

ARIZONA DEPARTMENT OF ECONOMIC SECURITY DIVISION OF CHILD SUPPORT ENFORCEMENT
(602) 252-4045 P.O. BOX 40458 PHOENIX, ARIZONA 85067

Clarence H. Carter Director

Janice K. Brewer Governor

## NON-CUSTODIAL PARENT REQUEST FOR REVIEW OF ARREARS

nePhone Number		hone Number
Address		
City	State	Zip Code
RE: ATLAS Case No.	Today's Date	
I do not agree with the arrears / debt balance to (check all that apply)	from the DCSE because:	
☐ Direct payments were made to the custodi Affidavit of Receipt of Direct Payments from		pies of cancelled checks or an
☐ The child(ren) is/are emancipated, deceas	ed or adopted. (Proof must	be attached.)
☐ I do not owe <b>any</b> past-due support. (Proof	must be attached.)	
☐ My court order was changed and DCSE re	ecords do not show the char	nges. (Proof must be attached.)
☐ A legal change in custody was made; the d	court order is attached.	
☐ DCSE does not have a complete pay histo	ory. A payment history is atta	ached.
Other:  If necessary use the other side of this document	t to list your reasons for your request.	
Non-Custodial Parent's Signature SEND COMPLETED FORMS TO: DCSE		

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 the Division of Child Support Enforcement at 602-252-4045; TTY/TDD

P.O. Box 40458 Phoenix, AZ 85067

Services: 7-1-1. • Free language assistance for DES services is available upon request.