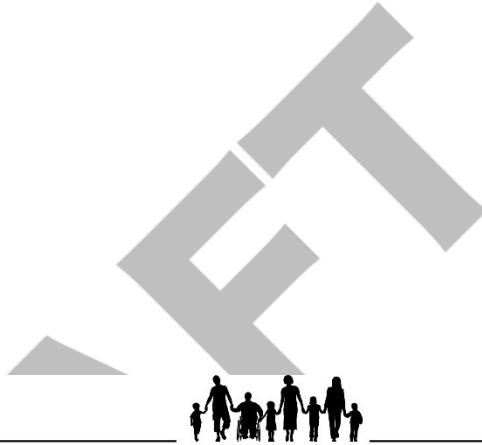


NONCUSTODIAL TEST
C/O NONCUSTODIAL TEST
125 MAIN STREET
MESA, AZ 85201

October 16, 2024



Katie Hobbs
Governor

DEPARTMENT OF ECONOMIC SECURITY
Your Partner For A Stronger Arizona

Angie Rodgers
Director

RE: CUSTODIAL TEST TEST and NONCUSTODIAL ATLAS TEST
AZCARES No.: 001428730400

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

State of Arizona Paternity Establishment Program

Dear NONCUSTODIAL ATLAS TEST,

You are receiving this notice because Arizona's Division of Child Support Services has received an application for child support services naming you as the alleged father of the child(ren), CHILD TEST. You have a unique opportunity to save 85.00 per person on the cost of genetic testing fees should you choose to establish paternity by genetic testing and are found to be the father.

<p>What if I believe I am not the father?</p> <p>If you feel that you are not the child's father, you were not married to the mother of the child, and your name does not appear on the child's birth certificate, you can request genetic testing.</p> <p>If the test results show that you are the child's father, you would have to pay 85.00 per person tested. However, by returning the coupon below within 30 days, we will waive the cost of genetic testing, for a total savings of at least (ex. Mother, Father & child).</p>	<p>What if I believe that I am the father?</p> <p>If you believe that you are the child's father and do not wish to proceed with genetic testing, you can complete the voluntary paternity acknowledgement documents by contacting our office within 30 days to schedule a conference. We look forward to working with you to ensure that paternity is legally established.</p>
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Please contact us within 30 days to take part in this offer to save on genetic testing fees.

Division of Child Support Services
MARIJO LOURDES A-000008548
PO BOX 40458
PHOENIX, AZ 85067-0458
(602) 252-4045



**Division of Child Support Services
Coupon for Genetic Testing**

This coupon entitles you to FREE genetic testing for you, the mother and child(ren).
Value: 85.00 per person

Coupon must be redeemed within 30 days.

I want to participate in genetic testing I want to acknowledge paternity voluntarily

Name:	Employer Name:
Residential Address:	Employer Address:
Mailing Address:	Occupation:
Home Phone Number:	Work Phone Number:
Cell Phone Number:	E-Mail:

Signed: _____ Date: _____

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.

