

FCSE0001F0760001 001428730400 13 06
DCSS - SOUTH MCPA
PO BOX 40458
PHOENIX, AZ 85067-0458

(602) 252-4045

CUSTODIAL TEST TEST
1901 W MADISON ST APT 00000
PHOENIX, AZ 85009-5287

October 16, 2024

DRAFT





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

FINAL NOTICE

Dear CUSTODIAL TEST TEST name:

The Department of Child Support Services (DCSS) made an error on and sent you a payment(s) of \$ that belongs to another individual/family. This is called a misapplied payment. The DCSS can make an attempt to get this misapplied payment back. We sincerely apologize for any inconvenience this may cause you

Misapplied Payments

Check/Deposit #	Date Issued	Amount	Misapplied Amount
1234-9876	10/16/2024	\$5,000.00	\$500.00

Please check one of the boxes below to show how you will pay back the misapplied payment and return this notice within 15 days.

THIS IS A FINAL NOTICE. IF YOU DO NOT RESPOND WITHIN 15 DAYS, YOUR PERMISSION TO RECOUP THE MISAPPLIED PAYMENT FROM FUTURE CHILD SUPPORT PAYMENTS WILL BE ASSUMED BY DEFAULT. DCSS WILL DEDUCT 20% FROM EACH CHILD SUPPORT PAYMENT UNTIL THE MISAPPLIED PAYMENT HAS BEEN PAID IN FULL.

I agree to pay back the misapplied payment by:

- Allow the DCSS to take 20% from each of my support payments. **(Our records indicate that you have closed your case and this option is no longer available)**
- Allow the DCSS to take all of my support payment(s) until the misapplied payment is paid in full. **(Our records indicate that you have closed your case and this option is no longer available)**
- Making payment in full. A cashier's check or money order is included.
- I will be making payment installments with a cashier's check or money order with the **first installment** included as indicated below:
(Amounts from \$1.00-\$500.00 divide by 6. Amounts \$500.01 and greater divide by 12.)

\$ _____ Frequency: _____ weekly _____ bi weekly _____ monthly on the _____ **until paid in full.**



Keep a copy of this agreement for your records. If you chose to make one payment to the DCSS to repay the misapplied payment in full, make your check or money order payable to the Arizona State Disbursement Unit (AZ-SDU) and mail to:

Arizona State Disbursement Unit
Mail Drop 7214
P.O. Box 36626
Phoenix, Arizona 85067-6626

Note: Obtaining services from the DCSS does not depend on your agreement to repay the misapplied payment.

If you have any questions regarding the misapplied payment, this notice or would like to make other payment arrangements, please call the Arizona State Disbursement Unit at, (602)542-4729. Our Email is DCSS-SDU-RL@azdes.gov. Our Fax number is (602) 542-4725.

By signing and returning this letter, you agree that you have read and understand the contents of this notice. I give my permission to the DCSS to recover the misapplied payment in the way that I have checked above. Your agreement to repay the misapplied payment is optional. I understand that if I do have a misapplied payment agreement on file and fail to return this notice, the DCSS will apply the repayment method I initially chose to pay back the misapplied payment.

SUPPORT RECIPIENT SIGNATURE

DATE

