

CUSTODIAL TEST TEST

October 16, 2024

Katie Hobbs
Governor



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.

**BOND OF INDEMNITY
ORIGINAL CHECK INFORMATION**

CUSTODIAL TEST TEST	Issue Date: 10/16/2024	Amount: \$500.00
	Check Number: 1234-9876	
	Issuing Agency & Mail Drop: DCSS M/D 7214/PD	
AZCARES Case: 001428730400	Date: 10/16/2024	

PAYEE'S AFFIDAVIT
(To be read and signed by payee)

I request stop-payment on the original check described (if not already cancelled) and issuance of a replacement check.

I affirm that: Check one and initial

CHECK INITIALS

_____ I did not receive or cash the original check, nor did I receive any of the proceeds.

_____ I did receive the original check, but I lost it and never cashed it or received any of the proceeds.

_____ I did receive the original check, but it was stolen. I did not cash it or receive any of the proceeds.

_____ Other, Explain: _____



Comments: (Give details if check was lost or stolen) _____

I also understand the following:

RETURN OF ORIGINAL CHECK. If I later find or receive the original check, I will return it to the Arizona Department of Economic Security, Division of Child Support Services (DCSS).

DUPLICATE ISSUANCE. If I am given a replacement check, and I cash both the original and the replacement, I will be receiving double the money due to me. I will be responsible to repay the amount for which I am not entitled.

PENALTY FOR FRAUD. If I knowingly and deliberately received duplicate issuance, I may be subject to prosecution for fraud as provided for by Arizona State Law.

The claimant subscribes that the information provided is true under penalty of perjury.

Payee's Signature

Date

Subscribed and sworn to before me this _____ day of _____ 20 _____ .

Notary Public or Deputy Clerk of the Superior Court

My Commission Expires

If you have any questions about this notice, you may contact DCSS Customer Service at (602) 252-4045 (within Maricopa County), Nationwide toll free at 1-800-882-4151, or TTY/TDD Services: 7-1-1. You may also contact us by e-mail at the DCSS web site at www.azdes.gov/dcsc.

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.

