

CURRENT EMPLOYER INFORMATION

This form is also available as an interactive form on the Family Support Center Website.
<http://www.familysupportcenter.maricopa.gov>

THIS FORM MUST BE COMPLETED FOR:

- AN ORDER OF ASSIGNMENT (STAPLE TO THE ORDER OF ASSIGNMENT)**
- ORDER TO STOP AN ORDER OF ASSIGNMENT (STAPLE TO THE STOP ORDER)**
- NOTIFICATION OF A CHANGE OF EMPLOYER**

CASE NUMBER:

ATLAS NUMBER:

PAYOR NAME:
(PERSON TO MAKE PAYMENTS)

LIST ONLY THE EMPLOYER'S NAME AND PAYROLL ADDRESS WHERE THE ORDER OF ASSIGNMENT OR STOP ORDER SHOULD BE MAILED.

CURRENT EMPLOYER NAME:

PAYROLL ADDRESS:

CITY:

STATE:

ZIP:

EMPLOYER TELEPHONE:

EMPLOYER FAX:

WA/FSC

WA/LOG ID: _____
TYPE OF W/A _____
DATE _____
AMOUNT OF ORDER _____
EMPLOYER STATUS _____
ENTERED BY _____
NEW W/A _____ SUB _____
AG _____ DCSE _____