CSE-1277A FORFF (09/24)



Katie Hobbs Governor

Your Partner For A Stronger Arizona

Angie Rodgers Director

Division of Child Support Services

		RETURN DOC	CUMENTS FO	RM
DATE ATLAS/AZTEC #				
TANF	INTAKE OFFICER NA	ME		
CUSTODIAI				
NON-CUST	ODIAL PARENT NAME			
	PLEASE RETURN	THIS FORM WIT	H THE FOLLO	VING DOCUMENTS BY:
		DATE		
		BIRTH CER	TIFICATE FOR:	
You		All Children		The Following Children
		SOCIAL SECU	RITY CARD FO	R:
You		All Children		The Following Children
		0	THER:	
Marriage	Licence Divorce De			
Death C	ertificate or proof of Death	n for Non Custodial Pa	arent	
Paternity	//Child Support Orders	Address Confident	iality Program ID Ca	ard (If applicable)
	PLEASE RE	TURN THIS FORM		OCUMENTS TO:
ADDRESS (No., Street)			
		STATE	_ ZIP CODE	FAX

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