

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

October 9, 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.

Please Update Your Information

The Division of Child Support Services (DCSS) is working to provide child support services to you and your family. Our services include, but are not limited to, locating the absent parent, establishing parentage, establishing an obligation to support, enforcing the support obligation, and accounting for and distributing support collections. At times, we can also provide information on other resources that you and your family may need.

It is critical that you keep us informed of any change of address or telephone number. This is particularly important when we are receiving child support payments for you. Without your correct contact information, we cannot ensure that payments will reach you.

Please complete and return the information below by 10/30/2024 to the address listed below. If we do not receive a response from you, your case may be reviewed for closure.

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/dcss.

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.



Name: CUSTODIAL TEST TEST

AZCARES No.:001428730400

Your Current Mailing Address: _____

Phone: (Home) _____ (Work) _____

(Cell) _____ (E-mail) _____

Please fill out the information below for the other parent or alleged parent:

Alleged Parent/Other Parent Name: _____

Address: _____

Phone Number(s): _____

Employer Name: _____

Return completed form to:

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

