

CHILD SUPPORT AGENCY REQUEST FOR CHANGE OF SUPPORT PAYMENT LOCATION PURSUANT TO UIFSA § 319

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 must be attached.

File Stamp

To: (Agency Name and Address)

Order-Issuing Locator Code: _____ State _____
 Order-Issuing Case Identifier: _____
 Order-Issuing Tribunal Number: _____

From: (Agency Name and Address)

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

Requesting Locator Code: 04 013 State AZ
 Requesting IV-D Case Identifier: 001428730400

Send Payments To: (If different from above)

Clearinghouse
 P.O. Box 52107
 Phoenix, AZ 85072-2107

Payment Locator Code: 04 000 State AZ
 Remittance Identifier: 001428730400

NOTE:

- Nondisclosure Finding/Affidavit attached
- This form sent through EDE

The following facts exist to permit this request under UIFSA § 319(b):

- The obligee receives IV-D services from the requesting agency;
- A tribunal in the requested state issued the support order; and
- Neither the obligor, the individual obligee, nor the child(ren) reside in the order-issuing state.

Section I. Action:

The requesting agency requests the support enforcement agency or tribunal in the order-issuing state to:

- direct that the support payment be made to the requesting agency's state disbursement unit,
- issue and send to the obligor's employer a conforming income withholding order or an administrative notice of change of payee, reflecting the redirected payments, and
- forward to the requesting agency a copy of the tribunal order or administrative notice redirecting support payments, and the conforming income withholding order or administrative notice of change of payee.

- The requesting agency also requests a certified arrears calculation (if available) or a payment record as of the date of the redirection order or administrative notice.

Section II. Case Summary:

Date of Support Order	State and County Issuing Order	Tribunal Number	Support Amount / Frequency
10/16/2022	ARIZONA YAVAPAI	TEST	0.00/Monthly

- A copy of the issuing tribunal's support order is attached.

Section III. Obligor Information: Parent Caretaker

Legal name (first, middle, last, suffix): CUSTODIAL TEST TEST

If caretaker: Relationship to child(ren): _____ Has legal custody / guardianship of child(ren)

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Section IV. Obligor Information:

Legal name (first, last, middle, suffix): _____ NONCUSTODIAL ATLAS TEST _____

Section V. Dependent Child(ren) Information:

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

CHILD TEST

Section VI. Other Pertinent Information:

Additional case information attached

Section VII. Contact Information:

_____ TERESA A-000009771 _____ (602) 252-4045 _____
Date Contact person (first, middle, last, suffix) Direct telephone number and extension

Fax: (602) 353-5711 _____ E-mail: _____

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).

RESPONSE TO THE CHILD SUPPORT AGENCY REQUEST FOR CHANGE OF SUPPORT PAYMENT LOCATION PURSUANT TO UIFSA § 319

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

Order-Issuing Locator Code: _____ State _____
Order-Issuing Case Identifier: _____
Order-Issuing Tribunal Number: _____

From: (Agency Name and Address)

Requesting Locator Code: 04 013 State AZ
Requesting IV-D Case Identifier: 001428730400

NOTE:

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- This form sent through EDE

The following facts exist to permit this request under UIFSA § 319(b):

- The obligee receives IV-D services from the requesting agency;
- A tribunal in the requested state issued the support order; and
- Neither the obligor, the individual obligee, nor the child(ren) reside in the order-issuing state.

Section I. Response:

The state IV-D agency in the order-issuing state:

1. Provides a copy of the tribunal order or administrative notice changing the payment location of the support order to the requesting agency's state disbursement unit.
2. Provides a copy of the conforming income withholding order or administrative notice reflecting the redirected payments:
 Attached income withholding order or administrative notice was sent to the following known employer: _____
 Employer is unknown.
3. Provides a certified arrears calculation (if available) or payment record as of the date of the redirection order or notice.
4. The limited grounds for UIFSA § 319(b) are not met. (See information provided in section II.)
5. Other(Explain in section II.)

Section II. Other Pertinent Information:

Additional case information attached

Section III. Contact Information:

_____ Date _____ Contact person(first, middle, last, suffix) _____ Direct telephone number and extension _____
Fax: () _____ E-mail: _____

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SAMPLE