



Katie Hobbs  
Governor

Angie Rodgers  
Director

### Request for Review of Arrears

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

Name: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address (No., Street): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

RE: AZCARES Case No.: \_\_\_\_\_ Today's Date: \_\_\_\_\_

I do not agree with the arrears / debt balance from the DCSS because: *(check all that apply)*

Direct payments were made to the custodial parent; I am providing copies of cancelled checks or an Affidavit of Receipt of Direct Payments from the custodial parent.

The child(ren) is/are emancipated, deceased or adopted. *(Proof must be attached.)*

I do not owe **any** past-due support. *(Proof must be attached.)*

My court order was changed and DCSS records do not show the changes. *(Proof must be attached.)*

A legal change in custody was made; the court order is attached.

Other: \_\_\_\_\_

*If necessary use the other side of this document to list your reasons for your request.*

Requestor's Signature: \_\_\_\_\_

**Send completed forms to:**      **Division of Child Support Services**  
   **P.O. Box 40458**  
   **Phoenix, AZ 85067**

Equal Opportunity Employer / Program • Auxiliary aids and services are available upon request to individuals with disabilities • To request this document in alternative format or for further information about this policy, contact the Division of Child Support Services at 602-252-4045; TTY/TDD Services: 7-1-1 • Disponible en español en línea o en la oficina local