

S479H012-A

IOWA DEPARTMENT OF HUMAN SERVICES
IOWA COLLECTION AND REPORTING SYSTEM
ARCHIVED CASE REPORT

RUN DATE : MM/DD/YY
RUN TIME : HH:MM:SS
PAGE : X

ICAR CASE NUMBER :

WORKER ID :

WORKER NAME :

LOCATION :

I. CASE DATA.

OPEN DATE	CLOSED DATE	REDIRECTION FLAG	IABC NUMBER	STATUS	IMAGED FLAG	WTW	WTW DATE	POPP	POPP DATE
-----------	-------------	------------------	-------------	--------	-------------	-----	----------	------	-----------

II. PERSON DATA

CASE ROLE	NAME (LFMS)	BIRTHDATE	SEX	DATE OF DEATH	SSN/S (LOCATE MULTIPLES)
-----------	-------------	-----------	-----	---------------	--------------------------

OBLIGOR :

STATE ID

CARETAKER

OBLIGEE:

SSN	OUT OF WED	PAT EST	HOW	PATAFF DOC NO	MEN DIS	LIVES W/PE	CT
-----	------------	---------	-----	---------------	---------	------------	----

CHILDREN:

III. COURT ORDER DATA.

COURT ORDER NUMBER	ORDER DATE	TYPE	C.O. FIPS	CO CNTY	FIPS C.O. REGISTERED IN	LAST FULL REVIEW	RESULTS
--------------------	------------	------	-----------	---------	-------------------------	------------------	---------

ICIS CO #:

PETITIONER :

RESPONDENT :

S479H012-A

IOWA DEPARTMENT OF HUMAN SERVICES
IOWA COLLECTION AND REPORTING SYSTEM
ARCHIVED CASE REPORT

RUN DATE : MM/DD/YY
RUN TIME : HH:MM:SS
PAGE : X

ICAR CASE NUMBER :

WORKER ID :

WORKER NAME :

LOCATION :

IV. OBLIGATION DATA
OBLIGATION HISTORY :

OBL TYPE	C.O. TYPE	FREQ	AMOUNT	EFFECTIVE DATE	END DATE	C.O. NUMBER	COURT ACTION	COLA ADJ	TOTAL RE AMT	DEV	DEV BY	DEV REASON
-------------	--------------	------	--------	-------------------	-------------	----------------	-----------------	-------------	-----------------	-----	-----------	---------------

PERIODS OF SUSPENSION :

CHILD FNAME	C.O. NUMBER	OBLIG AMOUNT	OBLIG TYPE	OBLIGATION START	OBLIGATION END	SUSPEND DATE FROM	SUSPEND DATE TO	SUSPEND AMOUNT
----------------	----------------	-----------------	---------------	---------------------	-------------------	----------------------	--------------------	-------------------

V. DISTRIBUTION DATA.

CASE PAYMENT HISTORY :

RECEIPT CREDITED	CSC RECEIVED	RECEIPT AMOUNT	AMOUNT APPLIED	--- PAID TO ---	DISTR DATE	FND SRC	R C	WARRANT NUMBER	CLAIM NUMBER
---------------------	-----------------	-------------------	-------------------	-----------------	---------------	------------	--------	-------------------	-----------------

S479H012-A

IOWA DEPARTMENT OF HUMAN SERVICES
IOWA COLLECTION AND REPORTING SYSTEM
ARCHIVED CASE REPORT

RUN DATE : MM/DD/YY

RUN TIME : HH:MM:SS

PAGE : X

ICAR CASE NUMBER : XXXXXXXX

WORKER ID :

WORKER NAME :

LOCATION :

CERTIFIED PAYMENT RECORD :

PAYOR NAME :

PAYEE NAME :

COURT-ORDER # :

COUNTY NAME :

RECEIPT CREDITED	CSC RECEIVED	PAYMENT AMOUNT	TYPE OF PAYMENT	DISTR. DATE	BATCH DATE	SQ NO	RECEIPT NBR
------------------	--------------	----------------	-----------------	-------------	------------	-------	-------------

ACCOUNT TYPE/UPPA BALANCES :

ACCT TYPE	AMOUNT DUE	PAID ON PAYHIST	COUPON BALANCE	PA TYPE	PA ISSUED	PA RCPTS ON PAYHIST	UPPA BALANCE
-----------	------------	-----------------	----------------	---------	-----------	---------------------	--------------

UPPA CALCULATED....:

OTHER CASES USED IN TOTAL UPPA CALC:

TOTAL

S479H012-A

IOWA DEPARTMENT OF HUMAN SERVICES
IOWA COLLECTION AND REPORTING SYSTEM
ARCHIVED CASE REPORT

RUN DATE : MM/DD/YY
RUN TIME : HH:MM:SS
PAGE : X

ICAR CASE NUMBER : XXXXXXXX

WORKER ID :

WORKER NAME :

LOCATION :

UPPA FIP MONTHLY DETAIL :

PAYEE NAME :

MO/YEAR	FIP PAID	FIP RCPTS ON PAYHIST	ARREARAGE AMOUNT	UPPA MONTHLY BALANCE
---------	----------	----------------------	------------------	----------------------

UPPA FCM MONTHLY DETAIL :

CHILD NAME :

OTHER CASES :

TOTAL FCM ISSUED	TOTAL FCM RCPTS ON PAYHIST	TOTAL GOV'T INCOME	TOTAL UPPA BALANCE
------------------	----------------------------	--------------------	--------------------

MO/YEAR	FCM PAID	FCM RCPTS ON PAYHIST	GOVERNMENT INCOME	ARREARAGE AMOUNT	UPPA MONTHLY BALANCE
---------	----------	----------------------	-------------------	------------------	----------------------

NON SUPPORT DEBTS INQUIRY :

DEBTOR TYPE : NAME :

DATE OF DEBT	DATE OF LST RCPT	DEBT AMOUNT	AMOUNT PAID	BALANCE DUE	DEBT CODE	ACCT TYPE	FUND SOURCE	FIPS CODE	NSF APPLY
--------------	------------------	-------------	-------------	-------------	-----------	-----------	-------------	-----------	-----------

S479H012-A

IOWA DEPARTMENT OF HUMAN SERVICES

RUN DATE : MM/DD/YY

IOWA COLLECTION AND REPORTING SYSTEM
ARCHIVED CASE REPORT

RUN TIME : HH:MM:SS
PAGE : X

ICAR CASE NUMBER : XXXXXXX

WORKER ID :

WORKER NAME :

LOCATION :

VI-A. CHILD ASSIGNMENT RECORD.

CHILD NAME	ASSIGN DATE	TERM DATE	ACCT TYPE
------------	-------------	-----------	-----------

VI-B. PAYEE ASSIGNMENT RECORD.

ASSIGN DATE	TERM DATE	ACCT TYPE
-------------	-----------	-----------

VII. COMMENTS.

SCREEN	COMMENTS
--------	----------

VIII. NARRATIVES.

NARR DATE	NARR PROC	USER ID	NARRATIVE TEXT
-----------	-----------	---------	----------------