

Iowa Department of Human Services
DIRECTIONS FOR SERVICE

CSC# _____
COURT # _____

DATE: _____

EXPIRATION DATE: _____

TO: _____ COUNTY

PLEASE SERVE THE ATTACHED: _____

UPON: _____

- PERSONAL SERVICE REQUIRED
 SERVICE ON ANY ADULT IN HOUSEHOLD
PERMITTED

EMPLOYER: _____

NOTE: Please contact the employer's human resources
department before attempting service at the job site.

DESCRIPTION: SOC SEC#: _____ DOB: _____ SEX: _____

RACE: _____ HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____

OTHER INFORMATION RELATING TO SERVICE:

IF THE INDIVIDUAL WAS SERVED AT A SHELTER (CRIME VICTIM CENTER), WE NEED YOUR HELP TO KEEP THE SHELTER LOCATION CONFIDENTIAL. IF NECESSARY, ADDITIONAL INSTRUCTIONS FOR COMPLETING THE RETURN OF SERVICE AND AN AFFIDAVIT WILL BE ATTACHED OR CAN BE OBTAINED BY CALLING CSRU.

PERSON REQUESTING SERVICE:

NOTE:

Please serve the attached notice and complete the return of service and the §915.20A Affidavit Regarding Return of Service (if required). Forward the return of service and the §915.20A Affidavit Regarding Return of Service (if required) with your bill to this office for payment

Please serve the attached notice and complete the return of service and the §915.20A Affidavit Regarding Return of Service (if required). Forward the return of service and the §915.20A Affidavit Regarding Return of Service (if required) to this office and your bill to: _____

If you have any questions, please do not hesitate to contact our office at the above listed phone number. Thank you.

**Iowa Department of Human Services
RETURN OF SERVICE
FOR SERVICE IN IOWA**

Case Number: _____

Date Received This Notice: _____

State of Iowa)
_____ County)ss

Return of Service:

____ Personal	____ Official (State, County, City)
____ Dwelling/Substitute	____ Spouse Away from Residence
____ Hotel, Boarding/Rooming House	____ Other _____
____ Corporation/Association	

I Certify That I Served a Copy of:

<input type="checkbox"/> Petition and Original Notice	<input type="checkbox"/> Notice of Child Support Debt
<input type="checkbox"/> Modification/Application of Notice	<input type="checkbox"/> Notice to Alleged Father of Intent to Establish Paternity and Set Support Obligation
<input type="checkbox"/> Order to Show Cause	
<input type="checkbox"/> Writ	
<input type="checkbox"/> Order filed _____ (Date)	<input type="checkbox"/> Other _____

Served: _____ **at** _____ ******
(Name) (Address)

on _____, 19_____, @ _____ a.m./p.m. or by serving
(Date) (Time)

_____ ***at** _____ ******
(Name) (Address)

on _____, 19_____, @ _____ a.m./p.m.
(Date) (Time)

* A person residing therein who was then at least 18 years old or spouse away from residence.

** If service was obtained at a shelter, put the words "crime victim center within the State of Iowa" in the address section. Iowa Code § 915.20A(2) states that "Under no circumstances shall the location of a crime victim center or the identity of the victim counselor be disclosed in any civil or criminal proceeding." Do not list the specific name or location of the shelter on this form. If needed, additional instructions and explanations for service of process procedures involving a crime victim center will be on an enclosed information sheet or can be obtained by calling CSRU.

Notes: (Diligent Search, etc.) _____

Fees:

Service: _____
Mileage: _____
Copy: _____
TOTAL: _____

(Signature and Official Title) (Notary needed for those signing other than an Iowa Sheriff or Deputy Sheriff)
SUBSCRIBED TO AND SWORN TO before

me this _____ day of _____,
19 _____.

NOTARY PUBLIC IN AND FOR THE STATE

OF _____.