

Iowa Department of Human Services

REQUEST TO COMPLETE FINANCIAL STATEMENT

Date: _____

Case Number: _____

Dependents:

You were previously ordered to pay child support for the above-named dependents who are now or were recently in foster care placement. This child support obligation was established by court order # _____ filed in _____ County, _____.

The amount of child support that was previously established for you to pay continues to be in effect for the time period that the child(ren) are in foster care. Your child support payments are assigned to the State and used by the Department of Human Services to offset the cost of the foster care placement.

The Foster Care Recovery Unit, which is a part of the Child Support Recovery Unit, is attempting to obtain an order for support from the other parent for the period of time that the child(ren) are in foster care. **Your financial information will be used in determining the amount of the support order for the other parent and will not affect your child support obligation.** The current child support guidelines in effect in the state of Iowa require that we consider the income of both parents in determining the amount of the order.

Provide information that is current and correct to the best of your knowledge. If necessary, you may provide additional information on a separate sheet. You must provide proof of your income and any deductions that you report on the financial statement. Proof of income and allowable deductions may be a copy of your state or federal income tax return, W-2 statements, pay stubs, signed statements from your employer or other source of income, or clerk of court payment records.

Please return the completed financial statement to the Foster Care Recovery Unit within 10 days of the date of this request. A return envelope is enclosed for this purpose.

If you have questions about this letter or the financial statement, please contact the office indicated below.

Foster Care Recovery Unit

Phone: