



DEPARTMENT OF ECONOMIC SECURITY  
*Your Partner For A Stronger Arizona*

Douglas A. Ducey  
Governor

Henry Darwin  
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 \_\_\_\_\_

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**

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