



**A
Women's
Right to
Know**

Arizona

In accordance with H.B. 2036 signed into law by Governor Jan Brewer on April 12, 2012 an abortion shall not be performed or induced without the voluntary and informed consent of the woman for whom the abortion is to be performed or induced. The consent must be signed 24 hours before an abortion is to be performed or induced.

If your doctor performs an abortion on you without obtaining your voluntary consent or without allowing you a private medical consultation they may be liable to you for claims in a civil action.

The Arizona Department of Health Services acknowledges contributions for this publication from text excerpts from the Texas Department of State Health Services, "Woman's Right to Know" website and text excerpts from "Fetal Development Understanding the Stages", Virginia Department of Health.

The illustrations found throughout this booklet were created by Peg Gerrity, Houston, Texas. Copyright: <http://www.peggerrity.com>.

Statistical data regarding pregnancy complications, pregnancy related mortality and birth numbers was obtained from the Centers for Disease Control and Prevention.

Characteristics of the Unborn Child

Growth and Development

The age of an unborn child is most often defined by gestational age, which is measured from the first day of the last normal menstrual period. Because some women have irregular periods, other ways are also used to help date the pregnancy. One way is to measure the length of the unborn child by ultrasound.

At fertilization (when the male sperm enters the female egg), the unborn child has his or her own unique set of DNA material — or genes — half from the mother and half from the father. The DNA is the blueprint for growth and development of all cells throughout life. DNA determines all of the baby's physical characteristics such as gender; the shape of the nose and ears; and the color of the hair, eyes, and skin.

Babies born close to full term have the best chance to survive and do well. The earlier a baby is born, the more likely he or she is to have serious health problems which may require extended hospital care or long term care outside the hospital. Advances in medicine and science will hopefully continue to improve the chances for survival for even the smallest babies.

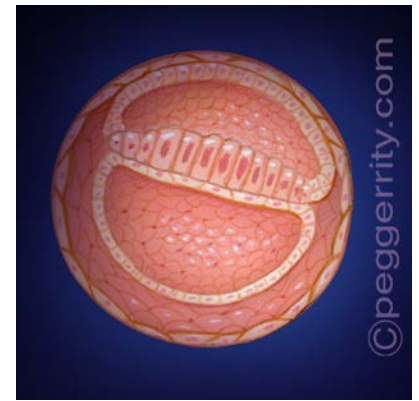
The health of the baby is strongly linked to the health of the mother. Healthy babies are born to women who are healthy before getting pregnant. Avoiding harmful substances before and during pregnancy is the best way to prevent birth defects and to have the healthiest baby.

During the first 8 weeks, the unborn child is known as an embryo. After that time the unborn child is known as a fetus. It is during the first ten weeks of pregnancy that the fetus is most likely to be affected by things like:

- Alcohol.
- Nicotine in cigarettes or other tobacco products.
- Some prescription medicines or over-the-counter drugs.
- Illegal drugs (like heroin, cocaine, or marijuana).
- Viruses (like German measles).
- X rays, radiation therapy, or accidental exposure to radiation.
- Vitamin deficiencies (such as folic acid).
- Foods with high mercury levels.

4 Weeks Gestation

- The brain and the spinal cord begin to form.
- The heart begins to form.
- The stomach and intestines are forming.
- Bone tissue is growing.
- The eyes and ears are just beginning to form.
- The weight is less than 1 ounce.
- The length is less than 1/8 inch.



6 Weeks Gestation

- The lungs are beginning to form.
- Brain activity can be recorded.
- Eyes are present, but no eyelids yet.
- The heart is more developed and is beating.
- Early reflexes develop.
- The hands and feet have fingers and toes, but may still be webbed.
- The length is less than 1/4 inch.



8 Weeks Gestation

- All essential organs have begun to form.
- Elbows and toes are visible.
- The fingers have grown to the first joint.
- Facial features — the eyes, nose, lips, and tongue — continue to develop.
- The outer ears begin to take shape.
- Organs begin to be controlled by the brain.
- The length is about 1/2 to 3/4 inch.



10 Weeks Gestation

- The head is half the length of the body.
- The arms and legs are long and thin.
- The hands can make a fist with fingers.
- Red blood cells are produced.
- The length is about 1 1/4 to 1 3/4 inches.



12 Weeks Gestation

- The neck is present and the face is well formed.
- Tooth buds appear.
- The arms and legs move.
- All body parts and organs are present.
- Definitive signs of male and female gender are present.
- A heartbeat can be heard with electronic devices.
- The length is about 2 to 3 inches.



14 Weeks Gestation

- The skin is almost transparent.
- The mouth makes sucking motions.
- Sweat glands develop.
- The liver and pancreas are starting to work.
- The length is about 3 to 4 inches.



16 Weeks Gestation

- Swallowing and chest movements are clearly present.
- Movement may be felt by the mother.
- The head and body become proportional.
- The neck takes shape.
- The weight is about 5 ounces.
- The length is about 4 to 5 inches.



18 Weeks Gestation

- The arms and legs begin to punch and kick.
- The fingernails are well formed.
- The unborn child can suck its thumb.
- Taste buds are present.
- The length is about 5 to 6 inches.



20 Weeks Gestation

- The skin becomes less transparent as fat begins to deposit.
- Eyebrows and lashes appear.
- Breathing-like movements become regular and are detected by ultra sound, but the lungs have not developed enough to permit survival if birth occurs.
- The fetus turns its entire body side to side and front to back.
- The length is about 6 to 7 inches.



22 Weeks Gestation

- Rapid brain growth continues.
- The eyebrows and eyelashes are well formed.
- The eyes are fully functional and capable of movement.
- The vocal cords are active.
- Reflexes are present.
- There is little chance for survival outside the uterus.
- The weight is about 1 pound.
- The length is about 7 to 8 inches.



24 Weeks Gestation

- Unique footprints and fingerprints are present.
- Outside sounds can be heard.
- Actions such as hiccupping, squinting, smiling, and frowning may be seen through ultrasound.
- The lungs have developed such that some premature babies may survive.
- Surviving premature babies may have severe disabilities and require long-term intensive care.
- The weight is about 1 to 1 1/2 pounds.
- The length is about 8 to 9 inches.



26 Weeks Gestation

- The central nervous system is developed enough to control some body functions.
- The eyelids open, close and can perceive light.
- The lungs have further matured and breathing is possible.
- The unborn child exercises muscles by kicking and stretching.
- The weight is about 1 1/2 to 2 pounds.
- The length is about 9 to 10 inches.



28 Weeks Gestation

- Brain-wave patterns resemble those of a full term baby.
- Another person can hear a heartbeat by listening to the pregnant woman's abdomen.
- There is a good chance of survival if birth occurs at this stage of development.
- The weight is about 2 to 2 1/4 pounds.
- The length is about 10 to 13 inches.



30 Weeks Gestation

- The central nervous system has increased control over body functions.
- Rhythmic breathing movements occur.
- The lungs are not fully mature.
- The bones are fully developed, but still soft and pliable.
- The weight is about 2 1/2 to 3 pounds.
- The length is about 15 to 16 inches.



32 Weeks Gestation

- The lungs are still developing.
- Body temperature is partially under control.
- The skin is thicker, with more color.
- The connections between the nerve cells in the brain have increased.
- There is a good chance of long-term survival and the risk of long-term disability is low.
- The weight is about 3 to 3 3/4 pounds.
- The length is about 16 to 17 inches.



34 Weeks Gestation

- The ears have begun to hold shape.
- The eyes open during alert times and close during sleep.
- There is a very good chance of survival with a low chance for long-term disability.
- The weight is about 4 to 4 1/2 pounds.
- The length is about 17 to 18 inches.



