

Iowa Department of Human Services
ADMINISTRATIVE LEVY NOTICE TO FINANCIAL INSTITUTION

Obligor: SSN:
Acct #(s): | Case #(s):
|
To: | From:
| CHILD SUPPORT RECOVERY UNIT
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42 U.S.C. 666(c) (1) (G) (ii) and Iowa Code Chapter 252I permit the collection of delinquent child support through seizure of financial accounts held by an obligor and any other party known to have an interest in these accounts. Financial institutions are authorized and required to forward moneys to the Collection Services Center. This procedure is called administrative levy.

The above-named obligor is believed to have an interest in one or more accounts at your financial institution. Please take the steps listed below.

1. ENCUMBER FUNDS NOW

Immediately encumber funds in all accounts listed above as follows:

- o SINGLE-OWNER ACCOUNTS -- Encumber \$ _____, OR, 50% of the account balance(s), whichever is the LESSER amount.
- o JOINTLY-HELD ACCOUNTS -- Encumber \$ _____, OR, 50% of the account balance(s), whichever is the LESSER amount.

NOTE: Freeze ONLY the amount requested above as of the date this Notice is received. DO NOT encumber more than 50% of the account balance. HOLD THESE FUNDS FOR A MINIMUM OF 15 DAYS.

Your financial institution may charge a fee to the OBLIGOR, not to exceed \$10, for forwarding the moneys to the Collection Services Center. If the balance remaining in the obligor's account(s) is insufficient to cover the fee, the fee may be deducted from the amount encumbered.

2. SEND PAYMENT --> NO SOONER THAN 15 DAYS, AND NO LATER THAN 20 DAYS after receipt of this Notice (unless notified by the Child Support Recovery Unit of a challenge to this action), forward the encumbered moneys in the enclosed envelope, with the attached PAYMENT COUPON, to:

Collection Services Center
ATTENTION: ADMINISTRATIVE LEVY PAYMENT
PO Box 9125
Des Moines, IA 50306-9125

If you have any questions about this notice, please contact

Iowa Department of Human Services
ADMINISTRATIVE LEVY PAYMENT COUPON

| PLEASE SUBMIT THIS COUPON WITH PAYMENT. THE INFORMATION ON THIS |
| COUPON IS REQUIRED FOR PAYMENT PROCESSING. |

Obligor Name :
Obligor SSN :
Support Owed : \$
Case Number(s):

TIN:

PLEASE COMPLETE THE FOLLOWING INFORMATION:

Amount of levy payment accompanying this coupon \$ _____