CSE-1277A FORFF (6-17)

ARIZONA DEPARTMENT OF ECONOMIC SECURITY
Division of Child Support Services

RETURN DOCUMENTS FORM

Douglas A. Ducey
Governor

Michael Trailor
Director

PERSONAL INFORMATION

DATE _____ ATLAS/AZTEC# _____

☐ TANF ☐ INTAKE OFFICER NAME

CUSTODIAL PARENT NAME _____

NON-CUSTODIAL PARENT NAME _____

PLEASE RETURN THIS FORM WITH THE FOLLOWING DOCUMENTS BY

DATE: _____

1. BIRTH CERTIFICATE FOR:

☐ You ☐ All Children ☐ The Following Children

2. SOCIAL SECURITY CARD FOR:

☐ You ☐ All Children ☐ The Following Children

3. OTHER

☐ Marriage Licence ☐ Divorce Decree ☐ Death Certificate or proof of Death for Non Custodial Parent

☐ Paternity/Child Support Orders ☐ Address Confidentiality Program ID Card *(If applicable)*

4. MAIL TO

PLEASE RETURN THIS FORM WITH YOUR DOCUMENTS TO:

ADDRESS *(No., Street)* _____

CITY _____ STATE _____ ZIP CODE _____

FAX _____

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. To request this document in alternative format or for further information about this policy, contact 602-252-4045; TTY/TDD Services: 7-1-1. • Free language assistance for DES services is available upon request. Ayuda gratuita con traducciones relacionadas con los servicios del DES esta disponible a solicitud del cliente.