



Iowa Department of Human Services

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August 21, 2015

GENERAL LETTER NO. 11-F-AP-14

ISSUED BY: Bureau of Collections, Division of Field Operations

SUBJECT: Employees' Manual, Title 11, Chapter F, **INCOME WITHHOLDING APPENDIX**, page 2, revised; and form 470/2622, *Result of Conference Regarding Income Withholding*, revised.

Summary

This chapter is revised to update form 470/2622, *Result of Conference Regarding Income Withholding*. The instructions have been clarified to state the worker only enters whether the payor attended the conference if the conference was held.

Effective Date

Immediately.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 11, Chapter F, Appendix:

<u>Page</u>	<u>Date</u>
2	January 19, 2007
470/2622	08/2007

Additional Information

Refer questions about this general letter to your regional collections administrator.

[470/2622, Result of Conference Regarding Income Withholding](#)

Purpose	Use form 470/2622, <i>Result of Conference Regarding Income Withholding</i> , to provide the payor with: <ul style="list-style-type: none">◆ Information about the informal conference.◆ The outcome if the conference was held.◆ The Unit’s decision if the conference was not held.◆ The location and time of a rescheduled conference.
Source	Enter an “X” in the RESULTS field on the IWO2 screen to generate this form.
Completion	Complete this form after you receive a request for a conference or after you held a conference.
Distribution	Mail one copy by first-class mail to the payor at the last known address. Put a copy in the case file.
Data	ICAR enters the following information: <ul style="list-style-type: none">◆ Payor’s name and address◆ Date you generated the form◆ Case number◆ Worker name, ID number, address, and telephone number◆ Date and time of rescheduled conference◆ Telephone number or place for rescheduled conference◆ The amount to be refunded if withholding was incorrect <p>The worker enters the following information:</p> <ul style="list-style-type: none">◆ Why the conference was requested◆ Whether the payor attended the conference (if conference was held)◆ That the conference will be rescheduled◆ The decision made by the Unit◆ The amount the withholding is changed to, if applicable◆ Any comments

Iowa Department of Human Services

RESULT OF CONFERENCE REGARDING INCOME WITHHOLDING

Date Notice Prepared: _____

Case Number: # _____

Worker: _____

Child Support Recovery Unit

Tel. _____

You asked for an informal conference with us (the Child Support Recovery Unit) about income withholding because:

- You are not the person ordered to pay support.
- There is an error in the current support due.
- You want to request hardship consideration.
- You did not owe the amount of delinquent support when we issued the income withholding notice.
- The amount to be withheld is wrong.
- You may have been exempt from immediate income withholding when the court entered the support order.
- The employer or income provider withheld the wrong amount.

- You did attend the conference.
- You did not attend the conference.

As a result, we:

- Rescheduled the conference for the following date, time and place. This is your one opportunity for a rescheduled conference.

Date: _____ Time: _____

Place or telephone number: _____

- Considered the evidence and decided that:
 - The income withholding amount is correct and will remain in effect.
 - The income withholding will be revoked because it is incorrect.
 - The request for hardship has been approved. denied.
 - Your income qualifies you for hardship; however, your support is already lower than the calculated hardship amount.
 - The amount of withholding will change to:
 - \$ _____ per _____ for current support.
 - \$ _____ per _____ for delinquent support.
 - The employer or income provider incorrectly withheld income. We will issue a refund in the amount of \$ _____.
 - Your employer/income provider withheld income correctly. There is no refund due you.

Note: The results of this conference do not affect your right to file a motion to quash the income withholding with the court.

**Policy Regarding Discrimination, Harassment,
Affirmative Action and Equal Employment Opportunity**

It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees, and clients without regard to race, color, national origin, sex, sexual orientation, gender identity, religion, age, disability, political belief or veteran status.

If you feel DHS has discriminated against or harassed you, please send a letter detailing your complaint to:

Iowa Department of Human Services, Office of Human Resources, Hoover Building – 1st Floor,
1305 E. Walnut, Des Moines IA 50319-0114; fax (515) 281-4243; or email
stopit@dhs.state.ia.us.