Iowa Department of Human Services

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Governor

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April 8, 2016

GENERAL LETTER NO. 11-F-AP-15

ISSUED BY: Bureau of Collections, Division of Field Operations

SUBJECT: Employees' Manual, Title 11, Chapter F, ***INCOME WITHHOLDING APPENDIX***, form 470 2624, *Initiation of Income Withholding/Medical Support Enforcement*, revised.

Summary

This chapter is revised to update the U.S. Poverty Guidelines used to calculate the IWO arrears amount due when a payor is approved for hardship. This amount is listed on form 470 2624, *Initiation of Income Withholding/Medical Support Enforcement*. The amount has changed from $23,540 to $23,760.

Effective Date

April 1, 2016

Material Superseded

This material replaces form 470 2624, dated 04/2015, in Employees' Manual, Title 11, Chapter F, Appendix.

Additional Information

Refer questions about this general letter to your regional collections administrator.

Iowa Department of Human Services

INITIATION OF INCOME WITHHOLDING/MEDICAL SUPPORT ENFORCEMENT

Date Notice Prepared: _____
Case Number: _____

_____
Child Support Recovery Unit
_____
_____
_____
Tel.: _____

_____ ____
_____
_____
_____

This is to tell you that we (the Child Support Recovery Unit):
__ Entered or changed an income withholding order.
__ Sent an Income Withholding for Support notice (form 470 3272) to your employer or income provider.

The withholding is:
__ Immediate (required upon the entry of new or modified orders)
__ Mandatory (required when there is a delinquency)
__ Amended (required because of a change in certain circumstances)
__ Lump-sum (used when income is irregular)

In addition, (when marked 'X' and your support order is not ended or suspended) we are enforcing health insurance as required by your support order.
__ Health Insurance Enforcement

We sent an income withholding notice to the following employers or income providers:

_____

For obligations we are enforcing, our records show the child support balance is _____ as of _____. We can make no statement about whether you owe additional interest. Only a court can make a binding balance determination.

According to Iowa Code Chapter 252D, your employer or income provider must withhold and send to the Collection Services Center the amount listed for support in the income withholding notice. By law your employer or income provider must withhold these payments until otherwise notified by the court or us.

NOTE: YOU ARE LEGALLY RESPONSIBLE FOR ALL SUPPORT PAYMENTS AS STATED IN YOUR SUPPORT ORDER. YOU ARE LIABLE FOR ANY PAYMENTS THAT THE EMPLOYER OR INCOME PROVIDER FAILS TO WITHHOLD.

If you think this income withholding or health insurance enforcement is not correct, there are two ways you can contest it. One is an informal conference with us. The other is a court action called a Motion to Quash. You may file a motion to quash no matter what happens at a conference with us. If you are contesting income withholding and health insurance enforcement, these two issues may be heard at the same time. The following sections provide more information on how to contest income withholding and health insurance enforcement.

Please read the following sections carefully, as all options may not apply to you.
For questions, see contact information listed above.

INCOME WITHHOLDING - REQUESTING AN INFORMAL CONFERENCE

If you want a conference with us to talk about income withholding, including hardship, you must put your request in writing and send it to the address listed on the first page of this notice. You can have a conference when we first send the income withholding notice and each time we change the total amount of withholding. **YOU ARE NOT ENTITLED TO A CONFERENCE (INCLUDING HARDSHIP REQUESTS) EVERY TIME WE SEND AN INCOME WITHHOLDING NOTICE TO A NEW INCOME PROVIDER.**

We must receive your request within 15 days from the date on the first page of this notice if you are:

a. Contesting IMMEDIATE INCOME WITHHOLDING for one of the following reasons:
   1. You think that good cause is an issue regarding the withholding order, or you have a written agreement for other payment arrangements.
   2. You think we did not handle a prior request for Immediate Income Withholding appropriately.

b. Contesting MANDATORY INCOME WITHHOLDING because you think a smaller amount should be withheld from your income for past due support because of hardship. (If hardship is approved, it does not affect the amount being withheld for current support. Hardship only affects the amount withheld to pay past due support.) TO QUALIFY FOR HARDSHIP, YOUR GROSS INCOME MUST BE LESS THAN $23,760 PER YEAR, which is 200% of the poverty level income for one person. In order to claim hardship, please send proof of your income with your request to us. Proof of income may include any of the following:
   1. Copies of your last three (3) pay check stubs, or
   2. A letter from your employer listing your salary per hour and average number of hours worked in each pay period, or
   3. A current W2 form.

