

CHILD SUPPORT AGENCY CONFIDENTIAL INFORMATION FORM**FOR IV-D AGENCY USE ONLY – DO NOT FILE WITH A TRIBUNAL OR PROVIDE TO THE OTHER PARTY**

The information on the form may be disclosed only 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.

NOTE: This form sent through EDE**Section I. Case Information:**

Initiating jurisdiction name:	Responding jurisdiction name: AZ DCSS - SOUTH MCPA
Initiating IV-D case identifier:	Responding IV-D case identifier: 001428730400
Initiating tribunal number:	Responding tribunal number: TEST

Section II. Parent/Caretaker Information:

Parent <input checked="" type="checkbox"/> Obligee or <input type="checkbox"/> Obligor	Parent <input type="checkbox"/> Obligee or <input checked="" type="checkbox"/> Obligor
Legal name (first, middle, last, suffix): CUSTODIAL TEST TEST	Legal name (first, middle, last, suffix): NONCUSTODIAL ATLAS TEST
Relationship to child(ren):	Relationship to child(ren):
Sex: <input type="checkbox"/> Male <input checked="" type="checkbox"/> Female	Sex: <input checked="" type="checkbox"/> Male <input type="checkbox"/> Female
Date of birth: 12/07/1994	Date of birth: 10/29/1993
Place of birth: (city, county, state) PHOENIX Arizona	Place of birth: (city, county, state) PHOENIX Arizona
SSN: 914-28-7304	SSN: 914-28-7305
Home telephone:	Home telephone: (602) 333-3333
Cell telephone:	Work telephone: (602) 524-6082
Work telephone: (602) 524-6082	Cell telephone:
Alias (e.g., maiden name, nick name):	Alias (e.g., maiden name, nick name):
Home address (street, city, state, zip): 1901 W MADISON ST APT 00000 PHOENIX, AZ 85009-5287 Date address confirmed: _____	Home address (street, city, state, zip): , Date address confirmed: _____
Mailing address (street, PO Box, city, state, zip code): , Date address confirmed: _____	Mailing address (street, PO Box, city, state, zip code): , Date address confirmed: _____
E-mail:	E-mail:
Employer name: STATE OF ARIZONA Date employer confirmed: _____	Employer name: STATE OF ARIZONA Date employer confirmed: _____
Employer address (street, city, state, zip code): 100 N 15th Ave Ste 302 Phoenix, AZ, 85007-2634	Employer address (street, city, state, zip code): 100 N 15th Ave Ste 302 Phoenix, AZ 85007-2634
Employer FEIN: 0001241706	Employer FEIN: 0001241706
Incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, inmate #: _____ and facility name: _____)	Incarcerated? <input type="checkbox"/> Yes <input type="checkbox"/> No (If yes, inmate #: _____ and facility name: _____)

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Section III. Child(ren) Information (Continued):

Child #2 legal name (first, middle, last, suffix):	
Home address (street, city, state, zip code):	
SSN:	Date of birth:
Place of birth (city, county, state):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Nonmarital birth: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, date of marriage: _____)	
If yes, complete the following:	
<input type="checkbox"/> Parentage Established. Was this parentage establishment a paternity determination of fatherhood? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parentage was established on _____ (date) in _____ (state).	
Parentage was established by:	
<input type="checkbox"/> Order	
<input type="checkbox"/> Acknowledgment of Parentage	
<input type="checkbox"/> Adoption	
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Parentage was not established.	

Child #3 legal name (first, middle, last, suffix):	
Home address (street, city, state, zip code):	
SSN:	Date of birth:
Place of birth (city, county, state):	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female
Nonmarital birth: <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, date of marriage: _____)	
If yes, complete the following:	
<input type="checkbox"/> Parentage Established. Was this parentage establishment a paternity determination of fatherhood? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Parentage was established on _____ (date) in _____ (state).	
Parentage was established by:	
<input type="checkbox"/> Order	
<input type="checkbox"/> Acknowledgment of Parentage	
<input type="checkbox"/> Adoption	
<input type="checkbox"/> Other: _____	
<input type="checkbox"/> Parentage was not established.	

Additional Child(ren) Information Attached

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).