

March 16, 2018



Douglas A. Ducey  
Governor

Michael Traylor  
Director

RE: and  
ATLAS No.:

Si usted habla y lee solamente español, por favor llame a la oficina y pregunte por un representante que hable español.

**Please Update Your Information**

The Division of Child Support Services (DCSS) is working to provide child support services to you and your family. Our services include, but are not limited to, locating the absent parent, establishing paternity, establishing an obligation to support, enforcing the support obligation, and accounting for and distributing support collections. At times, we can also provide information on other resources that you and your family may need.

It is critical that you keep us informed of any change of address or telephone number. This is particularly important when we are receiving child support payments for you. Without your correct contact information, we cannot ensure that payments will reach you.

Please complete and return the information below by July 8, 2015 to the address listed below. If we do not receive a response from you, your case may be reviewed for closure.

If you have any questions about this notice, you may contact DCSS Customer Service at (602) 252-4045 (within Maricopa County), Nationwide toll free at 1-800-882-4151, or TTY/TDD Services: 7-1-1. You may also contact us by e-mail at the DCSS web site at [www.azdes.gov/dcsc](http://www.azdes.gov/dcsc).

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.

Name:

ATLAS No.:

Your Current Mailing Address: \_\_\_\_\_  
\_\_\_\_\_

Phone: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
(Cell) \_\_\_\_\_ (E-mail) \_\_\_\_\_

Please fill out the information below for the other parent or alleged parent:

Alleged Parent/Other Parent Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Phone Number(s): \_\_\_\_\_

Employer Name: \_\_\_\_\_

Return completed form to:

SAMPLE