

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

October 16, 2024

Katie Hobbs  
Governor



Angie Rodgers  
Director

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

## DCSS Debt Reduction Application

**IMPORTANT!** You can only request reduction of arrears for monies owed to the State of Arizona. Arrears owed to a support recipient are not eligible for reduction.

If you think you have good reasons for the Division of Child Support Services (DCSS) to reduce your state-owed debt, please complete all the information in this packet, and return it to the nearest DCSS office. You may include more pages if you need more space. You may be asked to fill out more paperwork or provide proof of any of this information. DCSS staff may schedule a follow-up meeting with you in person or by phone.

I am requesting debt reduction as a result of the following reason(s) (check all that apply):

- Continuous Change in Custody
  - The child(ren) is living with me; or
  - The child(ren) is living with someone other than the support recipient; or
  - I live with the support recipient and the child(ren) in the same household.
- Determination of Disability by a Medical Provider
  - I have a permanent disability and/or;
  - I receive Social Security Disability (SSD), Social Security Income (SSI) or Veteran's Benefits.
- Extraordinary Medical Expenses
  - I owe a large amount for medical expenses for myself and/or a family member.
- Homeless
  - I am homeless or have been living in a homeless shelter for more than thirty (30) days.
- Incarceration
  - I am currently incarcerated (Begin Date: \_\_\_\_\_ Release Date: \_\_\_\_\_)
  - I was incarcerated (Begin Date: \_\_\_\_\_ Release Date: \_\_\_\_\_)
- Unemployment/Retired
  - I am jobless, have used up all of my unemployment benefits and have a limited income.
  - I am retired and living on a fixed income.



DCSS Debt Reduction Application (continued)

Your debt forgiveness request must include this DCSS Debt Reduction Application and a completed Affidavit of Financial Information. In addition, copies of your two (2) most recent pay stubs and copies of your federal income tax returns for the last three (3) years are required, if available.

**YOUR PERSONAL INFORMATION**

Name	Date of Birth	Social Security Number	Driver's License or State ID Number
Address			
Email	Home Phone	Cell Phone	
AZCARES Number(s) and/or Docket Number(s)			
What is the best way to contact you?			

By signing this request for debt reduction, you give DCSS authorization to request your full consumer credit report. You agree that DCSS may use your credit report for collection and enforcement of your child support order. This authorization does not expire, and any revocation of this authorization must be made in writing to DCSS.

I certify that the information provided is true and accurate to the best of my knowledge and belief. I understand that if I fail to provide complete information or provide false information, my request for debt reduction will be denied. I also understand that DCSS may continue enforcement actions while this request for debt reduction is under consideration.

Please note that if any of your state-owed debt is discharged based on incorrect, incomplete, misleading or false information you provided, DCSS may reinstate the debt (add it back to the total owed in support).

Applicant's Signature

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.



**YOUR CURRENT FINANCIAL SITUATION**

Do you have a savings, checking, or other non-retirement account? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, total amount in all accounts: \$ _____ As of Date: _____
Do you have retirement savings such as a 401(k)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, total amount in all retirement accounts: \$ _____ Date: _____
Do you have a disability or other health issue(s) that may prevent you from working full-time, or from working at all? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide proof with this form.
Are you receiving Social Security payments? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy of your award letter or other proof with this form and complete the following: Date you began receiving payments: _____ Payment Amount \$ _____
Type of Payments:      SSD      SSI      Retirement
Are you currently disabled according to the Social Security Administration (SSA)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide proof with this form.
Are you receiving Veteran's Benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, please provide a copy of your award letter or other proof with this form and complete the following: Date you began receiving payments: _____ Payment Amount \$ _____
Do you currently receive public assistance (TANF, AHCCCS or Food Stamps, etc.)? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what kind of assistance? _____
Do you expect to receive money from a will, estate, or trust? <input type="checkbox"/> Yes <input type="checkbox"/> No
Are you currently living in a homeless shelter or taking part in a homelessness program? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, length of time: _____
Would you be willing to take a finance or budget class? <input type="checkbox"/> Yes <input type="checkbox"/> No
Would you be willing to attend a jobs program? <input type="checkbox"/> Yes <input type="checkbox"/> No
Do you provide non-money support (examples: transportation, clothing, etc.) to your children? <input type="checkbox"/> Yes <input type="checkbox"/> No
How much can you pay in current child support? \$ _____/month
How much can you pay toward past-due support? \$ _____/month

