



DEPARTMENT OF ECONOMIC SECURITY

*Your Partner For A Stronger Arizona*

Katie Hobbs  
Governor

Vacant  
Director

Dear:

Re: BOND OF INDEMNITY FOR ATLAS CASE #

This letter is in regards to your request for a replacement check of the original lost/missing child support payment. Please complete the enclosed "Bond of Indemnity" form. After completing the form, please have your signature notarized. We will not process the request if the form is not notarized. Original signatures are required. Photocopies of the notarized document are not accepted.

Please return the "Bond of Indemnity" form to:

**Division of Child Support Services**  
**Attn: PEU**  
**PO Box 36626**  
**Phoenix, AZ 85067-06626**

If a police report has been filed, please include the police report number in the comment section of the "Bond of Indemnity" form. If the original check was damaged or destroyed, please enclose any remains with your completed form.

Upon receipt of the completed and notarized "Bond of Indemnity" form, we will request a stop payment on the lost/missing check. When verification is received stating the check has been stopped, a replacement check will be issued and mailed to the address listed in our case records. Please allow 10 business days for a replacement check to be mailed, from the date we receive the completed "Bond of Indemnity" form.

Sincerely,

Division of Child Support Services  
Payment Exception Unit Staff

Enc: "Bond of Indemnity" form

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. Disponible en español en la oficina local.