



APPLICATION FOR NONASSISTANCE SUPPORT SERVICES

FOR OFFICE USE:

**Issuing Office:
DATE REQUESTED:**

DATE GIVEN OR SENT:

TO:

DATE RECEIVED

Please return pages 1 through 6 with your application fee to our nearest Child Support Recovery Unit office. See page 10 for a list of all our offices.

Be sure you:

- Send in your \$25.00 application fee**
- Sign and date page 6**
- Return the "Authorization for Automatic Deposit" if you have not already done so.**

If you don't send the fee and sign the application, we may delay or deny services.

Child Support Recovery Unit
APPLICATION FOR NONASSISTANCE SUPPORT SERVICES
INSTRUCTIONS

In order to get help from the Child Support Recovery Unit (Unit), you must:

- Fill out and return this application
- Pay the required fee

The child support program helps:

- Establish paternity
- Establish child support and medical support (Medical support could include health insurance or a cash amount to help pay for medical expenses.)
- Collect regular support payments
- Enforce medical support

The amount we collect depends upon the payor's income and assets. We pick the enforcement actions for your case.

To serve you better, we need your help. Please:

1. Send us copies of all papers that establish paternity or support.
2. Send us a clerk of court record of all support payments made on the case.
3. Immediately tell us in writing or by telephone:
 - a) If you change your name, address, or phone number.
 - b) If you hire a private attorney.
 - c) If you decide you no longer want our services.
 - d) If your support order is modified.
 - e) If you get new information about the other parent's location or employment.

We use many sources to help us find payors and their employers. But you may find this out before we do. Please tell us by writing or calling your local office, listed on page 10. If you need assistance finding the local office that serves you, call the child support automated information line at 1-888-229-9223 (toll free nationwide).

Iowa law says support payments have to be sent to our Collection Services Center (CSC). We send the payor a form explaining how to make payments.

Here is how we apply payments to your case:

- First, we pay any current support due for the month. Whether support is for the current month is based on when the employer withheld it, or when CSC gets it, depending on the source. If there is money left over, we pay the newest balance due first.
- Once we send the payee at least \$500 in a year, and if the children have never gotten public assistance, Iowa law requires the payee to pay an annual fee of \$25. We take this \$25 fee from the support payments.
- If the children get public assistance, the payee assigns the support to the state for that period. This means we pay the support we collect to the state. The state keeps the lesser of the public assistance paid or the amount of assigned support.
- After the payee goes off public assistance, we pay:
 - Any current support to the payee.
 - Any past-due amounts due the payee.
 - Any past due amount due the state.
- We only pay future support when:
 - There are no past due amounts.
 - The payment is for more than current support and is not from income withholding.
 - The payor asks us to if the payment is from income withholding.
- If there is money due the state, the payee may review collections kept by the state through the automated information line or on our web site.

NONASSISTANCE SUPPORT SERVICES APPLICATION
(Please print legibly and return this application with your payment)

PAYEE INFORMATION

Payee's legal name: (Last, First, Middle)		Social security number:				
		Date of birth:				
Payee's mailing address:		Home/Cell phone number:				
		Employer:				
Home address if different from mailing address:		Employer address:				
		Employer phone number:				
		Relationship to children:				
Payee's maiden name or aliases:		Date and place of marriage:				
Race:	Sex:	Height:	Weight:	Eye Color:		
Hair color:		Scars, marks, tattoos, etc.:				
Relationship to the payor: Spouse <input type="checkbox"/> Divorced <input type="checkbox"/> Common law <input type="checkbox"/> Never married <input type="checkbox"/>						
Payee's social media usernames or URL's:						
Payee's email address:						
Have you gotten support enforcement services from another state? Yes <input type="checkbox"/> No <input type="checkbox"/> Name of State(s): _____						
INFORMATION FOR ALL CHILDREN FROM THIS MARRIAGE OR RELATIONSHIP ONLY						
Legal Name (Last, First, Middle)	Sex (M/F)	Social Security Number	Birth Date	Birth City and State	Child is living with	Paternity Established
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
						Yes <input type="checkbox"/> No <input type="checkbox"/>
If the payee is pregnant from this relationship, when is her due date?						
Address of children not living with the payee:						

