



Division of Child Support Services



REQUEST FOR TITLE IV-D CHILD SUPPORT SERVICES AND APPLICANT'S RIGHTS AND RESPONSIBILITIES

SOCIAL SECURITY NUMBER REQUEST

The Arizona Department of Economic Security (DES) / Division of Child Support Services (DCSS) is requesting that you voluntarily provide your Social Security Number as part of the *application* process. DES/DCSS will use this information solely as authorized by law to provide child support services including the establishment of paternity and a child support order and the enforcement of a support order. If you do not provide your or your child's Social Security Number at this time, you will have to at the time DCSS or its agent prepares to go to court to obtain a support or paternity order. This is required under federal law 42 U.S.C. 666 (a)(13) and by state law A.R.S. § 25-1251.

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



**ARIZONA DEPARTMENT OF ECONOMIC SECURITY
DIVISION OF CHILD SUPPORT SERVICES
P.O. BOX 40458 • PHOENIX, ARIZONA 85067 • (602) 252-4045**

Thank you for requesting information about child support services. The Division of Child Support Services (DCSS) is responsible for administering the child support program for the State of Arizona under Title IV-D of the Social Security Act. You do not have to pay a fee to apply for services. Once your case is opened, you may be charged a fee of \$35 per year (see *Fees for Child Support* on page 6). The following services are available through DCSS:

- **Establishment of legal paternity**
- **Establishment of a child support order with medical support**
- **Enforcement of a child support order**
- **Enforcement of a court order for spousal maintenance when there is also a child support order**
- **Location of parents**
- **Review of child support orders for a possible modification**

We have attached the **Request for Title IV-D Child Support Services** for you to complete to request our services. It is very important that you review this document carefully and then fill out all of the attached forms completely. **Please do not leave any blanks.** When a question does not apply to your situation please write "N/A" for not applicable. When you do not know the answer, please write "UNK" for unknown. If you need help in completing the application, please call DCSS Customer Service at (602) 252-4045 for assistance. Please complete the application using black ink.

In order for DCSS to pursue all child support related activities for you including obtaining or enforcing child and/or medical support, it is necessary to have complete, current and accurate information concerning the parents.

Please provide the following documents when requesting child support services:

- Completed IV-D application
- For all the children listed on application:
 - Birth certificates
 - Copies of any orders relating to paternity
 - Copies of any existing or previous support orders
- If you have ever been married:
 - Copy of your marriage license(s)
 - Copy of any decree(s) of dissolution of divorce
- If you already have a child support order for the children listed on the application, please provide any record of payments that have been made. This may include payments made directly to you or payments made through a court or clearinghouse outside of Arizona. However, you do not need to provide a history of payments that have been processed through the Arizona Child Support Payment Clearinghouse (ATLAS).

If you are currently receiving public assistance such as Temporary Assistance for Needy Families (TANF), and/or on Arizona Health Care Cost Containment System (AHCCCS), and are participating in a federally assisted Title IV-E Foster Care Program, you may have already been automatically referred to the Division of Child Support Services for services.

As the applicant for Title IV-D DCSS child support services you agree to cooperate fully in all actions necessary by DCSS, its agents and its attorney to establish paternity, or establish, modify or enforce a child support obligation.

**YOUR RIGHTS AND RESPONSIBILITIES WHEN DEALING
WITH DCSS FOR CHILD SUPPORT SERVICES**

COOPERATION INCLUDES, BUT IS NOT LIMITED TO, THE FOLLOWING:

1. COMPLETING ALL DOCUMENTS AS REQUESTED BY DCSS OR ITS AGENTS, AND
2. APPEARING, AS REQUESTED, AT THE LOCAL CHILD SUPPORT OFFICE, THE LOCAL OFFICE OF DCSS' ATTORNEYS, AT DEPOSITIONS, AT ADMINISTRATIVE OR COURT HEARINGS, OR AT A DESIGNATED GENETIC TESTING SITE, AFTER BEING GIVEN NOTICE, AND
3. PROVIDING ALL AVAILABLE INFORMATION AND DOCUMENTATION REQUESTED BY DCSS, AND
4. NOTIFYING DCSS OF ANY OF THE FOLLOWING:
 - **Any changes** of your residential or mailing address, contact phone numbers, and employer. Without current information on record, your personal identification number (PIN) may not be able to be changed as this information is used to verify your identity.
 - If you have received cash/public assistance (TANF/AFDC) benefits in the past on behalf of yourself or your child(ren) in a state other than Arizona.
 - If you obtain an attorney to represent you in child support matters or if you/your attorney seek a court hearing relating to paternity, child support or divorce.
5. Providing us copies of **any legal documents** or other notices in your possession pertaining to your divorce, child support, medical support, custody matters, modification of child support or custody, filing of bankruptcy by the paying parent, depositions, appeals, etc., and
6. Informing us of **any** change in the legal or physical custody of the child(ren), including guardianship (long or short term), if you begin to reside with the other parent, and of major changes in your financial circumstances and
7. Giving us full and complete information regarding the other parent's name, address, social security number, date of birth, income, education and employment history. Report new information about the other parent immediately. The amount of information you provide can affect how likely DCSS can locate the other parent and successfully work on your case and
8. Providing complete financial statements as requested by DCSS. You may be required to provide verification of medical, educational and childcare expenses as well as your income, and information regarding other natural or adopted children in your household. You may also be required to provide information regarding visitation/parenting time. This information is needed to either establish or modify a child support order and
9. Agreeing to repay DCSS any money that is paid to you in error. This includes: (1) payments that were intended for a different parent, (2) payments received from the paying parent that are not honored because of insufficient funds or a stop payment order, and (3) payments received from the internal revenue service that are later reversed.
10. Signing a right to recovery agreement and pay recovery costs and/or fees if your case is sent to another state whose law requires the applicant requesting IV-D services to repay the actual costs of interstate proceedings.
11. Agreeing to pay for genetic testing (DNA) costs in a paternity case if you are determined to be the father.

THE APPLICANT UNDERSTANDS DCSS HAS THE RIGHT AND RESPONSIBILITY TO:

- Attempt to establish paternity and child support, including medical insurance coverage, and enforce both a child support obligation and spousal support already ordered by a court.
- Decide the best way to handle your case in a manner consistent with state and federal requirements. DCSS will generally use administrative enforcement remedies, when appropriate, rather than court action. DCSS will consult with its legal counsel to determine whether legal action is necessary and will act in a manner consistent with the best interest of the State of Arizona.
- Notify the applicant of all proceedings to establish or modify support and to provide the applicant with copies of court orders as necessary.
- Provide your address and other personal identifying information to the court for child support litigation and to others consistent with state and federal laws unless it is determined that your information should be protected. DCSS must comply with court orders relating to release of address or other case information for court or discovery proceedings.
- Release the child(ren)'s social security number(s) to either parent's employer when that parent is required to provide medical insurance.
- Upon request from either parent, review the court order for modification every three (3) years to determine whether an adjustment is appropriate. (The review will determine if your child support order is appropriate and reasonable under the Arizona Child Support Guidelines and may result in a decrease, increase, or no change of your current child support order.) A modification of the order may also be requested if the current child support order does not include a provision for medical coverage. To have your case reviewed more often than every three (3) years the party must show a substantial and continuing change in circumstances. DCSS may be required to seek a modification of the support order, whether upward or downward, consistent with state law.
- If the person obligated to pay child support applies for services to get assistance in modifying his or her support obligation, he or she should be aware that DCSS is also required to take steps to enforce the order.

