



# Iowa Department of Human Services

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October 2, 2015

## GENERAL LETTER NO. 11-G-AP-7

ISSUED BY: Bureau of Collections, Child Support Recovery  
Division of Field Operations

SUBJECT: Employees' Manual, Title 11, Chapter G, **LICENSE SANCTION APPENDIX**, Contents (page 1), revised; pages 1 through 16, revised; page 17, new; and the following forms:

470-3158 *Physician's Statement*, revised  
470-3273 *License Sanction Payment Agreement*, revised  
470-3274 *Certificate of Noncompliance*, revised  
470-3274A *Certificate of Noncompliance*, new  
470-3276 *Acknowledgment of Request for Conference*, revised  
470-3277 *License Sanction Request for Financial Statement – Payor*, revised  
470-3278 *Official Notice of Potential License Sanction*, revised  
470-3343 *License Sanction Request for Financial Statement – Payee*, revised  
470-3344 *Results of License Sanction Conference*, revised  
470-5299 *License Sanction Physician Statement*, new

## Summary

Chapter 11-G Appendix is revised to:

- ◆ Remove the reference requiring the payor to provide an initial payment at the start of the payment agreement. Payors are now required to submit the first payment due with signed form 470-3273, *License Sanction Payment Agreement*.
- ◆ Update and create two versions of form 470-3274, *Certificate of Noncompliance*. The forms are identical except for page 3. The payor's copy is still 470-3274 and includes the "License Sanction Request for Conference" on page 3. The licensing agency's copy is 470-3274A and does not include the "License Sanction Request for Conference."
- ◆ Change the text to indicate that form 470-3277, *License Sanction Request for Financial Statement – Payor*, no longer generates automatically from the license sanction conference process. The form but must be generated manually.
- ◆ Change the text to indicate that form 470-3278, *Official Notice of Potential License Sanction*, is generated and mailed automatically.
- ◆ Add a new GEN PHYS STMT field that allows a worker to easily create form 470-5299, *License Sanction Physician Statement*. Form 470-5299 is used with license sanction exemptions.

**Effective Date**

Upon receipt.

**Material Superseded**

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

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1, 2	July 27, 2007
470-3273	7/07
470-3274	9/11
3, 4	July 27, 2007
5, 6	November 18, 2011
470-3276	7/07
470-3277	9/07
7	June 4, 2010
8	July 27, 2007
470-3278	9/11
470-3343	9/07
9	June 4, 2010
10	July 27, 2007
470-3344	7/07
11	July 27, 2007
12	June 4, 2010
13	July 27, 2007
14, 15	August 29, 2014
16	July 27, 2007

**Additional Information**

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

Revised November 18, 2011

Employees' Manual  
Title 11  
Chapter G Appendix

# LICENSE SANCTION APPENDIX



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Iowa Department of Human Services  
**PHYSICIAN'S STATEMENT**

Date: \_\_\_\_\_

Case Number: \_\_\_\_\_  
Child Support Recovery Unit

Payor: \_\_\_\_\_

Patient Name: *(Print)* \_\_\_\_\_

Payor's Relationship to Patient: \_\_\_\_\_

Tel.: \_\_\_\_\_

Patient's Consent to Release of Information:

I authorize the release of the following information about my medical condition to the Department of Human Services, Child Support Recovery Unit (Unit).

Date: \_\_\_\_\_ Signature of Patient: \_\_\_\_\_

\_\_\_\_\_  
Signature of Legal Guardian, if patient is a minor or is mentally incompetent

Return completed forms to the Unit at the address listed above.

# Physician's Statement

This form must be completed by a licensed health care practitioner. A licensed physician, licensed osteopath, licensed or certified psychologist, or licensed optometrist (if incapacity involves seriously impaired vision).

The Department of Human Services' Child Support Recovery Unit will use the information you provide to decide when \_\_\_\_\_ will be able to make payments on a child support obligation.

## **Complete This Section On Behalf of A Payor Who May Be Disabled**

1. Based upon the medical history for \_\_\_\_\_ and your knowledge of the medical condition, does \_\_\_\_\_ have a physical or mental impairment that makes \_\_\_\_\_ incapable of performing the duties of the job for which \_\_\_\_\_ is suited by education, training, or experience?  Yes  No

If **yes**, \_\_\_\_\_ has been incapacitated since: \_\_\_\_\_

a. Is the incapacity permanent and will completely and permanently prevent \_\_\_\_\_ from working this type of job?  Yes  No

b. If the incapacity is not expected to be permanent, approximate date \_\_\_\_\_ should be able to work at any job for which \_\_\_\_\_ is reasonably suited by education, training, or experience: \_\_\_\_\_

c. If incapacity is due to pregnancy, what is expected delivery date: \_\_\_\_\_

2. Based upon the patient's medical history and your knowledge of the medical condition, will \_\_\_\_\_ be able to perform other types of jobs with appropriate education and training? (See examples)  Yes  No

Example: Person cannot lift items over 10 pounds may be able to work in a job with no or very little lifting.

Example: Person cannot sit for long periods of time may be able to work in a job where moving and standing are needed.

Example: Person cannot stand for long periods of time may be able to work in a job where sitting is needed.

## **Complete This Section On Behalf Of A Payor's Household Member Who May Be Disabled**

3. Based upon the patient's medical history and your knowledge of the medical condition, does the patient need continuous in-home care that \_\_\_\_\_ is required to be in the home to provide?  Yes  No

4. Based upon the patient's medical history and your knowledge of the medical condition, will the type of care or amount of care this patient needs prohibit \_\_\_\_\_ from working or seeking any employment?  Yes  No

If **yes** to question 3 or question 4, what is expected date for ending the continuous in-home care that \_\_\_\_\_ is required to provide? \_\_\_\_\_

Physician Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Physician Name: (Print) \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Type of Practice/Medical Specialty: \_\_\_\_\_ Degree: \_\_\_\_\_

Return this form to: Child Support Recovery Unit

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

### 470-3158, Physician's Statement

Purpose	Use form 470-3158, Physician's Statement, to document that the payor is unable to work because of a temporary illness or disability or because the payor is caring for a household member who is ill or disabled.
Source	Enter a "P" or "H" in the GEN PHYS STMT field on the LISAN screen to generate this form and form 470-5299, <i>License Sanction Physician Statement</i> .
Completion	Complete this form when the payor claims a disability exemption. The authorizing physician completes the form and returns it to the Unit.
Distribution	Send this form to the payor by first-class mail or give this form to the payor.
Data	ICAR enters the following information: <ul style="list-style-type: none"><li>◆ Date generated</li><li>◆ Case number</li><li>◆ Unit's address and telephone number</li><li>◆ Payor's name</li><li>◆ Worker ID</li></ul>

### [470-3273, License Sanction Payment Agreement](#)

Purpose	Use form 470-3273, <i>License Sanction Payment Agreement</i> , to document the agreement reached between the Unit and the payor requiring the payor to make payments toward the delinquency and the Unit to withdraw the license sanction.
Source	Enter a "Y" or "R" in the GEN PAY AGREEMNT field on the LISAN screen to generate this form.
Completion	Complete this form when the payor agrees to a payment agreement for license sanction. When the payor agrees to the terms of the payment agreement, the payor signs, dates, and returns the form to the Unit. Sign and date the form when it is returned to you. Sign and date the form only <b>after</b> the payor signs and dates the agreement.
Distribution	Send this form to the payor by first-class mail or give this form to the payor with form 470-3344, <i>Results of License Sanction Conference</i> .
Data	ICAR enters the following information: <ul style="list-style-type: none"><li>◆ Payor's name</li><li>◆ Payor's address</li><li>◆ Date generated</li><li>◆ Case number</li><li>◆ Worker ID</li><li>◆ Unit's address</li><li>◆ Date conference held</li><li>◆ Ongoing payment amount</li><li>◆ Ongoing payment frequency</li><li>◆ Payment start date</li><li>◆ Worker's name</li><li>◆ Unit's telephone number</li></ul>



# LICENSE SANCTION PAYMENT AGREEMENT

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

Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Worker ID: \_\_\_\_\_  
Child Support Recovery Unit  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This payment agreement is the result of a license sanction conference held \_\_\_\_\_ with the Child Support Recovery Unit (Unit).

I, \_\_\_\_\_, agree to pay \$\_\_\_\_\_ beginning \_\_\_\_\_ and continuing for 12 months unless this agreement is modified or ended sooner. The first payment of \$\_\_\_\_\_ and the signed license sanction payment agreement must be returned by \_\_\_\_\_.

I understand that payments may be made by any of these options:

- Send my case number with my check or money order to:  
Collection Services Center  
PO Box 9125  
Des Moines, IA 50306-9125
- Set up auto-withdrawal from my bank account or use the payments by web/phone option.
- Make payments (including cash) at any CSRU office.