SUPPORT OBLIGATION INFORMATION

Does an order for support already exist? Yes <input type="checkbox"/> No <input type="checkbox"/> Pending <input type="checkbox"/>				
If legal action to obtain support is <i>pending</i> , list the name, phone number, and address of the payee's attorney:				
If an order exists, check the type of order and complete the following:				
Type of Order	Amount and Frequency	Place of Order County/State	Date Order Entered	Court Case Number
Temporary order for support	Per			
Dissolution of Marriage	Per			
Paternity Order	Per			
Modification of support	Per			
Uniform support	Per			

PAYOR INFORMATION

Payor's legal name: (Last, First, Middle)		Payor's maiden name or aliases:	
		Social security number:	
Payor's mailing address:		Date of birth:	Age:
		Home phone number:	
		Race:	Height:
Home address if different from mailing address:		Weight:	Sex:
		Hair Color:	Eye Color:
Payor's cell phone number:		Scars, marks, tattoos, etc.:	
Payor's social media usernames or URL's:			
Payor's email address:			
Date and place payee last lived with payor:			
Is the payor employed? Yes <input type="checkbox"/> No <input type="checkbox"/>		Payor's most recent employer:	
		Employer's phone number:	
Has the payor provided any support? Yes <input type="checkbox"/> No <input type="checkbox"/>			
If yes, describe below:			
Type of support	Amount	How often received	
Money			
Provided food & clothing			
Pays payee's monthly bills			
Vehicle owned or driven by payor:	Make:	Color:	Year:
Model:	License number:	State:	
Unions or fraternal organizations:			
Credit accounts/bank accounts:			
Reason for payor's absence:			
Divorce <input type="checkbox"/> Never married <input type="checkbox"/> In Jail <input type="checkbox"/> In Prison <input type="checkbox"/> Legal separation <input type="checkbox"/> Out of the country <input type="checkbox"/>			
If in the Military, list what branch:			

PAYOR'S INCOME AND RESOURCES

If known, list the type and amount of income the payor has:		
Type of income	Amount	How often received
Wages (includes self employed)		
Unemployment benefits		
Social security or disability		
Veterans benefits		
Other		
Tell us about any property the payor owns:		

PARENTS, RELATIVES, AND/OR FRIENDS OF PAYOR

Name	Relationship	Address	Phone
Tell us other ways to locate or contact the payor:			

MEDICAL SUPPORT INFORMATION

Is any health insurance available to you or your child? Yes No
 If yes, who is enrolled? Self Self and Child None
 Is there a support order that requires that medical support be provided? (Medical support could include health insurance or a cash amount.) Yes No
 If yes, explain _____

 Is there any health insurance available to the child's other parent? Yes No Unknown
 If yes, who is enrolled? Other parent Other parent and child Unknown

PLEASE COMPLETE THE FOLLOWING HEALTH INSURANCE BENEFITS SECTION.

HEALTH INSURANCE BENEFIT SECTION

Persons Covered	Name and address of insurance company	Policy Number

The date the coverage began: _____

Type of coverage (Please check all that apply):
 Family Medical HMO
 Family Dental PPO
 Individual Medical Vision
 Individual Dental Other

Name of the person who has the policy: _____

The person who has the policy is (please check): Payee Payor Other (specify)

COOPERATION REQUIREMENTS

- You must cooperate in the following ways:
- A. Come to our office to give us information we need to establish or modify support or paternity.
 - B. Appear as a witness at judicial or other hearings or proceedings.
 - C. Complete and sign forms we need.
 - D. Do other things we need to help establish, modify or enforce support.
 - E. Pay fees such as process server and annual fees when required.

