

Iowa Department of Human Services  
ADMINISTRATIVE LEVY NOTICE TO JOINT OWNER

Worker:  
Case #(s):

Date:

To:

From:  
CHILD SUPPORT RECOVERY UNIT

Tel:

You are believed to jointly hold one or more accounts with the obligor,  
, at the following financial institution:

Account #(s):

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. This procedure is called administrative levy.

For all accounts listed above in which the obligor has an interest, the above-named financial institution has been directed to do the following:

- 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: The financial institution may charge the obligor a processing fee of up to \$10. This fee is in addition to the amount of support owed.

No sooner than 15 days, and no later than 20 days from the date the Administrative Levy Notice to Financial Institution is received, this institution will forward the encumbered moneys to:

Collection Services Center, PO Box 9125, Des Moines, IA 50306-9125.

If you wish to challenge this action, the challenge must be in WRITING and RECEIVED by the Child Support Recovery Unit, at the address printed at the top of this form, within 10 WORKING DAYS of the date of this Notice.

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POLICY ON NONDISCRIMINATION

No person shall be discriminated against because of race, color, national origin, sex, age, mental or physical disability, creed, religion, or political belief when applying for employment, or when applying for, or receiving benefits or services from the Iowa Department of Human Services.

If you think you have been the object of discrimination, you may file a complaint with the Iowa Department of Human Services by completing a Discrimination Complaint form. This form can be obtained from any Human Services office or the Diversity Programs Unit. You may also file a complaint with the Iowa Civil Rights Commission (if you feel you were discriminated against BECAUSE OF your race, creed, color, national origin, sex, religion, or disability); or the United States Department of Health and Human Services, Office for Civil Rights.

IOWA DEPARTMENT OF HUMAN SERVICES  
Diversity Programs Unit 1st Fl  
1305 E Walnut St  
Des Moines, IA 50319-0114

IOWA CIVIL RIGHTS COMMISSION  
211 E Maple St 2nd Fl  
Des Moines, IA 50309-1858

U.S. DEPARTMENT OF HEALTH AND HUMAN SERVICES  
Office for Civil Rights Region VII  
601 E 12th St Rm 248  
Kansas City, MO 64106

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