ARIZONA
DEPARTMENT OF
ECONOMIC SECURITY

Katie Hobbs
Governor

Michael Wisehart
Director

# Request for Review of Arrears

*Si usted habla y lee solamente español, por favor llame a la oficina y pregunte por un representante que hable español.*

Name: _____ Phone Number: _____

Address *(No., Street)*: _____

City: _____ State: _____ ZIP Code: _____

**RE: AZCARES Case No.:** _____ **Today's Date**: _____

I do not agree with the arrears / debt balance from the DCSS because: *(check all that apply)*

☐ Direct payments were made to the custodial parent; I am providing copies of cancelled checks or an Affidavit of Receipt of Direct Payments from the custodial parent.

☐ The child(ren) is/are emancipated, deceased or adopted. *(Proof must be attached.)*

☐ I do not owe ***any*** past-due support. *(Proof must be attached.)*

☐ My court order was changed and DCSS records do not show the changes. *(Proof must be attached.)*

☐ A legal change in custody was made; the court order is attached.

☐ Other: _____

*If necessary use the other side of this document to list your reasons for your request.*

Requestor's Signature: _____

**Send completed forms to:**

**Division of Child Support Services**
**P.O. Box 40458**
**Phoenix, AZ 85067**

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