**STRICT REQUIREMENTS OF STATE AND FEDERAL LAW
FOR DISTRIBUTING CHILD SUPPORT PAYMENTS**

- Payments collected must be distributed within two (2) days of receipt when all appropriate information is provided. This does not apply to income tax refund intercept payments or to payments which cannot be identified. Large amount and/or out-of-state checks may be held until they clear the bank.
- Unless you receive a hardship exemption, DCSS generally issues all payments received for you by direct deposit to your bank account or to an Arizona Electronic Payment Card (EPC) issued in your name. If an Electronic Payment Authorization form is not provided, authorizing direct deposit, the default method to receive your child support payments is by EPC. See attached fee disclosures associated with an EPC. The EPC is a debit card with your child support payments stored in it and can be used to pay for goods and services or to remove cash at any ATM or retailer worldwide.

The specific reasons a customer may request a hardship exemption from DCSS or the State Disbursement Unit (SDU) are: 1) The customer does not reside within thirty (30) miles or less from any ALL POINT ATM OR 30 miles from a point-of-sale retail location, AND/OR 2) The customer does not have access to any type of financial institution account for the purposes of receiving payments electronically by direct deposit, AND/OR 3) The customer has asserted in writing with supporting documentation that the use of an electronic access card and/or direct deposit will create an undue hardship because of a documented physical or mental disability, AND/OR 4) The customer is involved in legal proceedings that require payments to be sent to a trustee or a representative payee.

A customer may request a hardship exemption at any time in writing to the ARIZONA STATE DISBURSEMENT UNIT, HARDSHIP EXEMPTION, PO BOX 36626, PHOENIX, AZ 85067-6626.

To obtain a hardship exemption, the customer must document the basis for the exemption, including providing proof of any physical or mental disability. DCSS will respond in writing to all requests for hardship exemptions within 30 calendar days.

- The first money received during a month is regarded as current support for that month and must be distributed within two (2) days of receipt after it is recorded by DCSS.
- Once current support is paid, any additional money received during the month is regarded as payment of unpaid or past due support. If a payment is received that exceeds the current support obligation and there is no support owed, DCSS will credit the excess toward future support or any outstanding fees. Payments are not applied to fees until all support obligations (past and current) have been paid.
- If the paying parent owes current support to more than one family, all current support is paid before any money can be applied as payment to past due support. When the amount collected is not enough to pay current support to all families, the payment will be allocated among the families by the employer as required by law.
- If the custodial parent moves and does not notify DCSS of the new address, and DCSS is unable to deliver the support payments to him/her within 120 days, the support must be returned to the non-custodial parent. If DCSS is unable to deliver the support amount to the non-custodial parent, it is then considered abandoned property, which will escheat to the State.

CASE CLOSURE

Under circumstances permitted by federal law, your case with DCSS may be closed if:

- The facts of the case establish an inability to take action to collect support.
- You have failed to cooperate, and your cooperation is essential for the next step in providing services, and you do not receive public assistance benefits.
- You provide a written request that the case be closed, there is no child or medical support debt owed pursuant to a court order and assigned to the state, and neither you nor the child(ren) receives public assistance.
- DCSS has been unable to contact you within a sixty (60) calendar day period, despite attempts by both telephone and at least one letter by first class mail, and you do not receive public assistance.
- You accepted direct child support payments from the non-custodial parent after your IV-D case was opened. This prevents DCSS from maintaining accurate debt balances.

SERVICES NOT PROVIDED BY DCSS OR ITS AGENTS

- Filing a divorce action (Dissolution of Marriage).
- Enforcement of court orders for spousal support or maintenance only and which do not include child support.
- Legal action for custody, legal decision-making, visitation or parenting time.
- Enforcement of court-ordered payment of unpaid medical or other bills, attorneys' fees, property settlements or agreements regarding college expenses.
- Genetic testing (DNA) for the purpose of disproving paternity or setting aside paternity orders.

LEGAL REPRESENTATION

The Arizona Assistant Attorneys General and Deputy County Attorneys do not represent you or your children in child support proceedings; they represent the State of Arizona. You have the right to have a private attorney at your own expense, in addition to services provided by DCSS.

FEES FOR CHILD SUPPORT SERVICES

Under federal law, the DCSS is required to charge a yearly \$35 service fee on cases where the custodial parent has never received public assistance and has received \$550 of support within the federal fiscal year (October 1-September 30). You may be charged more than one fee each year if you have more than one applicable case.

RIGHT TO PROTECT YOUR PERSONAL INFORMATION

As a regular business practice, DCSS does not release personal information (address, Social Security number, or date of birth, etc.) for you or your child(ren) except in certain court documents, when ordered to do so by a court or when authorized by state or federal law. However, it is now a federal requirement to send certain personal information to the Federal Case Registry (FCR), which is used by all states to enforce child support orders. If you claim that family/domestic violence is an issue for you or your child(ren), you must complete the Domestic Violence Questionnaire so that your address and personal information will not be submitted to the Federal Case Registry (FCR), and will not be released to other state and federal agencies as currently required by law. Any court documents that must be filed with the court to collect support for you and your child(ren) will show only that your address is "ON FILE WITH DES."

We are concerned about the safety of you and your family. We must know if you wish to have personal information in your support case protected from release to other state and federal agencies as currently authorized by law. If you believe that release of your address or other personal identifying information may result in physical or emotional harm to you, your children or a caretaker relative, please advise us immediately.

You must let DCSS know immediately if you have: 1) ever had to get a court order known as a Temporary Restraining Order (TRO) or an Order of Protection (OP), against your current or former spouse or against the other parent of your child(ren); 2) ever had to call the police to come to your home to protect you or your child(ren) from your current or former spouse or other parent of your child(ren); or 3) a doctor, hospital, family member or neighbor who knows that you have ever been hurt by your current or former spouse or other parent of your child(ren).

