



DEPARTMENT OF ECONOMIC SECURITY

Your Partner For A Stronger Arizona

Douglas A. Ducey  
Governor

Cara M. Christ, MD, MS  
Interim Director

Division of Child Support Services  
(602) 252-4045 • P.O. BOX 40458 • Phoenix, Arizona 85067

**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: ATLAS 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: DCSS  
P.O. Box 40458  
Phoenix, AZ 85067**