



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Katie Hobbs
Governor

Vacant
Director

<DATE>

<NAME>

<ADDRESS>

<ADDRESS>

RE: <CP NAME and NCP NAME>
ATLAS No.: <CASE NUMBER>

Dear <NAME>:

The Division of Child Support Services (DCSS) strives to maintain a mutually positive relationship when interacting with our customers. Due to your rude, threatening, and/or abusive behavior toward a DCSS employee on <DATE> at the <REGIONAL OFFICE>, <OFFICE ADDRESS>, the DCSS placed you on Correspondence Only and has since accepted communication from you in writing only.

The DCSS has reviewed your request to be removed from Correspondence Only status and determined that your request has been:

Accepted

You may now contact the DCSS in person, by telephone, by email, or in writing. This change in status may be reversed at any time if correspondence from you becomes abusive or threatening.

Denied

Your request to be removed from Correspondence Only status has been denied for the following reason(s):

1. Reason #1
2. Reason #2
3. Reason #3

Inquiries about this letter may be addressed to:

Division of Child Support Services
P.O. Box 40458
Phoenix, Arizona 85067-9917

Sincerely,

Heather D. Noble
Assistant Director, IV-D Director
Division of Child Support Services

HDN:

Equal Opportunity Employer/Program • Under Titles VI and VII of the Civil Rights Act of 1964 (Title VI & VII), and the Americans with Disabilities Act of 1990 (ADA), Section 504 of the Rehabilitation Act of 1973, the Age Discrimination Act of 1975, and Title II of the Genetic Information Nondiscrimination Act (GINA) of 2008, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, disability, genetics and retaliation. The Department must make a reasonable accommodation to allow a person with a disability to take part in a program, service or activity. For example, this means if necessary, the Department must provide sign language interpreters for people who are deaf, a wheelchair accessible location, or enlarged print materials. It also means that the Department will take any other reasonable action that allows you to take part in and understand a program or activity, including making reasonable changes to an activity. If you believe that you will not be able to understand or take part in a program or activity because of your disability, please let us know of your disability needs in advance if at all possible. To request this document in alternative format or for further information about this policy, contact (602) 252-4045; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request.

SAMPLE