DIVISION OF CHILD SUPPORT SERVICES OFFICES

Hours 8:00 a.m. to 5:00 p.m., Monday through Friday

Phone 602-252-4045, Toll Free 1-800-882-4151

<p>DCSS Cochise</p> <p>Sierra Vista Office 2981 E. Tacoma St. Sierra Vista, AZ 85635</p>	<p>DCSS Mohave</p> <p>Bullhead City Office 2601 E. Hwy. 95 Bullhead City, AZ 86442</p> <p>Kingman Office 2400 Airway Ave. Kingman, AZ 86409</p> <p>Lake Havasu City Office 2031 Spawr Circle Lake Havasu City, AZ 86403</p>	<p>DCSS Santa Cruz 1843 N. State Dr. Nogales, AZ 85621</p> <hr/> <p>DCSS Yavapai</p> <p>Prescott Valley Office 3262 N. Bob Dr., Ste. 13 Prescott Valley, AZ 86314</p>
<p>DCSS Coconino</p> <p>Flagstaff Office 1701 N. 4th St. Flagstaff, AZ 86004</p>	<p>DCSS Navajo County</p> <p>Pinetop-Lakeside Office 20 E. White Mountain Blvd. Suite C-1 Through C-3 Lakeside, AZ 85929</p>	<p>DCSS Yuma Office 1800 E. Palo Verde St. Yuma, AZ 85365</p>
<p>DCSS Gila County</p> <p>Globe Multi Service Center 605 S. 7th St., Globe, AZ 85501</p>	<p>DCSS Pima</p> <p>Tucson Office 1455 S. Alvernon Way Tucson, AZ 85711</p> <p>Tucson Multi-Service Center 2255 W. Ina Rd. Tucson, AZ 85741</p>	
<p>DCSS Maricopa</p> <p>East Region Office 125 E. Elliot Rd. Chandler, AZ 85225</p> <p>North Region Office 11420 N. 19th Ave. Phoenix, AZ 85029</p> <p>South Region Office 6010 N 57th Drive Glendale, AZ 85301</p>	<p>DCSS Pinal</p> <p>Casa Grande Office 555 W. Main Casa Grande, AZ 85122</p> <p>Coolidge Office 1155 N. Arizona Blvd. Coolidge, AZ 85128</p>	

COUNTY PARTNER OFFICES

Navajo Nation

St. Michael's Professional Bldg.
Hwy. 264 and Mission Rd.
Window Rock, AZ 86515
928-871-7195

REQUEST FOR TITLE IV-D CHILD SUPPORT SERVICES

<i>For Official Use Only</i>	
Date Application Requested:	_____
Date Application Mailed/Provided:	_____
Date Application Received:	_____
ATLAS #:	_____

PLEASE READ

- If you are requesting services for more than two children, request additional child pages.
- The following documents should be provided if available: Valid identification, birth certificates for all children, Social Security cards for all parties, marriage licenses, all court orders and pertinent death certificates.
- If you are requesting services for multiple children involving more than one mother or father, please complete an application for each mother or father.
- If you do not have current information about the other party when completing this application, please complete with the last known information.
- Please PRINT clearly and legibly, using black ink only, when completing this application.
- If you are receiving or making direct support payments, you will need to complete an Affidavit of Direct Pay.

Interpreter Requirement:

Do you need an interpreter? Yes No

If yes, for what language? _____

Instructions for completing this application:

If you are the biological or the adoptive **mother** of the child(ren), complete sections 1, 3, 4 and 5.

If you are the biological or adoptive **father** (or **alleged father**) of the child(ren), complete sections 1, 3, 4, and 5.

The **caretaker** is a person who cares for the child(ren)'s health and welfare and has physical or legal custody of the child(ren), but who is NOT the parent. If you are the caretaker, complete ALL sections of this application.

Section 1: APPLICANT INFORMATION**Sección 1: Datos del Solicitante**

1. Your First Name / *Su primer nombre* _____ Your Middle Name / *Su segundo nombre* _____ Your Last Name / *Su apellido* _____

2. Your Date of Birth (mm/dd/yyyy) /
Su fecha de nacimiento _____

3. Your Social Security Number /
Su número de Seguro Social _____

4. Are YOU the mother, the father (or alleged father) or the caretaker applying for services? /
¿Es USTED la madre, el padre (o presunto padre) o el encargado que solicite servicios?

Mother / *Madre*

Father / *Padre*

Caretaker / *Encargado*

5. Who has primary physical custody of the child(ren)? / *¿Quién tiene la custodia física primaria del/de los menor(es)?*

Mother / *Madre*

Father / *Padre*

Caretaker / *Encargado*

6. Does an attorney represent you in any matters related to the child(ren)? /

¿Algún abogado le representa a usted con algún procedimiento relacionado al (a los) menor(es)? Yes / *Sí* No

If yes, provide the attorney's name, address and phone number /

En caso afirmativo, proporcione el nombre, la dirección y número de teléfono del abogado

Attorney's Name /

Attorney's Phone Number /

Nombre del Abogado _____

Número de teléfono del abogado _____

Address (No., Street, Apt. No., P.O. Box) / *Dirección (Núm., calle, núm. de apto. o aptdo. postal)*

City /

State /

ZIP Code /

Ciudad _____

Estado _____

Código postal _____

Instructions for completing this application:

Please choose from one of the statements below:

Mother: If you are the biological or the adoptive mother of the child(ren), complete sections 1, 3, 4 and 5.

Father: If you are the biological or adoptive or alleged father of the child(ren), complete sections 1, 3, 4, and 5.

Caretaker: If you are the caretaker, the person who cares for the child(ren)'s health and welfare and has physical or legal custody of the child(ren), but who is NOT the parent, complete ALL sections of this application.

Section 2: CARETAKER INFORMATION

Sección 2: Datos del Guardián

Full Legal Name (Last) / *Nombre legal completo (apellido)* _____ Full Legal Name (First, Middle) / *Nombre legal completo (primero, segundo)* _____

Other names used / *Otros nombres que ha usado* _____ Social Security Number / *Número de Seguro Social* _____ Date of Birth (Month, Day, Year) / *Fecha de nacimiento (mes, día, año)* _____

Place of Birth / *Lugar de nacimiento* _____ Gender / *Sexo*: Male / *Masculino* Female / *Femenino*

Are you (the Caretaker) a member of a Tribe? / *¿Es usted (el Encargado) miembro de una Tribu?* Yes / *Sí* No
If yes, name of Tribe / *Si es así, el nombre del Tribu* _____ Tribal Census Number / *El número de censo tribal* _____

Residential Address (No., Street) / *Domicilio (Núm., calle)* _____
City / *Ciudad* _____ State / *Estado* _____ ZIP Code / *Código postal* _____

Mailing Address (No., Street, P.O. Box) / *Dirección postal (Núm., calle, caja postal)* _____
City / *Ciudad* _____ State / *Estado* _____ ZIP Code / *Código postal* _____

Home Phone No. / *Núm. de teléfono de casa* _____ Cell or Message Phone No. / *Teléfono celular o de mensajes* _____ Work Phone No. / *Núm. de teléfono de trabajo* _____ Email Address / *Dirección de correo electrónico* _____

For each child listed, when did you (the Caretaker) obtain physical custody of the child(ren)?
Por cada menor indicado, ¿cuándo obtuvo usted (el Encargado) la custodia física del menor?