36 Weeks Gestation

- Fine hair begins to disappear.
- Body fat has increased.
- The fingernails reach the end of the fingertips.
- The chance of survival is excellent, but the newborn may require special medical care.
- The weight is about 5 to 6 pounds.
- The length is about 16 to 19 inches.



38 Weeks Gestation

- The fingernails extend beyond the fingertips.
- Small breast buds are present on both sexes.
- The fetus can grasp firmly.
- The fetus turns toward a light source.
- The average weight is greater than 6 pounds.
- The length is about 19 to 21 inches.



40 Weeks Gestation

- The weight is about 6 to 9 pounds
- The length is about 10 to 22 inches
- The bones in his skull haven't fused yet-Mother Nature's way of making it easier to get through the birth canal during labor and delivery
- There is enough fat under the skin to maintain body temperature outside the womb.
- The fetus is ready to be delivered.



Making an Informed Decision

This section will tell you about the different kinds of abortions. It will also tell you about the medical risks for abortion, pregnancy, and childbirth.

Abortion is ending the pregnancy by using medicine or a surgical procedure. In Arizona, the legal definition of an abortion means the use of any method with intent to terminate a woman's pregnancy for reasons other than to increase the probability of a live birth, to preserve the life or health of the child after a live birth, to terminate an ectopic pregnancy or to remove a dead fetus. Some women consider an abortion because their pregnancy might threaten the woman's life or her health or her baby may have severe birth defects. Other women choose to end their pregnancy without any known problems with their health or with their unborn child.

Spontaneous abortion (often called miscarriage) can occur when problems with a pregnancy cause the woman to lose that pregnancy naturally.

A doctor should evaluate and counsel you if you are thinking about having an abortion. Only a doctor can perform an abortion. Discuss your situation with your doctor and ask about any risks you might face. You can expect the following things to happen:

- If you are a minor, a parent must be notified or you will have to ask a judge to waive that notification.
- You will be asked about your medical history.
- You will get a physical exam.
- Some lab tests will be done.
- You will find out for sure if you're pregnant and how long you've been pregnant. Your doctor will do a pelvic exam and perform a fetal ultrasound.
- You will be offered the opportunity to view the active ultrasound image and hear the heartbeat of the unborn child.
- You will be asked if you would like a physical picture of the ultrasound image of the unborn child.
- You will certify in writing before the abortion that you have been given the opportunity to view the active ultrasound image and hear the heartbeat of the unborn child if the heartbeat is audible and that you opted to view or not view the active ultrasound image and hear or not hear the heartbeat of the unborn child.
- You will get counseling.
- You will be asked about your feelings about abortion.
- You will find out about the risks of having an abortion.
- You will find out the risks of having a baby.
- Your questions will be discussed and answered.
- You will get some information about abortion. You will have at least a full day to read this information before the appointment for your abortion.
- You will be offered the opportunity to view the Arizona Department of Health Services website and you can ask for a printed version of the information contained on the website.
- You will sign a consent form for your abortion. If you are a minor, a parent must sign the consent form and have the form notarized.
- Medication abortion in Arizona currently involves a two drug process. The first drug (mifepristone) is taken and 24 to 72 hours later (the amount of time varies by doctor) the second drug is taken to complete the abortion.
- Research indicates that mifepristone alone is not always effective in ending a pregnancy. You may still have a viable pregnancy after taking mifepristone. If you have taken mifepristone but have not yet taken the second drug and have questions regarding the health of your fetus or are questioning your decision to terminate your pregnancy, you should consult a physician immediately.

Medical (Nonsurgical) Abortion

Medical abortion is a way to end a pregnancy with medicines without a surgical procedure, and must be performed by a physician. The protocol approved by the Food and Drug Administration (FDA) allows this type of abortion up to 70 days since the first day of your last menstrual period. A medical abortion can only be used in early pregnancy, approximately 10 weeks since the first day of your last menstrual period. The gestational age must be determined before getting any of these medicines.