   YOU MAY REQUEST HARDSHIP AT ANY TIME IF YOU ARE DISABLED AND RECEIVING SSD (social security disability) or SSI (supplemental security income disability), EVEN IF IT IS LATER THAN 15 DAYS FROM THE DATE OF THIS NOTICE.

NOTE: YOU MAY NOT CLAIM HARDSHIP FOR LUMP SUM INCOME WITHHOLDING.

You may request a conference at any time if:
a. You are not the person responsible for paying child support in this case.
b. The amount of the current support obligation is stated incorrectly in the income withholding notice.
c. The amount of delinquent support is in error.

After receiving your written request, we will schedule a conference within 15 days. The conference may be by telephone or in person. If you want a telephone conference, provide the telephone number where we can reach you. If you would rather just send us your documents, we will review them and notify you of the results in writing.

INCOME WITHHOLDING - MOTION TO QUASH INFORMATION

Grounds for contesting income withholding are:
a. A mistake of fact, which means an error in the amount of current or delinquent support or the identity of the obligor.
b. A delinquency did not occur or has been paid.
c. FOR IMMEDIATE INCOME WITHHOLDING ONLY. An approved written agreement was implemented under Iowa Code section 252D.8.

You may file a motion to quash the income withholding with the clerk of the district court. Under Iowa Code section 252D.31, the clerk must schedule a hearing on the motion for a time not later than seven days after you file the motion and notify the parties of the hearing. However, you may wish to verify that the clerk has scheduled the hearing. Please send us a copy of the motion and order scheduling the hearing.

HEALTH INSURANCE ENFORCEMENT

Your child support order may require you to provide health insurance. If your support order includes health insurance, we are notifying your employer to enroll your dependents in a health insurance plan and withhold from your income the necessary health insurance premiums. If you are required to provide health insurance, your employer may have to enroll you in the health insurance plan in order to enroll your dependents. The enforcement of health insurance is provided for in Iowa Code Chapter 252E.

If your employer does not offer health insurance, we will end enforcement. However, you are still responsible for health insurance as stated in your order. If you do not currently meet health insurance eligibility requirements, we will continue enforcement when you become eligible.

HEALTH INSURANCE ENFORCEMENT - REQUESTING AN INFORMAL CONFERENCE

If you want to have a conference with us, send your written request to the address listed on the first page of this notice. You may contest enforcement of health insurance for one of the following reasons:

a. You are not the person responsible for providing health insurance coverage in this case.
b. You are already providing health insurance coverage for your dependent.
c. There is no dependent coverage available to you.
d. The dependent coverage available to you is not accessible to the child because of where the child lives.
e. Your order does not require you to provide health insurance coverage.

After receiving your written request, we will schedule a conference within 15 days. The conference may be held by telephone or in person. If you want a telephone conference, provide the telephone number where we can reach you. If you would rather just send us your documents, we will review them and notify you of the results in writing.

HEALTH INSURANCE ENFORCEMENT - MOTION TO QUASH INFORMATION

You may file a motion to quash the enforcement of health insurance with the clerk of court of the district court. Iowa code sections 252E.6A and 252D.31 direct the clerk to schedule a hearing on the motion for a time not later than seven days after the motion is filed and notify the parties of the hearing. However, you may wish to verify with the clerk that a hearing has been scheduled. Please send us a copy of the motion and order scheduling the hearing.

You can file a motion to quash health insurance enforcement if:

a. You think we made a mistake of identity (you think we have the wrong person).
b. You think there is an error in the amount withheld.
c. You think there is a mistake in the availability of the health insurance because coverage is not accessible to the child based on where the child lives.

NOTE: Even if we are unable to enforce health insurance, you are financially responsible for the health insurance as stated in your order.

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

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees and clients without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief or veteran status.

If you feel DHS has discriminated against or harassed you, please send a letter detailing your complaint to:

Iowa Department of Human Services, Office of Human Resources, Hoover Building – 1st Floor,
1305 E. Walnut, Des Moines IA 50319-0114; fax (515) 281-4243, or via e-mail stopit@dhs.state.ia.us