



STATE OF IOWA

TERRY E. BRANSTAD, GOVERNOR
KIM REYNOLDS, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES M. PALMER, DIRECTOR

Date: _____
Case Number: _____

REQUEST FOR NEW INFORMATION About _____

Dear Parent or Caretaker:

The Child Support Recovery Unit (CSRU) is attempting to pursue action on your case. Please provide any new information, complete or incomplete, about the above named person. Some good sources of information are old rental agreements, old tax or bank forms, canceled checks, etc. You may provide this information by filling out this form and returning it to the address provided below within 10 days of receipt of this letter or by calling your local office at the number listed below.

Current/last known home address

Past or present employer:

Social Security Number:

____ - ____ - _____

Occupation: _____
Telephone: (____) ____ - _____

Birth date/approximate age:

Vehicles/license owned: _____

Physical Description: _____

Name and address of bank: _____

Address of property owned:

His/her parent's name: _____

State: _____ County: _____

We encourage you to include any additional information on the back of this page. This may include arrest information, prison information, other sources of income, other assets, frequented social establishments, assistance received in another state, union membership, etc.

Thank you for your continued help and cooperation with the Child Support Recovery Unit.

Sincerely,

