

# NOTICE OF DECISION TO SUSPEND SUPPORT ORDER

Date:
Case Number:
Worker Number:
 Worker Name:
 Child Support Recovery Unit
Telephone: ( )

This is an amended the notice regarding a request to suspend the following support orders:

Court Order Number	Date Filed	County/State

This request is based on

- reconciliation, since one or more of the children entitled to ongoing support in the order now live in the same household with both parents.
- a change in the residency, since one or more of the children entitled to ongoing support in the order now live in the same household with the parent ordered to pay support.

The parties have not disclosed, and the Child Support Recovery Unit (Unit) is not aware of, any other ongoing support orders that affect the same payor, payee, and children.

### We took the following action regarding this request:

- *Request Returned.* We are returning your request for suspension because:
  - □ Form 470-3033, *Request to Suspend Support*, did not contain necessary information. The form is being returned to you to:
    - □ Complete Part 1, *The Basis for Suspension.* You must select one of the reasons you are requesting a suspension.
    - □ Complete Part 3, *Court Order Information.* Enter all orders affecting the same legal parents and their children.

- □ Complete Part 4, *Children Whose Support Should be Suspended.* List the name and date of birth of the children for whom you want support to be suspended.
- □ Sign this form as required.

#### We cannot process your request until you return the signed Request to Suspend Support. Please sign the request and return it to the office listed on the first page of this notice as soon as possible so that we can process your request.

□ Form 470-3032, *Affidavit Regarding Suspension of Support*, is incomplete. The affidavit requires you to sign in the presence of a notary. Please sign the form and have it notarized.

# We cannot process your request for suspension services until you return the signed and notarized affidavit. Please sign the affidavit in front of a notary and return it to the office listed on the first page of this notice as soon as possible so that we can process your request.

□ You do not qualify for the suspension process because we are not providing enforcement services for the order(s) to be suspended. We are returning the request form to you along with an application for services. For us to help with the suspension process, you must fill out and return the form 470-0188, *Application for Non-Assistance Support Services*, with the required fee. You must also return the completed form 470-3033, *Request for Suspension*.

We cannot process your request until you return the application for services and the signed Request for Suspension. Please fill out the application for services, include the required fee, sign the request and return the documents to the office listed on the first page of this notice as soon as possible so that we can process your request.

- *Request denied.* We denied the request for suspension because:
  - We accepted or denied a previous request within the last two years for the same order.
  - □ The request was made by someone other than the payor, payee, the assignee, or an attorney representing one or more of them.
  - □ We do not have jurisdiction to suspend this order.
  - □ The support order does not say how much support should be as the number of children entitled to support changes (called a step change).
  - □ The children are not living with the payor or the reconciled parents.
  - □ The reason for suspension is not expected to last at least six months.
  - □ No current obligation is due.
  - □ The children are receiving public assistance and you or another party have not informed DHS of the change in living arrangements.
  - □ Not all parties agree to end support.
  - The request doesn't meet the suspension requirements because \_\_\_\_\_

This denial *does not* affect the right of either party to contact a private attorney about this or to petition the court directly to end a support obligation.

If you have questions regarding this notice or the suspension process, please contact the Unit listed on the first page of this notice.

## □ Barred Status.

You are barred from requesting a new suspension for two years from \_\_\_\_\_\_.
You are not barred from requesting a new suspension.

□ **Request pending**. Your request for suspension is pending. Our records indicate the children for whom you have requested support be suspended are currently receiving public assistance benefits. Under state law, we may provide suspension services for people receiving public assistance only if the parent ordered to pay support is considered part of the public assistance household.

If you receive public assistance and you have not already done so, you must report any change in your household's membership to your local Department of Human Services (DHS) office within 10 days of the change. Once the local DHS office confirms the parent ordered to pay support is considered part of the public assistance household, we will act on your request.

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

The lowa 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: <u>dhs.iowa.gov</u>.