I also understand that:

- ◆ This agreement is only for the license sanction process and does **not** change my court ordered support amount.
- ◆ If my court ordered support amount is higher than the amount in this agreement and I only pay the amount shown in this agreement, my delinquent (past due) balance will increase each month.
- ◆ This agreement does not erase any delinquent (past due) balances.
- ◆ This agreement expires in 12 months. At the end of 12 months, I must pay the support amount that is written in my court order.
- ◆ If I get a job, I will notify the Unit and pay my support through income withholding. The income withholding amount is based on the court order and may not be the amount stated in this agreement. If my income withholding payments stop, I will make payments according to this agreement.
- ◆ This agreement remains in effect during a review or a modification process. If my court order is changed, this agreement ends and I must pay the new court ordered support amount.

- ◆ I must continue to make payments on any other cases I have, even if those cases have not been discussed in this license sanction conference or included in this payment agreement.
- ◆ This agreement does **not** prevent the Unit from taking other enforcement or collection actions if I owe delinquent (past due) support.
- ◆ If I miss a payment or if I do not make a full payment, the Unit will issue a Certificate of Noncompliance to all appropriate licensing agencies. This means the licensing agencies will suspend, revoke, or refuse to issue or renew my licenses and registrations. If this happens, I can:
  - Send a written request to ask for a conference with the Unit.
  - File a request for a hearing with the district court in the county where my court order is filed. This request for hearing must be filed within 30 days from the date on the licensing agency's notice. I must also send a copy of that request for a hearing to the Unit.

**To enter into this agreement, this form must be signed, dated, and returned with the first payment by \_\_\_\_\_.** After the Unit receives this form with your signature and first payment, a representative from the Unit will sign and date the form and send you a copy.

**NOTE: This written agreement must be signed by you and a representative of the Unit to be valid and in effect.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child Support Recovery Unit  
Tel. \_\_\_\_\_

\_\_\_\_\_  
Date

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

The Iowa Department of Human Services (DHS) policy on non-discrimination, harassment, affirmative action, and equal employment can be viewed on the DHS website at the bottom of the page at: [dhs.iowa.gov](http://dhs.iowa.gov).

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Iowa Department of Human Services

### CERTIFICATE OF NONCOMPLIANCE

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

Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Worker ID: \_\_\_\_\_  
Child Support Recovery Unit  
\_\_\_\_\_  
\_\_\_\_\_  
Tel. \_\_\_\_\_

Payor's Name: \_\_\_\_\_  
To \_\_\_\_\_  
\_\_\_\_\_

This certifies that the above-named payor is not in compliance with a support order being enforced by the Child Support Recovery Unit (Unit).

According to Iowa Code section 252J.7, as a licensing agency, you are required to:

- Begin steps to suspend, revoke, or refuse to issue or renew the licenses and motor vehicle registrations of the above-named payor.
- Provide notice to the payor of your intent to suspend, revoke, or refuse to issue or renew licenses and motor vehicle registrations of the above-named payor. Your notice must include the date your action becomes effective. Your action shall be effective no sooner than 30 days from the date you provide this notice to the payor.

If you have any questions, contact the Unit listed above. A copy of this certificate has been sent to the payor.

### Payor's Rights and Responsibilities

To the payor:

The licensing agency will begin sanctioning your licenses and motor vehicle registrations. This process cannot be stopped until you pay all past-due support, provide your employer information, or qualify for an exemption. If you do not have an existing License Sanction Payment Agreement, you may be allowed to enter into a payment agreement.

You must pay any fees or fines due to the suspension or revocation of your licenses and motor vehicle registrations.

**To challenge the license sanction**, you may ask for a conference with the Unit or apply for a district court hearing in the county where your support order is filed.

To ask for a conference, complete the License Sanction Request for Conference section on page 3 and send it to the Unit's address listed at the bottom of page 3. The Unit will send you a notice with the date and time of the conference, and what documents you need to provide for the conference. **NOTE:** If you have already had a license sanction conference and have an existing License Sanction Payment Agreement, you will not be given another license sanction conference. You must make up all missed payments from your License Sanction Payment Agreement, pay all past-due support, or apply for a district court hearing.

To apply for a district court hearing, you must file a written application for a court hearing **within 30 days** from the date on the licensing agency's notice. File the written application with the clerk of court in the county where your support order is filed and send a copy to the Unit's address listed on the top of page 1. **NOTE:** A review by the court is limited to a mistake of fact. Visitation, custody, or other issues not related to the amount of child support owed are not grounds for a hearing to challenge a license sanction.

If you have questions, you may call the Unit listed at the top of page 1 or consult a private attorney at your own expense.

