

**Waiver of Personal Service and Acceptance of
Review and Adjustment Notice**

**Child Support Recovery Unit
Iowa Department of Human Services**

Responsible Parent/Obligor: _____

Parent/Caretaker: _____

Third Party: _____

Dependents: _____

Date Prepared: _____

Docket No.

CSC No. _____

I, _____, being of legal age, accept service of the attached Notice of Intent to Review and Adjust a Child Support Obligation and acknowledge receipt of a copy on the date below.

By my signature below, I specifically waive any formal requirements of service of the Notice of Intent to Review and Adjust a Child Support Obligation as may otherwise be required by Iowa Code and the Iowa Rules of Civil Procedure.

I submit to the personal jurisdiction of the District Court. I understand the District Court will hold a hearing upon the request of the Respondent or the Petitioner. I also understand that any support order entered as a result of this action will be presented to the District Court for approval.

By signing this waiver, I agree and request that Child Support Recovery Unit (CSRU) send subsequent motions or any other document to an address I give to CSRU. I also agree by my signature to accept service of all documents related to this action and for further orders to be mailed to me by first class mail by CSRU. I further agree to promptly notify CSRU of any change to my address.

Dated this _____ day of _____, year _____.

Signed

State of _____

County of _____

This instrument was acknowledged before me on this _____ day of _____, year _____
by the signing of _____.

Notary Public in and for the State of _____

NOTICE: If you are going to have an attorney represent you, promptly advise the attorney that you have accepted service of this notice. There are timeframes governing this action. If you fail to act, the amount of child support may be adjusted, pursuant to Iowa Code chapter 252H.