

BEFORE THE BUREAU OF COLLECTIONS, DEPARTMENT OF HUMAN SERVICES  
IN AND FOR \_\_\_\_\_ COUNTY

IN THE INTEREST OF

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

A CHILD

JUVENILE NO. \_\_\_\_\_

PROOF OF SERVICE OF INCOME  
WITHHOLDING ORDER

The undersigned certified that:

1. On the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, an income withholding order sent to the clerk of court.

2. On the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, a copy was served upon an employer or income provider.

3. The order was served by depositing a copy thereof in the U.S. mail, postage prepaid, in an envelope addressed to:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Foster Care Recovery Unit  
211 E Maple, Suite 100  
Des Moines, IA 50309  
Tel. 515-281-6016  
Date: \_\_\_\_\_