<b>Certificate Of Mailing</b>
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The undersigned certifies that the Certificate of Noncompliance was sent to the named licensing agency on \_\_\_\_\_ and a copy of this document was sent to the named payor at the last address known by the Unit, by placing a copy in the U.S. mail, postage prepaid on \_\_\_\_\_.

\_\_\_\_\_

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## License Sanction Request for Conference

(This is **not** used to request a district court hearing.)

Worker ID: \_\_\_\_\_

Case Number: \_\_\_\_\_ Name: \_\_\_\_\_

I want a conference to discuss the sanctioning of my license(s).

You can reach me at this number: (\_\_\_\_\_)\_\_\_\_\_

Days and times I am **not** available for a conference: \_\_\_\_\_

My employer's name, address, and phone number: \_\_\_\_\_

\_\_\_\_\_

The Unit will send you an *Acknowledgement of Request for Conference* with the date and time of the conference. The conference day and time depend on the Unit's office hours and the worker's availability. The Unit's office hours are 8:00 AM to 4:30 PM, Monday through Friday.

**NOTE:** If you have already had a license sanction conference and have an existing License Sanction Payment Agreement, you will not be given another license sanction conference. You must make up all missed payments from your License Sanction Payment Agreement, pay all past-due support, or apply for a district court hearing.

Sign here to request a license sanction conference: \_\_\_\_\_  
Signature Date

## Waiver of Rights: (Optional)

Iowa Code 252J.4 requires the Unit to wait ten days before holding the conference. By signing below, I agree to give up this ten-day waiting period and agree to an earlier date, which may be the same date that I request a conference.

\_\_\_\_\_  
Signature (Optional) Date

Send this form to: Child Support Recovery Unit  
«CSRUADDR1»  
«CSRUADDR2»  
«CSRUCITYSTZIP»



Iowa Department of Human Services

### CERTIFICATE OF NONCOMPLIANCE

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

Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Worker ID: \_\_\_\_\_  
Child Support Recovery Unit  
\_\_\_\_\_  
\_\_\_\_\_  
Tel. \_\_\_\_\_

Payor's Name: \_\_\_\_\_  
To \_\_\_\_\_  
\_\_\_\_\_

This certifies that the above-named payor is not in compliance with a support order being enforced by the Child Support Recovery Unit (Unit).

According to Iowa Code section 252J.7, as a licensing agency, you are required to:

- Begin steps to suspend, revoke, or refuse to issue or renew the licenses and motor vehicle registrations of the above-named payor.
- Provide notice to the payor of your intent to suspend, revoke, or refuse to issue or renew licenses and motor vehicle registrations of the above-named payor. Your notice must include the date your action becomes effective. Your action shall be effective no sooner than 30 days from the date you provide this notice to the payor.

If you have any questions, contact the Unit listed above. A copy of this certificate has been sent to the payor.

### Payor's Rights and Responsibilities

To the payor:

The licensing agency will begin sanctioning your licenses and motor vehicle registrations. This process cannot be stopped until you pay all past-due support, provide your employer information, or qualify for an exemption. If you do not have an existing License Sanction Payment Agreement, you may be allowed to enter into a payment agreement.

You must pay any fees or fines due to the suspension or revocation of your licenses and motor vehicle registrations.

**To challenge the license sanction**, you may ask for a conference with the Unit or apply for a district court hearing in the county where your support order is filed.

To ask for a conference, complete the License Sanction Request for Conference section on page 3 and send it to the Unit's address listed at the bottom of page 3. The Unit will send you a notice with the date and time of the conference, and what documents you need to provide for the conference. **NOTE:** If you have already had a license sanction conference and have an existing License Sanction Payment Agreement, you will not be given another license sanction conference. You must make up all missed payments from your License Sanction Payment Agreement, pay all past-due support, or apply for a district court hearing.

To apply for a district court hearing, you must file a written application for a court hearing **within 30 days** from the date on the licensing agency's notice. File the written application with the clerk of court in the county where your support order is filed and send a copy to the Unit's address listed on the top of page 1. **NOTE:** A review by the court is limited to a mistake of fact. Visitation, custody, or other issues not related to the amount of child support owed are not grounds for a hearing to challenge a license sanction.

If you have questions, you may call the Unit listed at the top of page 1 or consult a private attorney at your own expense.

<b>Certificate Of Mailing</b>
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The undersigned certifies that the Certificate of Noncompliance was sent to the named licensing agency on \_\_\_\_\_ and a copy of this document was sent to the named payor at the last address known by the Unit, by placing a copy in the U.S. mail, postage prepaid on \_\_\_\_\_.