CERTIFICATION STATEMENT
NOTE: PLEASE READ CAREFULLY BEFORE SIGNING

My statements and the information I gave in this application are true and correct to the best of my knowledge and belief.

I agree to notify the Unit if I change my address, and give the Unit my new address.

I agree to cooperate with the Unit in the establishment, modification or enforcement of a support obligation. I understand that if I do not cooperate, the Unit may stop services.

I understand that listing Social Security Numbers for my children and myself is voluntary according to 42 USC 402(c)(2)(C). The Unit requests these social security numbers according to 42 USC 654 and 666 and Iowa Code Chapter 252B. As provided by federal statutes at 42 USC 654A(d) and Title IV-D of the Social Security Act, the Unit uses these social security numbers to establish, modify and enforce child support or medical support, or to establish paternity or for other child support program purposes. The numbers may be released to the other parent and to others because of these actions and purposes. The federal Privacy Act, 5 USC 552a note (1) requires the Unit to notify you of the possible disclosure and use of social security numbers.

By signing this application, I agree that the Unit can take any necessary legal action to establish, modify and enforce a child and/or medical support obligation.

I understand that I may ask the Unit to close my case by notifying the Unit of my wish to cancel services.

I understand that the Unit can close my case under 441 Iowa Administrative Code 95.14(252B). If I ask, I may receive a copy of that information. I understand I have the right to ask for a hearing to appeal the closing of my case. If I appeal, I must make a written request within 30 days of the action that I am appealing, to the Department of Human Services- Appeals Section, 5th Floor, 1305 East Walnut, Des Moines, IA 50314-0114.

I understand that if the payee received public assistance (FIP), support collected from the payor's federal income tax refund applies to the money due the state before the payee receives any.

I understand that the payee is personally liable to return any support the payee received from the Unit in error. This includes money that the Unit must return to the Internal Revenue Service or the Iowa Department of Administrative Services.

I understand that when the Unit accepts this application for services, one of the people with whom I may discuss my case is an attorney who is an employee of the Unit or the Attorney General's office. None of the services provided to me establish an attorney-client relationship with either the Unit or the attorney. The attorney works for the state of Iowa and represents only the state. By turning in this application, I admit that I understand and accept this condition.

I understand that the Unit keeps information about people who receive child support services, including their address, confidential. However, information may come out as a part of court actions to establish or enforce support. Sometimes the court may order the Unit to release confidential information.

Applicant's Signature: 	Date:
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CHILD SUPPORT SERVICES AND FEES

Iowa Code Section 252B, allows us to charge an application fee and fees to pay for actions we take on your behalf. In most cases, the Unit charges the cost of establishing or enforcing an order to the person who pays support. The person who asks us for a modification pays those costs. Following is a list of some of our services and the fees:

APPLICATION FEE

You must pay a fee of \$25 when you return this application. Please pay by personal check or money order made payable to the Collection Services Center. You must pay the application fee before we provide any support services.

ANNUAL FEE

The payee must pay an annual fee of \$25 each year your family receives at least \$500 in support and your family has not gotten public assistance in any state. We take the fee out of the support payments.

FEES FOR COURT ACTIONS

You may have to pay costs for genetic testing, sheriff's service fees or process server's fees. If the other parent lives in another state, you may have to pay the fees charged by that state.

LOCATION SERVICES

We search state and federal agencies' computer files to locate the payor. Fee: There is no charge for this service.

PATERNITY ESTABLISHMENT

We may establish paternity by an administrative process, parents may complete and file a paternity affidavit, or we may prepare and file a petition with the court. Fee: SEE FEES FOR COURT ACTIONS, above. If you establish paternity by affidavit, there is no fee.

ESTABLISHMENT OF A SUPPORT ORDER

We prepare and file petitions or administrative orders with the court for child support and medical support. Fee: See FEES FOR COURT ACTIONS, above.

MODIFICATION OF A SUPPORT ORDER

We review support orders to see if the court should change the amount of the child support order or add or change medical support. If so, we file an adjusted order with the district court. You can ask for this service by filling out a Request to Modify a Support Order and sending it to the local office. You can get this form from any local office. If you need assistance finding the local office phone number, call the child support automated information line at 1-888-229-9223 (toll free nationwide). You may also visit our web site at: www.childsupport.ia.gov. Fee: You may have to pay sheriff's or process server's fees.

ADMINISTRATIVE LEVY

We may seize the bank assets of a parent who has a support delinquency of at least one month's support. The amount seized is limited to the amount of the past due support. Fee: There is no charge for this service.

LICENSE SANCTION

We may tell licensing agencies to revoke or deny issuing a license. The parent must owe at least three months' worth of past due support. Drivers' licenses, vehicle registrations, and recreational, business and professional licenses may be affected. Fee: There is no charge for this service.

SUSPENSION, SATISFACTION, AND REINSTATEMENT OF SUPPORT

Parents may jointly ask us to help get a temporary suspension of support. The parents must be reconciled and living in the same household with some or all the children, or one or more children must now live with the payor. If the situation changes within six months, we can ask the court to reinstate the order. Fee: See FEES FOR COURT ACTIONS, above.

INCOME WITHHOLDING

We may enter an order to withhold support payments from the payor's income. Support may be withheld from wages, other earnings, trust income, unemployment benefits, Social Security benefits, Veteran's benefits, and worker's compensation. Fee: There is no charge for this service.

INTERCEPTION OF FEDERAL INCOME TAX REFUNDS

We may take the federal income tax refund of a parent who owes past due support. The amount we take is first applied to past due support assigned to the state before any amount is paid to the payee. Fee: There is no charge for this service.

INTERCEPTION OF STATE INCOME TAX REFUNDS

We may take the state income tax refund of a parent who owes overdue support. Fee: There is no charge for this service.

INTERCEPTION OF FEDERAL PAYMENTS

We may take a payment the federal government owes a person with a past due child support debt. Fee: There is no charge for this service.

PASSPORT SANCTIONS

We may report a payor to the US State Department when the payor owes more than \$2,500 in overdue support. This prevents the payor from getting or renewing a passport. Fee: There is no charge for this service.

REFERRAL TO CREDIT AGENCIES

We may report a payor to credit agencies if the payor owes at least \$1,000 in past due support. Fee: There is no charge for this service.

CONTEMPT OF COURT

When the payor doesn't pay support, we may ask the court for an order requiring the payor to show why he/she is not in contempt of court. Fee: See FEES FOR COURT ACTIONS.

INTERNAL REVENUE SERVICE COLLECTION SERVICES

We may send the name of the payor to the Internal Revenue Service so that the IRS may attach real and personal property. The IRS sells the property through public auction to satisfy the support debt. This process may only be used if all other enforcement methods are unsuccessful and the past due support is at least \$750. Fee: The IRS charges a fee of \$122.50 to the person requesting this service.

CHILD SUPPORT AUTOMATED INFORMATION LINE

You can get more information about our services, including payment information, by calling the child support automated information line at 1-888-229-9223 (toll free nationwide). Calling this number can also assist you in identifying the local office phone number for your case. You may also visit our web site at

www.childsupport.ia.gov

SERVICES NOT AVAILABLE

We cannot:

1. Represent either parent in dissolution of marriage.
2. Represent either parent if the other parent files for contempt of court.
3. Represent either parent in a disagreement about custody, property settlement, visitation, outstanding bills, or anything else in a court order not related to the payment of support.
4. Collect delinquent alimony payments not related to the payment of support.

If you need services we don't provide, you may hire a private attorney or apply for legal aid services where available. Please tell us if you hire a private attorney to provide the same services we do. This is so we can avoid conflicting legal actions on your case.

Policy Regarding Discrimination, Harassment, Affirmative Action and Equal Employment Opportunity

The Iowa Department of Human Services (DHS) policy on non-discrimination, harassment, affirmative action, and equal employment can be viewed on the DHS website at the bottom of the page at: dhs.iowa.gov.

LOCATIONS OF THE IOWA CHILD SUPPORT RECOVERY UNITS

ANKENY CHILD SUPPORT RECOVERY UNIT
1605 SE Delaware Ave Ste A
Ankeny IA 50021-4595
515-369-2800

DECORAH CHILD SUPPORT RECOVERY UNIT
317 Washington St Ste 2
Decorah IA 52101-1832
563-382-2666

INDIANOLA CHILD SUPPORT RECOVERY UNIT
1807 West 2nd Avenue
Indianola IA 50125-2145
515-962-5400

BURLINGTON CHILD SUPPORT RECOVERY UNIT
409 N 4th St
PO Box 638
Burlington IA 52601-0638
319-753-6322

DES MOINES NORTH CHILD SUPPORT RECOVERY UNIT
6200 Aurora Ave Ste 301 E
Urbandale IA 50322-2865
515-369-2750

MARSHALLTOWN CHILD SUPPORT RECOVERY UNIT
204 1/2 W State St
Marshalltown IA 50158-5842
641-753-6408

CARROLL CHILD SUPPORT RECOVERY UNIT
625 N West St
PO Box 937
Carroll IA 51401-0937
712-792-5691

DES MOINES SOUTH CHILD SUPPORT RECOVERY UNIT
525 SW 5th Street, Ste H
Des Moines IA 50309-4501
515-369-2860

MASON CITY CHILD SUPPORT RECOVERY UNIT
Mohawk Square, Ste 13
22 N Georgia Ave
Mason City IA 50401-3435
641-424-1147

CEDAR RAPIDS CHILD SUPPORT RECOVERY UNIT
411 - 3rd St SE Ste 200
Cedar Rapids IA 52401-1837
319-398-3619

DUBUQUE CHILD SUPPORT RECOVERY UNIT
960 Main St
PO Box 3068 (Mailing Address)
Dubuque IA 52004-3068
563-557-7113

OTTUMWA CHILD SUPPORT RECOVERY UNIT
127 E Main Ste 100
Ottumwa IA 52501-2951
641-682-8802

CLINTON CHILD SUPPORT RECOVERY UNIT
121 6th Ave So
PO Box 1175
Clinton IA 52733-1175
563-243-8237

FORT DODGE CHILD SUPPORT RECOVERY UNIT
330 1st Ave N
Fort Dodge IA 50501-3718
515-955-5464

PLEASANT HILL CHILD SUPPORT RECOVERY UNIT
1300 Metro East Drive
Suite 114
Pleasant Hill IA 50327-8906
515-261-5870

COUNCIL BLUFFS CHILD SUPPORT RECOVERY UNIT
300 W Broadway Ste 32
Council Bluffs IA 51503-9030
712-242-2358

GRIMES CHILD SUPPORT RECOVERY UNIT
3560 SW Brookside Dr Ste E
Grimes IA 50111-5062
515-369-2850

SIOUX CITY CHILD SUPPORT RECOVERY UNIT
520 Nebraska St Ste 218
Sioux City IA 51101-1315
712-255-2749

CRESTON CHILD SUPPORT RECOVERY UNIT
1103 S Sumner St
Creston, IA 50801-3545
866-219-9120

SPENCER CHILD SUPPORT RECOVERY UNIT
20 W 6th St Ste 200
Spencer IA 51301-3907
712-262-1412

DAVENPORT CHILD SUPPORT RECOVERY UNIT
3911 W Locust
Davenport IA 52804-3021
563-388-0409

WATERLOO CHILD SUPPORT RECOVERY UNIT
501 Sycamore Ste 400
Waterloo IA 50703-4651
319-291-2646