

Request for Translation Services

This form must be submitted with scanned or hard copy documents requiring translation services.

Date: _____

Requestor Information

Contact Name: _____ Mail Drop: _____

Phone No.: _____ Email: _____

Supervisor: _____

Case Information

AZCARES Number: _____ No. of Pages: _____

From (Language): _____ To (Language): _____

Support Recipient Name : _____ Support Payor Name: _____

Special Instructions:

Send to: DCSSTranslations@azdes.gov

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