

**Iowa Department of Human Services
Asset Verification Request**

Attention: Service Representative

In accordance with 42 U.S.C. section 669A and Iowa Code chapters 252B and 252I, the Child Support Recovery Unit is attempting to collect support from the obligor(s) listed on the attached sheet. The U.S. and Iowa codes provide that no financial institution is liable under any federal or state law for disclosing financial records of an individual to a State child support enforcement agency attempting to establish, modify, or enforce a child support obligation. Therefore, we are asking that you provide us with account information for the obligors who have accounts with you. On the attached sheet, please enter the requested information for each obligor. Details for completing each field are listed below.

ACCOUNT #: Correct the account number if necessary; add the account numbers for any additional accounts held by the individual listed.

OPEN Y/N: Indicate whether the account is open.

ACCOUNT TYPE: Indicate the type of account listed (e.g., checking, savings, IRA, etc.).

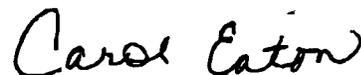
JOINT Y/N: Indicate if the account is jointly held.

JOINT OWNER NAME AND ADDRESS: Enter the name and address of the joint owner of the account. If more than one joint owner for the account, enter the information for each joint owner.

Please return the completed forms to the following address:

EPICS UNIT
PO BOX 7201
WATERLOO, IA 50704-7201

If you have any questions, please call 877-274-2580. Thank you for your cooperation.



Carol Eaton, Chief
Bureau of Collections

ASSET VERIFICATION REQUEST

ACCOUNT HOLDER NAME

SSN

CASE NUMBER

FEDERAL ID NBR

ACCT#

OPEN Y/N

AMOUNT

ACCOUNT TYPE

JOINT Y/N

JOINT OWNER NAME AND ADDRESS

ACCT#	OPEN Y/N	AMOUNT	ACCOUNT TYPE	JOINT Y/N	JOINT OWNER NAME AND ADDRESS

SIGNATURE OF PERSON COMPLETING FORM:

PHONE:

DATE: