA, MasterCard, American Express or Discover logo) Debit Card (with VISA, MasterCard logo) or checks. Please note: Payments in the local offices can only be made using a Kiosk. If a Kiosk is not available, the payment must be made using another payment option.
- 5) **Mobile Device:** Pay Child Support from your mobile device with TouchPay Child Support Mobile Application. Note: a convenience fee of 2.85% will be applied each time you choose the TouchPay Mobile App.
- 6) **Use third party vendors:** Various third party vendors accept child support payments and forward them on to the Clearinghouse. To find a list of vendors, please visit our website at [www.azdes.gov/dcss](http://www.azdes.gov/dcss). Please be aware that sometimes, additional fees are charged if you choose this method.

For further assistance, please call me at or the DCSS Customer Service at (602)252-4045 (within Maricopa County), or Nationwide toll free at 1-800-882-4151 or TDD (Hearing Impaired) at (602) 265-2391. You may also contact us by email at the DCSS web site at [www.azdes.gov/dcss](http://www.azdes.gov/dcss).

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.



**1. Employment**

- ( ) I work at \_\_\_\_\_
- ( ) I am working but I am working less than 40 hours per week.
  - How many hours are you working? \_\_\_\_\_.
  - Are you self-employed? \_\_\_\_\_.
- ( ) I do not have a job and have used up all my unemployment benefits and have a limited income.
  - When did you last received unemployment benefits? \_\_\_\_\_
  - How are you supporting yourself? \_\_\_\_\_
  - What type of work have you done in the past? \_\_\_\_\_
  - What type of employment barriers do you have? \_\_\_\_\_  
(Lack of transportation, no driver's license, prior incarceration, etc.)
- ( ) I am retired and living on a fixed income.
- ( ) I would be willing to attend a jobs program to assist me in finding a job.

**2. Incarceration/Probation**

- ( ) I was incarcerated (Begin Date: \_\_\_\_\_ Release Date: \_\_\_\_\_)
  - Are you currently on probation? \_\_\_\_\_
- ( ) I have criminal charges pending against me.
  - If yes, in which county? \_\_\_\_\_

**3. Education**

- ( ) I have earned a GED or HS Diploma after July 2014.
  - If yes, please provide DCSS with a copy of your transcripts.
- ( ) My highest level of education is \_\_\_\_\_



4. **Continuous Change in Custody**

- ( ) The child(ren) is/are living with me; or
- ( ) The child(ren) is/are living with someone other than CPP\_NAME\_FULLL; or
- ( ) I live with CPP\_NAME\_FULLL and the child(ren) in the same household.

5. **Financial Information**

- ( ) I have a bank account.
  - If yes, total amount in all accounts \$ \_\_\_\_\_
- ( ) I have retirement savings such as 401(k).
  - If yes, total amount in all retirement accounts \$ \_\_\_\_\_ Date: \_\_\_\_\_
- ( ) I expect to receive money from a will, estate, or trust.
  - If yes, please provide additional information: \_\_\_\_\_
- ( ) I am receiving Social Security payments.
  - If yes, provide a copy of your award letter or other proof with this form and complete the following:
    - Date I began receiving payments: \_\_\_\_\_
    - Payment Amount: \$ \_\_\_\_\_
    - Type of Payments:   SSD   SSI   Retirement
- ( ) I am receiving Veteran's Benefits
  - If yes, please provide a copy of your award letter or other proof with this form and complete the following:
    - Date I began receiving payments: \_\_\_\_\_
    - Payment Amount: \$ \_\_\_\_\_
- ( ) My children are receiving VA services on my behalf.
  - If yes, how much and for how long? \_\_\_\_\_



( ) I am currently receiving public assistance.  
(TANF, AHCCCS, or Supplemental Nutrition Assistance Program (formerly Food Stamps), etc.)

- If yes, what kind of assistance? \_\_\_\_\_

( ) I will be willing to take a finance or budget class.

( ) I provide non-money support to the child(ren) on this case.  
(Transportation, buy clothes, etc.)

( ) I am responsible for other children.

- If yes, do you pay child support for them? \_\_\_\_\_
- Are these children in your custody? \_\_\_\_\_

**6. Health Information**

( ) I am currently disabled according to the Social Security Administration (SSA).

- If yes, please provide proof with this form.

( ) I have a disability or other health issue(s) that is/are preventing me from working full time or from working at all.

- If yes, date and reason \_\_\_\_\_

**7. Housing (Where you live)**

( ) I am currently renting or buying where I live.

- If yes, how much are you paying per month? \$ \_\_\_\_\_

- List everyone who lives in your household  
(include: Name, Date of Birth, and Relationship to you)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Ability to Pay Review  
AZCARES: CAS\_ID\_CASE  
Support Payor: NCP\_NAME\_FULL

( ) I am currently living in a homeless shelter or I am taking part in a homelessness program.

( ) Other (please explain) \_\_\_\_\_

**8. Payment Ability**

- How much can you pay in current child support? \$ \_\_\_\_\_ / month
- How much can you pay toward past due support? \$ \_\_\_\_\_ / month

SAMPLE