Do you (the Caretaker) have legal guardianship of the child? / *¿Tiene usted (el Encargado) custodia legal del menor?*

Child's Name / <i>Nombre del menor</i>	Date of Custody (Month, Year) / <i>Fecha de custodia (mes, año)</i>	Legal Guardianship / <i>Tutela legal</i>	
		Yes / <i>Sí</i>	No
		Yes / <i>Sí</i>	No
		Yes / <i>Sí</i>	No
		Yes / <i>Sí</i>	No

What is your (the Caretaker's) relationship to the mother of the child(ren)? / *¿Qué parentesco tiene usted (el Encargado) con la madre del/de los menor(es)?* _____

What is your (the Caretaker's) relationship to the father of the child(ren)? / *¿Qué parentesco tiene usted (el Encargado) con el padre del/de los menor(es)?* _____

Have you (the Caretaker) ever applied for or received the following services? (If yes, when and where?) / *¿Alguna vez usted (el Encargado) solicitó o recibió los siguientes servicios? (Si es así, ¿cuándo y dónde?)*

- Child Support Services / *Servicios de sustento para menores:*** Yes / *Sí* No
Dates (Month/Year) / *Fecha (mes/año)* _____ – _____ Where (City, State) / *¿A dónde? (ciudad, estado)* _____
- Cash Assistance / *Asistencia en efectivo:*** Yes / *Sí* No
Dates (Month/Year) / *Fecha (mes/año)* _____ – _____ Where (City, State) / *¿A dónde? (ciudad, estado)* _____
- Medical Assistance / *Asistencia médica:*** Yes / *Sí* No
Dates (Month/Year) / *Fecha (mes/año)* _____ – _____ Where (City, State) / *¿A dónde? (ciudad, estado)* _____

Does an attorney represent you (the Caretaker) for any issue regarding the parents and/or child(ren)? / *¿Le representa a usted (el Encargado) algún abogado en cualquier asunto relacionado a los padres o al/a los menor(es)?* Yes / *Sí* No

Attorney's Name / *Nombre del Abogado* _____ Attorney's Phone Number / *Número de teléfono del abogado* _____

Physical Description / *Descripción física:*
Race / *Raza* _____ Weight / *Peso* _____ Height / *Estatura* _____ Eye Color / *Color de ojos* _____ Hair Color / *Color del cabello* _____

Distinguishing Characteristics (describe any tattoos, scars, birthmarks, facial hair, glasses, etc.) / *Características distintivas (describa cualquier tatuaje, cicatriz, marca de nacimiento, vello facial, anteojos, etc.)*

Section 3: MOTHER’S INFORMATION – Page 1 of 2
Sección 3: Datos de la madre – página 1 de 2

Full Legal Name (Last) / *Nombre legal completo (apellido)* _____ Full Legal Name (First, Middle) / *Nombre legal completo (primero, segundo)* _____

Other names used / *Otros nombres que ha usado* _____

Social Security Number / *Número de Seguro Social* _____ Date of Birth (Month, Day, Year) / *Fecha de nacimiento (mes, día, año)* _____ Place of Birth / *Lugar de nacimiento* _____

Is the mother a member of a Tribe? / *¿Es la madre miembro de una Tribu?* Yes / *Sí* No
If yes, name of Tribe / *Si es así, el nombre del Tribu* _____ Tribal Census Number / *El número de censo tribal* _____

Residential Address (No., Street) / *Domicilio (Núm., calle)* _____

City / *Ciudad* _____ State / *Estado* _____ ZIP Code / *Código postal* _____

How long at this address? / *¿Cuánto tiempo permanezca en esta dirección?* _____ years / *años* _____ months / *meses*

Mailing Address (No., Street, P.O. Box) / *Dirección postal (Núm., calle, caja postal)* _____

City / *Ciudad* _____ State / *Estado* _____ ZIP Code / *Código postal* _____

Home Phone No. / *Núm. de teléfono de casa* _____ Cell or Message Phone No. / *Teléfono celular o de mensajes* _____ Email Address / *Dirección de correo electrónico* _____

Occupation / *Ocupación* _____ Work Phone No. / *Núm. de teléfono de trabajo* _____

Employer’s Name / *Nombre del empleador* _____

Employer Address (No., Street) / *Dirección del empleador* _____

City / *Ciudad* _____ State / *Estado* _____ ZIP Code / *Código postal* _____

Has the mother ever applied for or received the following services? (If yes, when and where?) / *Alguna vez la madre solicitó o recibió los siguientes servicios? (Si es así, cuándo y dónde?)*

1. **Child Support Services / *Servicios de sustento para menores:*** Yes / *Sí* No

Dates (Month/Year) / *Fecha (mes/año)* _____ – _____ Where (City, State) / *¿A dónde? (ciudad, estado)* _____

2. **Cash Assistance / *Asistencia en efectivo:*** Yes / *Sí* No

Dates (Month/Year) / *Fecha (mes/año)* _____ – _____ Where (City, State) / *¿A dónde? (ciudad, estado)* _____

3. **Medical Assistance / *Asistencia médica:*** Yes / *Sí* No

Dates (Month/Year) / *Fecha (mes/año)* _____ – _____ Where (City, State) / *¿A dónde? (ciudad, estado)* _____

Does an attorney represent the mother for any issue regarding these child(ren)? / *¿Le representa a la madre algún abogado en cualquier asunto relacionado a los padres o al/a los menor(es)?* Yes / *Sí* No

Attorney’s Name / *Nombre del Abogado* _____ Attorney’s Phone Number / *Número de teléfono del abogado* _____

Is there a domestic violence issue on this case? / *¿Existe algún problema con violencia doméstica en este caso?* Yes / *Sí* No

Physical Description / *Descripción física:*

Race / *Raza* _____ Ethnicity / *Etnicidad* _____ Weight / *Peso* _____ Height / *Estatura* _____ Eye Color / *Color de ojos* _____ Hair Color / *Color de cabello* _____
Hispanic / *Hispana* _____ Non-Hispanic / *No Hispana* _____

Distinguishing Characteristics (describe any tattoos, scars, birthmarks, facial hair, glasses, etc.) / *Características distintivas (Describe cualquier tatuaje, cicatriz, marca de nacimiento, vello facial, anteojos, etc.)*

Other states the mother has lived in / *Otros estados donde vivía la madre* _____

Names of Mother’s Parents / *Nombres de los padres de la madre:*
Mother (First, Last) / *Madre (nombre, apellido)* _____ Father (First, Last) / *Padre (nombre, apellido)* _____

