

Katie Hobbs Governor Your Partner For A Stronger Arizona

Vacant Director

Date:

RE: CHECK #	_ CHECK AMOUNT:	NIV-D AZCARES #
To Whom it May Concern:		
On the State D	risbursement Unit (SDU) re	eceived your payment on the above referenced
Your payment was a) del	ayed b) returned	for the following reason(s):
 Two or more identifiers not provided. Must include at least two of the following: 12-digit AZCARES case number Court Order number Obligor/Obligee name Social Security Number 		
AZCARES case is not correct/missing		Not enough identifiers
Check is not signed		Check is post dated
Check is not payable to DCSS or Clearinghouse		e Legal line is incomplete or missing
Payment needs to be allocated		Incorrect payment address
Other:		

Non IV-D Cases only: Please contact Maricopa Clerk of Court at 602-372-5375 if you need further assistance regarding this matter.

Mail all payments to:

Support Payment Clearinghouse P.O. Box 52107 Phoenix, AZ 85072-2107

Overnight Express Address:

Arizona Department of Economic Security DCSS – State Disbursement Unit/Mail /Drop 7214 1789 W. Jefferson, 3rd Floor SW Phoenix, AZ 85007

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 •