

Iowa Department of Human Services
OUT OF STATE DIRECTIONS FOR SERVICE

CSC# _____

COURT # _____

DATE: _____

EXPIRATION DATE: _____

TO: _____ COUNTY

STATE OF _____

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.

Iowa Law requires the signature on the return of service to be NOTARIZED.

45 C.F.R. section 304.21 (b)(1) Iowa Code section 602.8109(a)-(b).

If you have any questions, please contact our office at the above listed phone number. Thank you.

**Iowa Department of Human Services
OUT OF STATE RETURN OF SERVICE**

Case Number: _____

Date Received This Notice: _____

State of _____)
_____ 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:

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

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 _____ (state center located in)" 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)
SUBSCRIBED TO AND SWORN TO before

me this _____ day of _____,
19 _____.

NOTARY PUBLIC IN AND FOR THE STATE

OF _____.