Section 3: MOTHER’S INFORMATION – Page 2 of 2

Sección 3: Datos de la madre – página 2 de 2

Mother’s current marital status / *Estado civil actual de la madre:* Single / *Soltera* Married / *Casada* Divorced / *Divorciada*
If married, Spouse’s Name / *Si está casada, nombre del cónyuge* _____ Date of Marriage / *Fecha de matrimonio* _____

If divorced, date of divorce / *Si está divorciada, fecha del divorcio* _____ County/State where filed / *Condado/estado donde se presentó* _____ If separated, date spouse last lived with mother / *Si está separada última fecha en que el cónyuge convivió con la madre* _____

List all previous marriages / *Enumere todos matrimonios previos:* None / *Ninguno*

Name of Spouse / <i>Nombre del cónyuge</i>	Date / <i>Fecha</i>	Place (County/State) / <i>Lugar (condado/estado)</i>	Date of Dissolution / <i>Fecha de disolución</i>	Disposition / <i>Disposición</i>
				Divorced / <i>Divorciada</i> Deceased / <i>Difunto</i>
				Divorced / <i>Divorciada</i> Deceased / <i>Difunto</i>
				Divorced / <i>Divorciada</i> Deceased / <i>Difunto</i>
				Divorced / <i>Divorciada</i> Deceased / <i>Difunto</i>

Is the mother pregnant now? / *¿Se encuentra la madre embarazada?* Yes / *Sí* No

If yes, other parent’s name / *Si es así, nombre del otro padre* _____

Does the mother have any other children? / *¿Tiene la madre otros menores?* Yes / *Sí* No

Child’s Name (First, Last) / <i>Nombre del menor (nombre, apellido)</i>	Father’s Name (First, Last) / <i>Nombre del padre (nombre, apellido)</i>

Has the mother ever lived in Arizona? / *¿Alguna vez vivía en Arizona la madre?* Yes / *Sí* No

Did the mother and father ever live together? / *¿Alguna vez convivieron la madre y al padre?* Yes / *Sí* No

If yes, Address (City, State) / *Si es así, dirección (ciudad, estado)* _____ Dates (Month, Year) / *Fechas (mes, año)* _____
From / *Desde* _____ To / *hasta* _____

Mother’s Vehicle / *Vehículo de la madre:*

Make / *Marca* Model / *Modelo* Color / *Color* Year / *Año* License Plate (State, Number) / *Placa (estado, número)* _____

Has the mother ever been incarcerated? / *¿Ha estado la madre alguna vez encarcelado?* Yes / *Sí* No

If yes, City and State / *Si es así, ciudad y estado* _____ Dates (Month, Year) / *Fechas (mes, año)* _____
From / *Desde* _____ To / *hasta* _____

Is the mother a veteran? / *¿Es la madre un veterano?* Yes / *Sí* No

What is the highest level of schooling the mother completed? / *¿Cuál es el mayor nivel de educación completado por la madre?*

- 8th grade / *8avo grado*
- 9th – 12th grade, no diploma / *9no – 12avo grado, sin diploma*
- High school graduate or GED / *Graduado con título secundario o GED*
- Some college, no degree / *Alguna educación postsecundaria, sin título*
- Associate’s Degree / *Título de asociado (p. ej., AA, AS)*
- Bachelor’s Degree / *Licenciatura (p. ej., BA, AB, BS)*
- Master’s Degree / *Maestría (p. ej., MA, MS, MEng, MSW, MBA)*
- Doctorate Degree / *Doctorado (p. ej., PhD, EdD)*
- Professional Degree / *Título profesional (p. ej., MD, DDS, DVM, LLB, JD)*

Section 4: FATHER’S OR ALLEGED FATHER’S INFORMATION – Page 1 of 2

Sección 4: Datos del Padre o Presunto Padre – página 1 de 2

Full Legal Name (Last) / *Nombre legal completo (apellido)* _____ Full Legal Name (First, Middle) / *Nombre legal completo (primero, segundo)* _____

Other names used / *Otros nombres que ha usado* _____

Social Security Number / *Número de Seguro Social* _____ Date of Birth (Month, Day, Year) / *Fecha de nacimiento (mes, día, año)* _____ Place of Birth / *Lugar de nacimiento* _____

Is the father a member of a Tribe? / *¿Es el padre miembro de una Tribu?* Yes / *Sí* No

If yes, name of Tribe / *Si es así, el nombre del Tribu* _____ Tribal Census Number / *El número de censo tribal* _____

Residential Address (No., Street) / *Domicilio (Núm., calle)* _____

City / *Ciudad* _____ State / *Estado* _____ ZIP Code / *Código postal* _____

How long at this address? / *¿Cuánto tiempo permanezca en esta dirección?* _____ years / *años* _____ months / *meses*

Mailing Address (No., Street, P.O. Box) / *Dirección postal (Núm., calle, caja postal)* _____

City / *Ciudad* _____ State / *Estado* _____ ZIP Code / *Código postal* _____

Home Phone No. / *Núm. de teléfono de casa* _____ Cell or Message Phone No. / *Teléfono celular o de mensajes* _____ Email Address / *Dirección de correo electrónico* _____

Occupation / *Ocupación* _____ Work Phone No. / *Núm. de teléfono de trabajo* _____

Employer’s Name / *Nombre del empleador* _____

Employer Address (No., Street) / *Dirección del empleador* _____

City / *Ciudad* _____ State / *Estado* _____ ZIP Code / *Código postal* _____

Has the father ever applied for or received the following services? (If yes, when and where?) / *Alguna vez el padre solicitó o recibió los siguientes servicios? (Si es así, cuándo y dónde?)*

1. **Child Support Services / Servicios de sustento para menores:** Yes / *Sí* No

Dates (Month/Year) / *Fecha (mes/año)* _____ – _____ Where (City, State) / *¿A dónde? (ciudad, estado)* _____

2. **Cash Assistance / Asistencia en efectivo:** Yes / *Sí* No

Dates (Month/Year) / *Fecha (mes/año)* _____ – _____ Where (City, State) / *¿A dónde? (ciudad, estado)* _____

3. **Medical Assistance / Asistencia médica:** Yes / *Sí* No

Dates (Month/Year) / *Fecha (mes/año)* _____ – _____ Where (City, State) / *¿A dónde? (ciudad, estado)* _____

Does an attorney represent the father for any issue regarding these child(ren)? / *¿Le representa al padre algún abogado en cualquier asunto relacionado a los padres o al/a los menor(es)?* Yes / *Sí* No

Attorney’s Name / *Nombre del Abogado* _____ Attorney’s Phone Number / *Número de teléfono del abogado* _____

Is there a domestic violence issue on this case? / *¿Existe algún problema con violencia doméstica en este caso?* Yes / *Sí* No

