



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Douglas A. Ducey
Governor

Cara M. Christ, MD,
MS Interim Director

NOTIFICATION OF EMPLOYMENT TERMINATION

CSE AGENCY CASE IDENTIFIER (ATLAS NUMBER)

ORDER IDENTIFIER

EMPLOYEE'S NAME (*Last, First, M.I.*) _____ SOCIAL SECURITY NO. _____

EMPLOYER'S NAME _____ FEIN _____

DATE OF TERMINATION _____ DATE OF FINAL PAYMENT TO THE STATE DISBURSEMENT UNIT _____ FINAL PAYMENT AMOUNT
\$ _____

EMPLOYEE'S LAST KNOWN ADDRESS (*No., Street*) _____

CITY _____ STATE _____ ZIP CODE _____ LAST KNOWN PHONE NO. _____

NEW EMPLOYER'S NAME _____

NEW EMPLOYER'S ADDRESS _____

If you have any questions, contact DCSS Customer Service: Phone: (602) 252-4045, toll free at 1(800) 882-4151, or visit our website at <https://des.az.gov/services/child-and-family/arizona-child-support-services>

Print and send Termination Notice to:

Division of Child Support Services
P.O. Box 40458 / Mail Drop 7413
Phoenix, AZ 85067

Or Fax to: (480) 926-5193

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.