

SETTLEMENT REQUEST FORM

DCSS INTERNAL USE ONLY

Today's Date: _____

DCSS Region: _____ Contact & Phone: _____

DATE NCP REQUESTED SETTLEMENT: _____

DATE of Last Approved Debt Calculation: _____

Current Arrearage Amount (from DELN): _____

Settlement Amount Offered by NCP (\$): _____

Source of Payment: _____

Expected Date of Payment: _____

Payment Terms Offered by NCP (check one): Lump Sum Monthly (3 month max)

ATLAS Number: _____

NCP Name: _____

NCP Phone Number: _____

NCP Email Address: _____

Good Time to Contact NCP (Daytime): _____

E-mail the completed form to:

Internal Referrals: [DCSS-Settlements](#)

External Referrals: DCSSSettlement@azdes.gov