Physical Description / *Descripción física:*

Race / *Raza* _____ Ethnicity / *Etnicidad* _____ Weight / *Peso* _____ Height / *Estatura* _____ Eye Color / *Color de ojos* _____ Hair Color / *Color de cabello* _____
Hispanic / *Hispana* _____ Non-Hispanic / *No Hispana* _____

Distinguishing Characteristics (describe any tattoos, scars, birthmarks, facial hair, glasses, etc.) / *Características distintivas (Describa cualquier tatuaje, cicatriz, marca de nacimiento, vello facial, anteojos, etc.)*

Other states the father has lived in / *Otros estados donde vivía el padre* _____

Names of Father’s Parents / *Nombres de los padres del padre:*
Mother (First, Last) / *Madre (nombre, apellido)* _____ Father (First, Last) / *Padre (nombre, apellido)* _____

Section 4: FATHER’S OR ALLEGED FATHER’S INFORMATION – Page 2 of 2

Sección 4: Datos del Padre o Presunto Padre – página 2 de 2

Father’s current marital status / *Estado civil actual del padre:* Single / *Soltero* Married / *Casado* Divorced / *Divorciado*

If married, Spouse’s Name / *Si está casado, nombre del cónyuge* _____ Date of Marriage / *Fecha de matrimonio* _____

If divorced, date of divorce / *Si está divorciado, fecha del divorcio* _____ County/State where filed / *Condado/estado donde se presentó* _____ If separated, date spouse last lived with father / *Si está separada última fecha en que el cónyuge convivió con el padre* _____

List all previous marriages / *Enumere todos matrimonios previos:* None / *Ninguno*

Name of Spouse / <i>Nombre del cónyuge</i>	Date / <i>Fecha</i>	Place (County/State) / <i>Lugar (condado/estado)</i>	Date of Dissolution / <i>Fecha de disolución</i>	Disposition / <i>Disposición</i>
				Divorced / <i>Divorciada</i> Deceased / <i>Difunto</i>
				Divorced / <i>Divorciada</i> Deceased / <i>Difunto</i>
				Divorced / <i>Divorciada</i> Deceased / <i>Difunto</i>
				Divorced / <i>Divorciada</i> Deceased / <i>Difunto</i>

Does the father have any other children? / *¿Tiene el padre otros menores?* Yes / *Sí* No

Child’s Name (First, Last) / <i>Nombre del menor (nombre, apellido)</i>	Mother’s Name (First, Last) / <i>Nombre de la madre (nombre, apellido)</i>

Has the father ever lived in Arizona? / *¿Alguna vez vivía en Arizona el padre?* Yes / *Sí* No

Did the father and mother ever live together? / *¿Alguna vez convivieron el padre y la madre?* Yes / *Sí* No

If yes, Address (City, State) / *Si es así, dirección (ciudad, estado)* _____ Dates (Month, Year) / *Fechas (mes, año)* _____
From / *Desde* _____ To / *hasta* _____

Father’s Vehicle / *Vehículo del padre:*

Make / *Marca* _____ Model / *Modelo* _____ Color / *Color* _____ Year / *Año* _____ License Plate (State, Number) / *Placa (estado, número)* _____

Has the father ever been incarcerated? / *¿Ha estado el padre alguna vez encarcelado?* Yes / *Sí* No

If yes, City and State / *Si es así, ciudad y estado* _____ Dates (Month, Year) / *Fechas (mes, año)* _____
From / *Desde* _____ To / *hasta* _____

Is the father a veteran? / *¿Es el padre un veterano?* Yes / *Sí* No

What is the highest level of schooling the father completed? / *¿Cuál es el mayor nivel de educación completado por el padre?*

- 8th grade / *8avo grado*
- 9th – 12th grade, no diploma / *9no – 12avo grado, sin diploma*
- High school graduate or GED / *Graduado con título secundario o GED*
- Some college, no degree / *Alguna educación postsecundaria, sin título*
- Associate’s Degree / *Título de asociado (p. ej., AA, AS)*
- Bachelor’s Degree / *Licenciatura (p. ej., BA, AB, BS)*
- Master’s Degree / *Maestría (p. ej., MA, MS, MEng, MSW, MBA)*
- Doctorate Degree / *Doctorado (p. ej., PhD, EdD)*
- Professional Degree / *Título profesional (p. ej., MD, DDS, DVM, LLB, JD)*

Section 5: Child #1 Information

If you are applying for services for more than two children with the same father, complete a supplemental page for each additional child.

Sección 5: Datos del menor #1

Si usted está solicitando servicios para más de dos menores que tienen el mismo padre, por favor llene páginas suplementarias para cada menor adicional.

Legal Name (Last) / *Nombre legal completo (apellido)* _____ Legal Name (First, Middle) / *Nombre legal completo (primero, segundo)* _____

Social Security Number / *Número de Seguro Social* _____ Does this child live with you? / *¿Este niño/a vive con usted?* Yes / *Sí* No How are you related to this child? / *¿Cuál es su relación con este/a niño /a?* _____

Date of Birth (Month, Day, Year) / *Fecha de nacimiento (mes, día, año)* _____ Place of Birth (City, State, County) / *Lugar de nacimiento (ciudad, estado, condado)* _____ Place of Conception (City, State) / *Lugar donde concibió (ciudad, estado)* _____

Gender / *Sexo:* Male / *Masculino* Female / *Femenino* Race / *Raza* _____ Ethnicity / *Etnicidad* Hispanic / *Hispana* Non-Hispanic / *No Hispana*

Has the father lived with this child in Arizona? / *¿Ha vivido el padre con este/a niño/a en Arizona?* Yes / *Sí* No

Is the child a member of a Tribe? / *¿Es este niño/a miembro de una Tribu?* Yes / *Sí* No

If yes, name of Tribe / *Si es así, el nombre del Tribu* _____ Tribal Census Number / *El número de censo tribal* _____

What was the relationship between the biological parents at the time of this child's birth? / *¿Cuál fue la relación entre los padres biológicos durante el nacimiento del niño/a?*
Never married / *Nunca estuvieron casados* Married / *Casados* Divorced / *Divorciados*

Was the mother married to anyone when she became pregnant or when the child was born? / *¿Estaba la madre casada con alguien cuando quedó embarazada o cuando nació el niño/a?* Yes / *Sí* No
If yes, his name / *Si es así, su nombre* _____ Date of Birth (mm/dd/yyyy) / *Fecha de nacimiento* _____

Address / *Dirección* _____

Date of Marriage (Month, Day, Year) / *Fecha de matrimonio (mes, día, año)* _____ Place of Marriage (City, County, State) / *Lugar donde se celebró el matrimonio (ciudad, condado, estado)* _____

Date of Divorce (Month, Day, Year) / *Fecha del divorció (mes, día, año)* _____ Place of Divorce (City, County, State) / *Lugar de divorció (ciudad, condado, estado)* _____

Is a father named on the birth certificate? / *¿Se nombra a un padre en la acta de nacimiento?* Yes / *Sí* No