Who should not have a medical abortion?

Some women should not be given the medicines used for a medical abortion, such as women who are too far along in their pregnancy, those allergic to certain medications, or women with an IUD in place. You should discuss with your doctor whether you have any medical condition that would make a medical abortion unsafe for you. To have a medical abortion, you must:

- Have access to an emergency room.
- Have access to a telephone.
- Be able to attend all the visits; several visits may be required.
- Be able to follow the doctor's instructions and understand what may occur with the procedure.

Mifepristone (RU 486) and methotrexate are two of the medicines used for a medical abortion. Mifepristone is given to a woman by mouth, or vaginally. Methotrexate is usually given by injection, but may also be given by mouth. Methotrexate can cause serious birth defects if your pregnancy doesn't end.

After receiving mifepristone or methotrexate, you may bleed and pass clots, tissue, and the unborn fetus within hours to days. The bleeding can last up to three weeks or more. Your doctor will tell you when you need to return to be checked. If you are still pregnant at that visit, you will be given a second drug (misoprostol), either by mouth or vaginally. Approximately two weeks later, you will return for an important follow-up visit. Your doctor will determine whether your pregnancy has completely ended. If you are still pregnant, a surgical procedure will be necessary.

Surgical Methods of Abortion

Dilatation and Curettage (D&C) with Vacuum Aspiration

This is a surgical procedure generally used in the first 12 weeks of a pregnancy. Unless there are unusual problems, this procedure may be done in a doctor's office or a clinic.

The doctor first opens (dilates) the cervix and then empties the uterus with suction. After suctioning, the doctor may scrape the walls of the uterus to make sure the embryo/fetus, placenta, and contents of the uterus have been completely removed.

Dilatation and Evacuation (D&E)

This procedure is generally used after 12 weeks of pregnancy. The procedure will generally be done in a doctor's office or clinic, but may sometimes be done in a hospital. The doctor will often use ultrasound to determine how far along you are in your pregnancy.

To prepare for the procedure, the doctor will open (dilate) the cervix. Most women experience some pain, so the doctor may give you a painkiller — either locally by shots in the area of the cervix or by a general anesthetic — or a sedative (which will leave you conscious). The uterus will be scraped and the unborn child and placenta are removed. After 16 weeks, the fetus and placenta are removed, using forceps or other instruments. This procedure will take less than an hour.

Abortion by Labor Induction (Medical Induction)

This procedure is generally used after 16 weeks of a pregnancy. The procedure will generally require a hospital stay of one or more days.

Medicines will be used to start labor, by causing the uterus to contract. These medicines can be put in the vagina, injected in the uterus (womb) or given into the vein (intravenously or by IV). Sometimes more than one medicine will be used. This procedure may take from several hours to several days.

If there is a complication or your physician does not think everything has been delivered, they may use instruments to scrape the uterus and make sure that the unborn child, placenta, and other contents of the uterus have been completely removed.

Who should not have an abortion by medical induction?

Some women should not have a medical induction, such as a woman who has had previous surgery to the uterus or a woman with placenta previa. You should discuss with your doctor if you are one of these women.

*If the child is born alive, the attending physician has the legal obligation to take all reasonable steps necessary to maintain the life and health of the child.

Dilatation and Extraction (D&X)

This type of abortion is one of the procedures that can be done after 16 weeks gestation. It may be done in the clinic or in the hospital for more advanced pregnancies.

The doctor will dilate (open) the cervix by gradually stretching with a series of dilators. Once the cervix is sufficiently dilated, the body is extracted through the dilated cervix (intact) to minimize uterine or cervical injury to the woman from instruments or fetal bones, after which the doctor will suction the intracranial contents.

