



Katie Hobbs
Governor

Michael Wisehart
Director

Notification of Employment Termination

CSE Agency Case Identifier (AZCARES Number): _____ Order Identifier: _____

Employee's Name (Last, First, M.I.) _____ Social Security No.: _____

Employer's Name: _____ FEIN: _____

Date of Termination: _____ Date of Final Payment to the State Disbursement Unit: _____ Final Payment Amount: \$ _____

Employee's Last Known Address (No., Street): _____

City: _____ State: _____ ZIP Code: _____ Last Known Phone No.: _____

New Employer's Name: _____

New Employer's Address: _____

If you have any questions, contact DCSS Customer Service: Phone: (602) 252-4045, toll free at 1(800) 882-4151, or visit our website at <https://des.az.gov/services/child-and-family/arizona-child-support-services>

Print and send Termination Notice to:

Division of Child Support Services
P.O. Box 40458 / Mail Drop 7413
Phoenix, AZ 85067

Or Fax to: (480) 926-5193

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