

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Child Support Enforcement

EMPLOYER ADDRESS INFORMATION

Allow two (2) business days for your request to be processed.

ADDRESS TYPE: Employer Insurance

CORPORATE

ADDRESS (No., Street, City, State, ZIP)

COMPANY

NAME _____ DBA NAME _____

ADDRESS (No., Street, City, State, Country, ZIP) _____ FEIN NO. _____

PHONE NO. _____ FAX NO. _____

If your company uses this address/site for processing all employment related correspondence, check this box.

ADDITIONAL ADDRESS TYPE: If your company processes different types of employment related correspondence at different addresses, or through an outside vendor, please check the appropriate box and provide the address and information where that correspondence should be sent below.

Job Site Income Withholding Orders National Medical Support Notices
 Employment Verification Statutory Agent

EMPLOYER

NAME _____ DBA NAME _____

ADDRESS (No., Street, City, State, Country, ZIP)

FEIN NO. _____ PHONE NO. _____ FAX NO. _____

NAME _____ DBA NAME _____

ADDRESS (No., Street, City, State, Country, ZIP)

FEIN NO. _____ PHONE NO. _____ FAX NO. _____

NAME _____ DBA NAME _____

ADDRESS (No., Street, City, State, Country, ZIP)

FEIN NO. _____ PHONE NO. _____ FAX NO. _____

NAME _____ DBA NAME _____

ADDRESS (No., Street, City, State, Country, ZIP)

FEIN NO. _____ PHONE NO. _____ FAX NO. _____

E-MAIL INSTRUCTIONS FOR EMPLOYER ADDRESS FORM

1. After completing this form, save to a file folder that you have so it can be sent as an attachment in your e-mail.
 - a. The employer form does not contain confidential information, so you may attach the form to any regular e-mail. In the body of your e-mail please provide the ATLAS case number, your request and/or question, your name, phone number and your complete e-mail address.
2. County Partners, Attorney General's office and Clerks of the Court, please send your e-mail to:
DCSEEmployerform@azdes.gov

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, and the Age Discrimination Act of 1975, the Department prohibits discrimination in admissions, programs, services, activities, or employment based on race, color, religion, sex, national origin, age, and disability. 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.