ABORTION RISKS

Medical risks that may occur with surgical, medical, or diagnostic procedure include:

- Infection
- Blood clots
- Hemorrhage
- Allergic reaction
- Death

The possible medical risks that may occur with a medication (medical) abortion include:

- Hemorrhage
- Infection
- Additional procedure resulting from the failure to remove all products of conception
- Sterility
- Continuation of the pregnancy

The possible medical risks that may occur with a surgical abortion include:

- Hemorrhage
- Uterine perforation
- Sterility
- Injury to the bowel and bladder
- Hysterectomy as a result of a complication or injury during the surgical abortion
- Additional procedure resulting from the failure to remove all products of conception
- Injury to the bowel and bladder
- Hysterectomy as a result of a complication or injury during the surgical abortion
- Additional procedure resulting from the failure to remove all products of conception

Mortality Risks of Abortion

The risks are fewer when an abortion is done in the early weeks of pregnancy. The further along in the pregnancy, the greater the chance of serious complications and the greater the risk of dying from the abortion procedure. For example:

- One death per every 1,000,000 abortions if you are at 8 weeks or less.
- One death per 29,000 abortions for pregnancies at 16–20 weeks.
- One death per 11,000 abortions at 21 weeks and more.

Other factors that affect the possibility of complications include:

- The skill and training of the doctor.
- The kind of anesthesia used.
- Your overall health.
- Abortion procedure used.

After an Abortion

What you may expect

After an abortion, you will need to stay at the doctor's office, clinic, or hospital where the procedure was performed, so you can be checked for problems or complications. How long you will be observed will depend on the type of procedure performed and the anesthesia used during that procedure.

After you have been observed and before you go home, you may be given an antibiotic to prevent infection, and another medication to contract your uterus to reduce bleeding. Your doctor will give you instructions. Your doctor will tell you how long you must wait before having intercourse again and may discuss birth-control methods with you. You may receive a prescription for pain medication. After having an abortion, you should not drive yourself home.

It is normal for you to have some cramping and a small amount of bleeding after having any type of abortion. Your uterus contracting back to its normal size causes the cramping.

GO TO THE EMERGENCY ROOM, OR CALL THE CLINIC OR DOCTOR THAT PERFORMED THE ABORTION IF:

- heavy bleeding occurs (2 or more pads/hour).
- pain is severe or not controlled by pain medication.
- you have fever.
- you have difficulty breathing or shortness of breath.
- you have chest pain.
- you are disoriented.

Most women can return to their daily activities within a day or so after a procedure. Your physician will give you information on when it is safe to return to your normal activities. It is important that you return to your doctor for a checkup two to three weeks after an abortion.

Emotional Side of an Abortion

Women may experience different emotions before and after an abortion. Women may have both positive and negative feelings after having an abortion. Some women report that these feelings go away quickly, while others say they last for a long time. These feelings may include guilt, sadness, or emptiness. Some women feel relief that the procedure is over. Other women may feel anger at having to make the choice.

Counseling or support before and after your abortion is very important. If family help and support are not available to you, it may be harder for you to deal with the feelings that appear after an abortion.

Talking with a professional counselor before having an abortion can help a woman better understand her decision and the feelings she may experience after the procedure. If counseling is not available to the woman, these feelings may be more difficult to handle. Many pregnancy-resource centers offer pre- and post-abortion counseling services; these centers are listed in the resource directory.

Future Childbearing and Infertility

The risks are fewer when an abortion is done in the early weeks of pregnancy. The further along you are in your pregnancy, the greater the chance of serious complications. Some complications associated with an abortion, such as infection or a cut or torn cervix, may make it difficult or impossible to become pregnant in the future or to carry a pregnancy to term.

Pregnancy and Childbirth

Pregnancy and birth is usually a safe, natural process although complications can occur. The most common complications of pregnancy include:

- Ectopic pregnancy.
- High blood pressure.
- Complicated delivery.
- Premature labor.
- Depression.
- Infection.
- Diabetes.
- Hemorrhage (heavy bleeding).

The number of reported pregnancy-related deaths in the United States in 2007 was 14.5 deaths per 100,000 live births. This is the same as saying in 2007 one out of 6,897 women's death was pregnancy-related.