If yes, what is his name? / *Si es así, ¿cuál es su nombre?* _____

Does a court order exist that addresses this child? If yes, provide the county, state and court order number. Mark all that apply. / *¿Existe una orden del tribunal que nombre a este niño? Si es así, proveer el condado, estado y el número de la orden del tribunal. Marque todo lo que se aplique.*

	Existing Order / <i>Orden existe</i>	County / <i>Condado</i>	State / <i>Estado</i>	Court Order No. / <i>Núm. de la orden del tribunal</i>
Paternity / <i>Paternidad</i>	Yes / <i>Sí</i> No			
Child Support / <i>Sustento de menores</i>	Yes / <i>Sí</i> No			
Medical/Dental / <i>Médico/Dental</i>	Yes / <i>Sí</i> No			
Custody/Visitation / <i>Custodia/Visitación</i>	Yes / <i>Sí</i> No			
Guardianship / <i>Tutela</i>	Yes / <i>Sí</i> No			
Termination of Parental Rights / <i>Terminación de patria potestad</i>	Yes / <i>Sí</i> No			
Adoption Pending/Final / <i>Adopción pendiente/Final</i>	Yes / <i>Sí</i> No			
Legal Separation / <i>Separación legal</i>	Yes / <i>Sí</i> No			
Divorce Decree/Annulment / <i>Decreto de divorcio/Anulación</i>	Yes / <i>Sí</i> No			

Section 5: Child #2 Information

If you are applying for services for more than two children with the same father, complete a supplemental page for each additional child.

Sección 5: Datos del menor #2

Si usted está solicitando servicios para más de dos menores que tienen el mismo padre, por favor llene páginas suplementarias para cada menor adicional.

Legal Name (Last) / *Nombre legal completo (apellido)* _____ Legal Name (First, Middle) / *Nombre legal completo (primero, segundo)* _____

Social Security Number / *Número de Seguro Social* _____ Does this child live with you? / *¿Este niño/a vive con usted?* _____ How are you related to this child? / *¿Cuál es su relación con este/a niño /a?* _____
Yes / *Sí* No

Date of Birth (Month, Day, Year) / *Fecha de nacimiento (mes, día, año)* _____ Place of Birth (City, State, County) / *Lugar de nacimiento (ciudad, estado, condado)* _____ Place of Conception (City, State) / *Lugar donde concibió (ciudad, estado)* _____

Gender / *Sexo:* _____ Race / *Raza* _____ Ethnicity / *Etnicidad* _____
Male / *Masculino* Female / *Femenino* _____ Hispanic / *Hispana* Non-Hispanic / *No Hispana*

Has the father lived with this child in Arizona? / *¿Ha vivido el padre con este/a niño/a en Arizona?* Yes / *Sí* No

Is the child a member of a Tribe? / *¿Es este niño/a miembro de una Tribu?* Yes / *Sí* No

If yes, name of Tribe / *Si es así, el nombre del Tribu* _____ Tribal Census Number / *El número de censo tribal* _____

What was the relationship between the biological parents at the time of this child's birth? / *¿Cuál fue la relación entre los padres biológicos durante el nacimiento del niño/a?*
Never married / *Nunca estuvieron casados* Married / *Casados* Divorced / *Divorciados*

Was the mother married to anyone when she became pregnant or when the child was born? / *¿Estaba la madre casada con alguien cuando quedó embarazada o cuando nació el niño/a?* Yes / *Sí* No
If yes, his name / *Si es así, su nombre* _____ Date of Birth (mm/dd/yyyy) / *Fecha de nacimiento* _____

Address / *Dirección* _____

Date of Marriage (Month, Day, Year) / *Fecha de matrimonio (mes, día, año)* _____ Place of Marriage (City, County, State) / *Lugar donde se celebró el matrimonio (ciudad, condado, estado)* _____

Date of Divorce (Month, Day, Year) / *Fecha del divorció (mes, día, año)* _____ Place of Divorce (City, County, State) / *Lugar de divorció (ciudad, condado, estado)* _____

Is a father named on the birth certificate? / *¿Se nombra a un padre en la acta de nacimiento?* Yes / *Sí* No

If yes, what is his name? / *Si es así, ¿cuál es su nombre?* _____

Does a court order exist that addresses this child? If yes, provide the county, state and court order number. Mark all that apply. / *¿Existe una orden del tribunal que nombre a este niño? Si es así, proveer el condado, estado y el número de la orden del tribunal. Marque todo lo que se aplique.*

	Existing Order / <i>Orden existe</i>	County / <i>Condado</i>	State / <i>Estado</i>	Court Order No. / <i>Núm. de la orden del tribunal</i>
Paternity / <i>Paternidad</i>	Yes / <i>Sí</i> No			
Child Support / <i>Sustento de menores</i>	Yes / <i>Sí</i> No			
Medical/Dental / <i>Médico/Dental</i>	Yes / <i>Sí</i> No			
Custody/Visitation / <i>Custodia/Visitación</i>	Yes / <i>Sí</i> No			
Guardianship / <i>Tutela</i>	Yes / <i>Sí</i> No			
Termination of Parental Rights / <i>Terminación de patria potestad</i>	Yes / <i>Sí</i> No			
Adoption Pending/Final / <i>Adopción pendiente/Final</i>	Yes / <i>Sí</i> No			
Legal Separation / <i>Separación legal</i>	Yes / <i>Sí</i> No			
Divorce Decree/Annulment / <i>Decreto de divorcio/Anulación</i>	Yes / <i>Sí</i> No			

Agreement to Repay Overpayments Made in Error
Acuerdo para reembolsar sobrepagos efectuados en error

Initials

_____ I voluntarily agree to repay the Division of Child Support Services (DCSS) any money that is paid to me in error. I understand that my consent is optional and I will receive child support services whether or not I consent. DCSS may withhold an amount not to exceed 20 percent from future child support payments to correct the overpayment.

Money paid to me in error may include:

1. Payments intended for another person;
2. Payments received from the paying parent that were not honored because of insufficient funds or a stop payment;
3. Payments received from the Internal Revenue Service that were later reversed.

Iniciales

_____ *Consiento voluntariamente reembolsar a la División de Sustento para Menores (DCSS) cualquier iniciales dinero que se haya pagado por error. Entiendo que mi consentimiento es opcional y recibiré servicios de sustento para menores si doy o no doy mi consentimiento. La DCSS puede retener una cantidad que no exceda el 20 por ciento de los pagos de sustento para menores futuros para corregir el sobrepago.*

El dinero pagado por error a mí puede incluir:

1. *Los pagos destinados a otra persona;*
2. *Los pagos recibidos del padre obligado que no fueron honrados debido a la falta de fondos o una suspensión de pago;*
3. *Los pagos recibidos del Servicio de Rentas Internas que posteriormente se revirtieron.*

Parent's Signature / Firma del padre: _____

**Requirements for Cooperation
Division of Child Support Services**

I understand that as an applicant for child support services, I am required to cooperate with the state’s child support program. This may include providing verbal or written information, participating in genetic testing to establish paternity, appearing as a witness at court hearings, as necessary to pursue the requested child support services, and notifying the child support services agency of any changes in my address and/or telephone number. **I understand that failure to cooperate may result in my case being closed. (See explanation in the Applicants Rights and Responsibilities.)**

I understand that the IV-D agency has the right to determine which child support services will be provided to me.

