

March 20, 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.

Good Cause - Physical/Emotional Harm

The Division of Child Support Services (DCSS) has been given authority under Arizona Revised Statutes (A.R.S.) § 46-292 to close a case when it has been determined that pursuing the case may result in physical or emotional harm to you or your child(ren), and support enforcement may not be in your best interest. This is known as a **Good Cause Determination**. Such a determination has been made in your case. In cases where there is reasonable evidence of domestic violence or child abuse, federal regulations require your case to be flagged with a Family Violence Indicator. This will allow the DCSS to keep your personal identifying information such as social security numbers, dates of birth, and mailing/residential address protected from disclosure while continuing to work your case.

Based on the Good Cause Determination, you may choose to allow the DCSS to continue working your child support case or to close your case. The DCSS can continue to provide you services while ensuring that your personal information remains confidential. Please complete the enclosed affidavit and return it to the following address within 30 days to let the DCSS know if you want your child support case closed, or if you would like the DCSS to continue working your case. If you do not return the enclosed affidavit, notarized, within 30 days, your case will be closed.

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 TDD (Hearing Impaired) at (602) 265-2391. You may also contact us by e-mail at the DCSS web site at www.azdes.gov/dcss.

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

SAMPLE

Douglas A. Ducey
Governor
August 27, 2013

Timothy Jeffries
Director

Affidavit Requesting Good Cause Closure

Re:
and

I, _____, understand that by allowing the Family Violence Indicator to be flagged on my case, my personal identifying information will be protected from disclosure.

Choose one:

- () I want the DCSS to **continue** working my case to obtain and/or enforce child support with the Family Violence Indicator flagged on my case.
- () I want my case closed. I understand that the DCSS will take no further action to obtain and/or enforce a child support order for me.

Signature

STATE _____

COUNTY _____

The foregoing instrument was sworn to before me this date: _____

by _____

Notary Public

My Commission Expires: _____