(<http://www.cdc.gov/reproductivehealth/maternalinfanthealth/PregComplications.htm#3>)

Methods of Delivery

Labor is when a pregnant woman's uterus contracts and pushes or delivers the baby from her body. The baby may be delivered through the woman's vagina or by cesarean section. A cesarean section is a surgical procedure.

Vaginal Delivery

Possible side effects and risks

- Injury to the bladder or rectum.
- A hole (fistula) between the bladder and vagina or the rectum and vagina.
- Hemorrhage (heavy bleeding).
- Inability to get pregnant due to infection or complication from an operation.
- Emergency treatment for any of the above problems, including the possible need to treat with an operation, medicines, or blood transfusion.
- Rarely, death.

Cesarean Birth

Possible side effects and risks

- Injury to the bowel or bladder.
- Inability to get pregnant due to infection or complication from an operation.
- Hemorrhage (heavy bleeding).
- Injury to the tube (ureter) between the kidney and bladder.
- A possible hysterectomy as a result of complication or injury during the procedure.
- Complications from anesthesia such as respiratory problems, headaches, or drug reactions.
- Emergency treatment for any of the above problems, including the possible need to treat with an operation, medicines, or a blood transfusion.
- Rarely, death.

Emotional Side of Birth

Birth is a life-changing experience, and each birth brings with it a new and different set of experiences and feelings.

The feelings you experience after birth may be the most intense you have ever encountered: great surges of joy and happiness, feelings of contentment and fulfillment. It is not uncommon for women also to experience fears, worries, or sadness.

Depression after the birth of a baby can occur. Many new mothers experience various degrees of it. While depression can occur within days after delivery, it can also appear gradually, and sometimes it doesn't start until a year after your baby's birth.

In most cases, mothers have mild symptoms that may last only a few days. However, some mothers experience severe symptoms that can include exhaustion, feelings such as worthlessness or hopelessness, and memory loss. In rare circumstances you may have a fear of harming yourself or your baby. Although these symptoms may not last long, if you have any of them, call your doctor to get professional help and support.

You can reduce the risk for problems or complications in any pregnancy. Here's how:

- Get early and regular prenatal care.
- Eat a well balanced diet and get regular exercise.
- Don't smoke, drink alcohol, or take drugs that your doctor hasn't prescribed for you.

If you have questions or concerns, be sure to talk with your doctor or other health-care provider.

Medical and Social Assistance

You must get some information from your doctor or the doctor's assistant before the abortion can be done. Here are the things you must be told:

- You may be able to get medical-assistance benefits to help with prenatal care, childbirth, and neonatal care.
- The man who got you pregnant must help support your child if you decide to stay pregnant and keep the baby. The law says he must help even if he offered to pay for an abortion.
- The Law allows adoptive parents to pay costs of prenatal care, childbirth, and neonatal care.
- Public and Private agencies and services are available to assist you during your pregnancy and after the birth of your child if you choose not to have an abortion, whether you choose to keep the child or place the child for adoption.
- It is unlawful for any person to coerce you to undergo an abortion.
- You are free to withhold or withdraw your consent to the abortion at any time without affecting your right to future care or treatment and without the loss of any state or federally funded benefits to which she might otherwise be established.
- The Department of Health Services maintains this website that describes the unborn child and lists the agencies that offer alternatives to abortion.
- You have the right to review this website and ask your doctor to provide you free of charge a copy of the materials on the website if requested.

You should know that, Under Arizona's Safe Haven law, a parent or agent of a parent may anonymously give up an unharmed infant who is 72 hours old or younger to a Safe Haven provider without any questions asked. Parents can feel safe and confident that they won't be charged with child abuse if they are to give up their newborn baby in this manner.