I understand that the IV-D agency has the responsibility to protect identifying personal information upon receipt of a request not to disclose the information due to domestic or family violence. **I also understand that the law does allow a court to order the IV-D agency to release information if the court determines that the release of information would not put at risk my health, safety, or liberty or that of the child(ren).**

I understand that legal services for the state may be provided by attorneys from the County Attorney’s Office or the Attorney General’s Office. **I also understand that such attorneys do not represent me or the child(ren) listed herein, but represent the State of Arizona.**

I understand that I am legally liable to repay or return to the State of Arizona any amounts paid to me in error.

I hereby agree to receive by first class mail all documents and notices filed in court by the State of Arizona. Furthermore, I waive personal service and agree to accept service of process by first class mail of any and all court filings by the State of Arizona in its attempt to establish paternity or to establish, modify or enforce a child support order. This waiver remains in effect until my IV-D case is closed.

AFFIRMATION: I am applying for child support services under 42 U.S.C. §§651-669 otherwise known as “Title IV-D of the Social Security Act”. Pursuant to A.R.S. § 41-1954, the Department of Economic Security/Division of Child Support Services has been designated the IV-D agency for the State of Arizona. I affirm under possible penalty of perjury or false oath that this application is made for the sole purpose of obtaining child support from an individual(s) who is/are/may be responsible for the support of a dependent child(ren), and that I have examined the statements made in this application and/or accompanying documents and to the best of my knowledge and belief found them to be true and correct. I understand that the IV-D agency reserves the right to determine which child support services will be provided to me.

I am aware should my case go to court the information contained in this document, INCLUDING my address, Social Security number, and full name may become a matter of public record, unless I inform the Title IV-D Agency to protect this information from disclosure due to family or domestic violence.

I agree to all of the terms and conditions stated in the Rights and Responsibilities.

APPLICATION INVALID WITHOUT SIGNATURE

Print Applicant’s Full Legal Name (should match applicant’s signature):

Applicant’s Signature: _____

Date: _____

Arizona Department of Economic Security Way2Go Card® issued by Comerica

You have options to receive your payments: this prepaid card or direct deposit to your bank account. Tell the State agency which option you choose.

Monthly fee	Per purchase	ATM withdrawal	Cash reload
\$0	\$0	\$0 in-network	N/A
		\$0.75 out-of-network	

ATM balance inquiry (in-network or out-of-network)	\$0.00
--	--------

Customer service (automated or live agent)	\$0.00
--	--------

Inactivity	\$0.00
------------	--------

We charge 2 other types of fees. Here they are:

Card replacement (regular or expedited delivery)	\$0 or \$11.00
--	----------------

International ATM transaction	\$0.75
-------------------------------	--------

No overdraft/credit feature.

Your funds are eligible for FDIC insurance.

For general information about prepaid accounts, visit cfpb.gov/prepaid.

Find details and conditions for all fees and services in the cardholder agreement.

List of all fees for Arizona Department of Economic Security Way2Go Card Prepaid Mastercard

All Fees	Amount	Details
Get Started		
Card purchase	\$0.00	There is no fee to obtain a Card account.
Monthly Usage		
Monthly Usage Fee	\$0.00	There is no monthly fee associated with this card.
Spend money		
Point-of-sale (POS)	\$0.00	There is no fee for POS purchase transactions conducted in the U.S. using your signature or Personal Identification Number (PIN) number.
Online Bill Pay	\$0.00	There is no fee to use our bill pay service on our website, www.GoProgram.com .
Get Cash		
ATM withdrawal (in-network)	\$0.00	There is no fee for in-network ATM withdrawals conducted at Comerica, Allpoint and MoneyPass ATM locations. In-network locations can be found at https://locations.comerica.com/ , https://www.allpointnetwork.com/locator.html and moneypass.com/atm-locator.html . When using your card at an ATM, the maximum amount that can be withdrawn from your Card account per calendar day is \$500.00.
ATM withdrawal (out-of-network)	\$0.75	This is our fee. "Out-of-network" refers to all ATMs outside of the Comerica Bank, Allpoint and MoneyPass ATM Network. You may also be charged a fee by the ATM operator, even if you do not complete a transaction. When using your Card at an ATM, the maximum total amount that may be withdrawn from your Card account per calendar day is \$500.00.
Teller-assisted cash withdrawal (OTC)	\$0.00	You are allowed unlimited teller-assisted cash withdrawals for no fee at Mastercard Member Bank or Credit Union teller windows.
Information		
ATM balance inquiry (in or out-of-network)	\$0.00	There is no fee to conduct balance inquires at ATM location
ATM denial (in or out-of-network)	\$0.00	There is no fee for declined transactions at any ATM.
Customer service	\$0.00	There is no fee for calling the automated customer service number on the back of your card. There is never a fee to transfer to a live agent.
Using your card outside the U.S.		
International ATM transaction	\$0.75	This is our fee you will be charged for each ATM withdrawal you conduct outside the United States. You may also be charge a fee by the ATM operator, even if you do not complete the transaction.
International transaction fee	\$0.00	There is no additional fee to conduct transactions outside the U.S.
Other		
Card replacement	\$0.00	There is never a charge to replace your card. Standard delivery in the U.S. 7 to 10 calendar days.
Expedited card delivery	\$11.00	If you request your replacement card to be expedited rather than receiving it by regular mail, you will be assessed the expedited card delivery fee. Expedited card delivery is 3 to 5 calendar days.
Funds transfer	\$0.00	There is no fee to transfer funds from your card account to a bank account owned by you located in the U.S.A.

Your funds are eligible for FDIC insurance and will be held at or transferred to Comerica Bank, an FDIC-insured institution. Once there, your funds are insured up to \$250,000 by the FDIC in the event Comerica Bank fails, if specific deposit insurance requirements are met. See fdic.gov/deposit/deposits/prepaid.html for details. No overdraft/credit feature.

Contact Go Program Customer Service by calling 1-833-915-4041, by mail at P.O. Box 245997, San Antonio, TX 78224-5997 or visit www.GoProgram.com.

For general information about prepaid accounts, visit cfpb.gov/prepaid.

If you have a complaint about a prepaid account, call the Consumer Financial Protection Bureau at 1-855-411-2372 or visit cfpb.gov/complaint.