\_\_\_\_\_

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

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**470-3274 or 470-3274A, Certificate of Noncompliance**

Purpose	Use form 470-3274, <i>Certificate of Noncompliance</i> , to request the licensing agency begin steps to suspend, revoke, or refuse to issue or renew the payor's licenses and motor vehicle registrations.
Source	Enter the current date in the GEN CERT OF NONCOM field on the LISAN screen to generate this form.
Completion	Complete this form when you proceed with a license sanction. Sign the Certificate of Mailing.
Distribution	ICAR generates two copies of this form. The payor's copy is form 470-3274 and the licensing agency's copy is 470-3274A. <ul style="list-style-type: none"><li>◆ The DOT and the DNR license sanction forms are sent electronically by ICAR. If the payor has a professional license, send the licensing agency's copy to the agency by the agency's requested method (fax or email).</li><li>◆ Send the payor's copy to the payor by first-class mail.</li></ul>
Data	ICAR enters the following information: <ul style="list-style-type: none"><li>◆ Name of licensing agency or payor</li><li>◆ Address of licensing agency or payor</li><li>◆ Date generated</li><li>◆ Case number</li><li>◆ Worker ID</li><li>◆ Unit's address</li><li>◆ Unit's telephone number</li><li>◆ Payor's social security number</li><li>◆ Date notice sent to licensing agency</li><li>◆ Date notice sent to payor</li></ul>

### [470-3275, Notice of Withdrawal of Certificate of Noncompliance](#)

Purpose	Use form 470-3275, <i>Notice of Withdrawal of Certificate of Noncompliance</i> , to tell the licensing agency to stop the license sanction against the payor's licenses.
Source	Enter the current date in the GEN WITHDRAWAL OF NONCOM field and the applicable code in the WHY field on the LISAN screen to generate this form.
Completion	Complete this form when the payor no longer meets the criteria for a license sanction and you have previously issued form 470-3274, <i>Certificate of Noncompliance</i> , to the licensing agency. Sign the form.
Distribution	<p>ICAR generates two copies of this form: one addressed to the licensing agency and one addressed to the payor.</p> <ul style="list-style-type: none"><li>◆ The DOT and the DNR license sanction forms are sent electronically by ICAR. If the payor has a professional license, send the licensing agency's copy to the agency by the agency's requested method (fax or email).</li><li>◆ Send the payor's copy to the payor by first-class mail.</li></ul>
Data	<p>ICAR enters the following information:</p> <ul style="list-style-type: none"><li>◆ Name of licensing agency or payor</li><li>◆ Address of licensing agency or payor</li><li>◆ Date generated</li><li>◆ Case number</li><li>◆ Worker ID</li><li>◆ Unit's address</li><li>◆ Unit's telephone number</li><li>◆ Payor's name</li><li>◆ Payor's social security number</li><li>◆ Date you issued the Certificate of Noncompliance</li></ul> <p>You enter one of the following reasons for withdrawal:</p> <ul style="list-style-type: none"><li>◆ The payor signed a written payment agreement with the Unit.</li><li>◆ The district court ordered the withdrawal of the <i>Certificate of Noncompliance</i>.</li><li>◆ Other reason (specify).</li></ul>



## ACKNOWLEDGMENT OF REQUEST FOR CONFERENCE

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

Date: \_\_\_\_\_

Case Number: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Worker ID: \_\_\_\_\_

Child Support Recovery Unit  
\_\_\_\_\_  
\_\_\_\_\_

Tel. \_\_\_\_\_

The Child Support Recovery Unit (Unit) received your request for a conference to discuss the sanction (suspension) of your licenses and registrations. During the conference we may be able to discuss a license sanction agreement for case number \_\_\_\_\_.

- The Unit will put a temporary hold on the sanction of your licenses and registrations until your conference. If you do not attend the conference, the Unit will send a Certificate of Noncompliance to the licensing agencies to begin the sanction.
- You requested a conference after the Unit notified the licensing agencies to sanction your licenses and registrations. The Unit cannot stop the licensing agencies from sanctioning your licenses and registrations until you pay all past-due (delinquent) support, qualify for an exemption, or enter into a license sanction agreement.
- You asked for a telephone conference. The conference is scheduled for \_\_\_\_\_ at \_\_\_\_\_. The Unit will call you at the telephone number you provided: \_\_\_\_\_.
- You asked for an in-person conference. The conference is scheduled for \_\_\_\_\_ at \_\_\_\_\_ at the Unit listed at the top of this notice.
- You asked for a telephone conference, but you did not provide a telephone number. Because you did not provide a telephone number, your conference must be held in person. The conference is scheduled for \_\_\_\_\_ at \_\_\_\_\_ at the Unit listed at the top of this notice.

