



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Katie Hobbs
Governor

Vacant
Director

Child Support Services Lack of Information Statement

Re: ATLAS Case No.: _____ Name: _____

() I, _____, being duly sworn upon my oath and say: That I cannot provide the name of the father or other identifying information such as current address, date of birth, or Social Security number regarding the father of the children listed below:

Child Name: _____ Date of Birth: _____

Child Name: _____ Date of Birth: _____

() I only know the following about _____:

Name: _____

Address: _____

Date of Birth: _____ Social Security Number: _____

Name of Employer: _____

Address of Employer: _____

Other Information regarding the child(ren)'s father: _____

I cannot provide further information regarding the father of the above named child(ren) for the reason that:

I have read the affidavit, understand its contents, and swear that it is true and accurate to the best of my knowledge, under penalty of perjury.

Signature

Date