What exactly is a Safe Haven provider? [Arizona Revised Statute §13-3623.01](#) says that Save Haven providers include firefighters who are on duty, emergency medical technicians on duty, staff members at a health care institution, and staff members or volunteers at selected private child welfare agencies, selected adoption agencies, and churches.

A parent essentially gives up their custody of the child when they hand over the baby to a Safe Haven provider. This is of course true if the parent does not express an intent to return to the newborn infant, and if the Save Haven provider reasonably believes that the child is indeed a newborn infant.

The whole purpose of Arizona's Safe Haven law is to protect newborn babies from abandonment and to protect parents who no longer want custody of their newborn baby. The law provides parents with options if they don't want their baby. Parents or agents can remain anonymous and they don't have to answer any questions. Other states also have safe haven laws that are similar to that of Arizona's law. More information about the state's Safe Haven law can be found through the Department of Economic Security.

Access to Prenatal Care and Nursery and Neonatal Care

AHCCCS offers needed health insurance for pregnant women and nursery and neonatal care upon birth of the child. For people who qualify, there are no monthly premiums.

Who Can Receive Services

The applicant may qualify for this program if the applicant:

- Is an Arizona resident
- Is an United States citizen or a qualified immigrant (If the woman is not a U.S. citizen or qualified immigrant, she may still be eligible for emergency services.
- Has a Social Security number or applies for one
 - o To apply for a Social Security number, visit the U.S. Social Security Administration.
 - o Make a copy of the form submitted as confirmation of applying for a Social Security Number
- Applies for potential income that may be available, such as unemployment, pensions, and Social Security
- Is under the income limit
 - o A portion of the pregnant woman's income and a portion of the parents' or spouse's income is counted (see example below)

Child-Support Services

Assistance in Obtaining Child Support

The father of a child is liable to assist in support of that child, even if the father has offered to pay for an abortion.

Established in 1975 as Title IV-D of the Social Security Act, the Child Support Enforcement program is a federal/state/local program that collects child support from parents who are legally obligated to pay. The goals are threefold:

- To ensure that children are supported by their parents,
- To foster family responsibility, and
- To reduce the costs of welfare to the taxpayer.

The Child Support Enforcement program works with the DES food stamps, cash assistance, vocational rehabilitation, jobs and child care programs to ensure that both the custodial and non-custodial parents have the support they need in order to take steps toward their wellbeing and self-sufficiency and that of their families.

Eligibility:

Any person with custody of a child who needs assistance in establishing paternity or child support or a parent who needs help enforcing a child support order, is eligible for services. This person may be a custodial parent, a caretaker with physical custody of a child(ren), an alleged father wanting to establish paternity, or a non-custodial parent wanting to establish or enforce a child support order.

If they are receiving public assistance from Temporary Assistance for Needy Families (TANF), or Medicaid, or federally assisted Foster Care, they are automatically referred to the Division of Child Support Enforcement (DCSE) for services.

Applying For Services

Individuals receiving cash assistance benefits are automatically referred for child support enforcement services. All other individuals must apply. There are several ways to obtain an application: call our Interactive Voice System (IVR) at (602) 252-4045 (Maricopa County) or Toll Free at 1 (800) 882-4151 to request an application which will be sent by mail; walk into the office nearest to pick up the forms; or download the "[Request for Title IV-D Child Support Services](#)" and mail it in. Custodial parents will need to provide as much information and as many documents as they can about the non-custodial parent.

Fees

There is no fee to apply for child support services. Once your case is opened, some fees may apply.

For More Information Contact:

Both custodial and non-custodial parents can get detailed information about their case, including payments due or made, etc., on our telephone Interactive Voice Response (IVR) system. To use this system, both custodial and non-custodial parents will be asked for their ATLAS (Arizona Tracking and Locate Automated System) number. This number is on every page of mail that the program sends to the custodial and non-custodial parent, usually next to their name and address. The IVR system is available 24 hours a day, 7 days a week at (602) 252-4045 in Maricopa County and Toll Free at 1 (800) 882-4151.