**A conference may only be rescheduled one time.**

The only items that may be discussed at the conference are:

- ◆ If the Unit made an error in identifying you as the person ordered to pay support.
- ◆ If the Unit made an error in determining that you owe three months' worth of support or more.
- ◆ If you qualify for an exemption from the license sanction process according to Iowa Administrative Code section 441 – 98.102. (You are required to provide proof of the exemption.)
  - You are receiving Social Security, Supplemental Security Income (SSI), the Family Investment Program (FIP), or certain forms of county assistance.
  - You have a temporary illness or disability that keeps you from working or someone in your household has an illness or disability that keeps you from working because you are the required caretaker for that person.
  - You are in jail or prison.
  - You are in a job-training or job-seeking program through Iowa Workforce Development because you receive food stamps and the job-training or job-seeking program keeps you from working.
  - You are in an accredited chemical dependency treatment program that keeps you from working.
  - You are involved in a contempt of court action for support issues.

The Unit cannot discuss child custody or child visitation issues.

### Information for License Sanction Agreements

A license sanction agreement is a payment agreement that requires you to make a specific payment each and every month. If that payment is made each and every month, your licenses and registrations will not be sanctioned (suspended) by the Unit. A license sanction agreement is only good for one year and does not change your court ordered support amount. If your support is billing each month, it will continue to bill at the court ordered amount. The license sanction agreement will not stop the court ordered amount from billing.

If you are interested in entering into a license sanction agreement, you must complete and sign the enclosed financial statement and return it with proof of financial information **within 10 days** of the date on this notice. If you do not return it, the Unit will use information from other sources to estimate your income and calculate a payment amount for the license sanction agreement. This license sanction payment amount may be different than the amount in your court order.

**NOTE: The license sanction agreement is only for the license sanction process (to keep your license from being sanctioned) and does not change your court ordered support amount.**

The license sanction agreement does not erase any delinquent (past due) balances. You still owe all of the support as written in your court order. If your license sanction agreement amount is less than the amount in your court order and you only pay the license sanction agreement amount, your delinquent (past due) balance may increase each month.

When we calculate the license sanction agreement amount, we will review your case to see if you qualify to ask for a review of your court ordered amount. If so, we will send you the forms so you can request a review of the court ordered amount.

If your financial statement is filed with the court, it will be a public record.

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

The Iowa Department of Human Services (DHS) policy on non-discrimination, harassment, affirmative action, and equal employment can be viewed on the DHS website at the bottom of the page at: [dhs.iowa.gov](http://dhs.iowa.gov).

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### [470-3276, Acknowledgment of Request for Conference](#)

Purpose	Use form 470-3276, <i>Acknowledgment of Request for Conference</i> , to tell the payor the date, time, and place of the conference. This form also provides information on the issues that may be discussed, the exemptions for license sanction, and the actions to be taken by the Unit as a result of the conference.
Source	To generate this form, enter the date and time of the conference in the CONF SCHEDULED field on the LISAN screen.
Completion	Complete this form when you receive the payor's written request for a conference. Schedule the conference: <ul style="list-style-type: none"><li>◆ No earlier than ten days following the date in the CONF REQUESTED field, unless the payor signs a waiver, and</li><li>◆ No later than 30 days following that date.</li></ul> <p>(See <a href="#">11-G, Holding the License Sanction Conference in Less Than Ten Days</a>, for more information.)</p>
Distribution	Mail this with form 470-0204, <i>Financial Statement</i> , to the payor by first-class mail.
Data	ICAR enters the following information: <ul style="list-style-type: none"><li>◆ Payor's name</li><li>◆ Payor's address</li><li>◆ Date generated</li><li>◆ Case number</li><li>◆ Worker ID</li><li>◆ Unit's address</li><li>◆ Unit's telephone number</li><li>◆ Whether the conference was requested before or after you sent form 470-3274, <i>Certificate of Noncompliance</i>, to the licensing agency</li><li>◆ Date of the conference</li><li>◆ Time of the conference</li></ul>

You enter the following information:

- ◆ Type of conference (telephone or in-person)
- ◆ Additional case numbers for license sanction cases you will discuss during the conference



Iowa Department of Human Services

## LICENSE SANCTION REQUEST FOR FINANCIAL STATEMENT – PAYOR

Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

Worker ID: \_\_\_\_\_

Child Support Recovery Unit

\_\_\_\_\_

\_\_\_\_\_

Tel. \_\_\_\_\_

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

You have asked for a conference with the Child Support Recovery Unit (the Unit) to discuss the sanction (suspension) of your licenses and registrations. During the conference we may be able to discuss a temporary license sanction agreement.

If you are interested in entering into a temporary license sanction agreement, you must complete and sign the enclosed financial statement, and return it with proof of financial information **within 10 days** of the date on this notice. If you do not return it, the Unit will use information from other sources to estimate your income and calculate a payment amount for the temporary license sanction agreement. This temporary license sanction payment amount may be different than the amount in your court order.

**This temporary agreement is only used for the license sanction process and does not change your court ordered amount.**

A temporary license sanction agreement does not change your court order and it does not erase any delinquent (past due) balances. You still owe all of the support as written in your court order. If the temporary license sanction agreement amount is less than the amount in your court order and you only pay the amount shown on the temporary license sanction agreement, your delinquent (past due) balance may increase each month.

If your financial statement is filed with the court, it will be a public record.

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

The Iowa Department of Human Services (DHS) policy on non-discrimination, harassment, affirmative action, and equal employment can be viewed on the DHS website at the bottom of the page at: [dhs.iowa.gov](http://dhs.iowa.gov).

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### [470-3277, License Sanction Request for Financial Statement - Payor](#)

Purpose	Use form 470-3277, <i>License Sanction Request for Financial Statement – Payor</i> , to request financial information from the payor when the payor requests a conference with the Unit to discuss the license sanction.
Source	Generate this form from the FORMVIEW screen.
Completion	Generate this form when the payor requests financial statement.
Distribution	Mail this form along with form 470-0204, <i>Financial Statement</i> , to the payor by first-class mail.
Data	ICAR enters the following information: <ul style="list-style-type: none"><li>◆ Payor’s name</li><li>◆ Payor’s address</li><li>◆ Date generated</li><li>◆ Case number</li><li>◆ Worker ID</li><li>◆ Unit’s address</li><li>◆ Unit’s telephone number</li></ul>

**470-3278, Official Notice of Potential License Sanction**

Purpose	Use form 470-3278, <i>Official Notice of Potential License Sanction</i> , to tell the payor of the Unit's intent to begin a license sanction on the payor's case.
Source	ICAR selects a case for license sanction process and automatically generates this form. You may generate this form by entering an "M" or "P" and the current date in the GEN NOTICE field on the LISAN screen.
Completion	ICAR completes this form to proceed with a license sanction on the payor's case.
Distribution	The form is printed and mailed to the payor automatically.
Data	ICAR enters the following information: <ul style="list-style-type: none"><li>◆ Payor's name</li><li>◆ Payor's address</li><li>◆ Date generated</li><li>◆ Case number</li><li>◆ Worker ID</li><li>◆ Unit's address</li><li>◆ Unit's telephone number</li><li>◆ Names of the licensing agencies to receive form 470-3274, <i>Certificate of Noncompliance</i></li><li>◆ Date the form was sent to the payor</li></ul>



Iowa Department of Human Services

## OFFICIAL NOTICE OF POTENTIAL LICENSE SANCTION

Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Worker ID: \_\_\_\_\_  
Child Support Recovery Unit  
\_\_\_\_\_  
\_\_\_\_\_  
Tel. \_\_\_\_\_

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

### **Your licenses may be sanctioned**

Our records show you owe three months' worth of support or more. Iowa Code Chapter 252J allows the Child Support Recovery Unit (Unit) to sanction your professional, recreational, and driver's licenses and motor vehicle registrations when you are behind in your support payments.

### **How can you stop this?**

To stop this action, you must respond within 20 days and:

- ◆ Pay all past-due support, **or**
- ◆ Provide us with your employer information, **or**
- ◆ Request a conference for a payment agreement (request must be in writing), **or**
- ◆ Request an exemption if:
  - You are receiving money from Social Security, Supplemental Security Income (SSI), the Family Investment Program (FIP), or certain types of county assistance;
  - You have a temporary illness or disability that keeps you from working, or someone in your household has an illness or disability that keeps you from working because you are needed in the home to care for that person;
  - You are in jail or prison;
  - You receive food assistance **and** are in a job-training program with Iowa Workforce;
  - You participate in an accredited chemical dependency treatment program which keeps you from working; or
  - You are involved in a contempt of court action about support.

### **If you do not respond**

**In 20 days** from the date of this notice, we will send a notice (Certificate of Noncompliance) to all licensing agencies listed below. The licensing agencies must suspend, revoke, or refuse to issue or renew your licenses and/or motor vehicle registrations. **This will also stop you from getting a new license and/or registering a motor vehicle in the future.** You must pay any fees or fines due to the suspension or revocation of your licenses and/or motor vehicle registrations.

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

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

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### **Contact the Unit**

- ◆ To provide your employer information or to claim an exemption
- ◆ To request a conference, complete the License Sanction Request for Conference section on page 3 and send it to the Unit's address listed at the bottom of page 3. The Unit will send a notice with the date and time of the conference, and what documents you need to provide for the conference.
  - If you do not attend the conference, a Certificate of Noncompliance will issue to the licensing agencies.
  - The only issues that can be discussed at the conference are: if the Unit made an error in identifying you as the person ordered to pay support, if you owe 3 months' worth of support or more, if you qualify for a payment agreement, or if you qualify for an exemption.
- ◆ To pay all past-due support, send your payment with your case number (see page 1) to:  
Collection Services Center  
PO Box 9125  
Des Moines, IA 50306-9125

**This is a legal notice.** If you have an attorney, immediately tell your attorney that you received this notice.

<b>Policy Regarding Discrimination, Harassment, Affirmative Action, and Equal Employment Opportunity</b>
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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 harrassed you, send a letter detailing your complaint to:

Iowa Department of Human Services, Office of Human Resources, Hoover Building – 1<sup>st</sup> Floor, 1305 E. Walnut Street, Des Moines, IA 50319-0114; fax 515-281-4243; or via e-mail: [dhscontact@dhs.state.ia.us](mailto:dhscontact@dhs.state.ia.us).

**License Sanction Request for Conference**

Worker ID: \_\_\_\_\_  
Case Number: \_\_\_\_\_ Name: \_\_\_\_\_

I want a conference to discuss the sanctioning of my license(s).

You can reach me at this number: (\_\_\_\_) \_\_\_\_\_

Days and times I am **not** available for a conference: \_\_\_\_\_

My employer's name, address, and phone number: \_\_\_\_\_  
\_\_\_\_\_

The Unit will send you an *Acknowledgement of Request for Conference* with the date and time of the conference. The conference day and time depend on the Unit's office hours and the worker's availability. The Unit's office hours are 8:00 AM to 4:30 PM, Monday through Friday.

Sign here to request a license sanction conference: \_\_\_\_\_  
Signature Date

**Waiver of Rights: (Optional)**

Iowa Code 252J.4 requires the Unit to wait ten days before holding the conference. By signing below, I agree to give up this ten-day waiting period and agree to an earlier date, which may be the same date that I request the conference.

\_\_\_\_\_  
Signature (Optional) Date

Send this form to: Child Support Recovery Unit  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Iowa Department of Human Services

### LICENSE SANCTION REQUEST FOR FINANCIAL STATEMENT - PAYEE

Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

Worker ID: \_\_\_\_\_

Child Support Recovery Unit

\_\_\_\_\_

\_\_\_\_\_

Tel. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

The payor on your case is now in the license sanction (suspension) process with the Child Support Recovery Unit (the Unit). The payor has asked for a conference with the Unit to discuss the sanction of licenses and registrations or to discuss a temporary license sanction payment agreement.

We are asking you to complete and sign the enclosed financial statement and return it with proof of financial information to the address listed above **within 10 days** from the date on this notice. We will review the payor's financial information and your financial information and use the Iowa Supreme Court guidelines to calculate an amount for a temporary license sanction agreement.

**This temporary agreement is only for the license sanction process and does not change your court ordered amount.**

If the temporary license sanction agreement amount is less than the amount in your court order and the payor only pays the amount shown on the temporary license sanction agreement, the unpaid difference in the amounts may be added to the delinquent (past due) balance each month.

If your financial statement is filed with the court, it will be a public record.

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**470-3343, License Sanction Request for Financial Statement - Payee**

Purpose	Use form 470-3343, <i>License Sanction Request for Financial Statement – Payee</i> , to request financial information from the payee when the payor requests a conference with the Unit to discuss the license sanction.
Source	Enter a date and time in the CONF SCHEDULED field on the LISAN screen to generate this form.
Completion	Complete this form when the payor requests a conference.
Distribution	Send this form along with one copy of form 470-0204, <i>Financial Statement</i> , to the payee by first-class mail.
Data	ICAR enters the following information: <ul style="list-style-type: none"><li>◆ Payee’s name</li><li>◆ Payee’s address</li><li>◆ Date generated</li><li>◆ Case number</li><li>◆ Worker ID</li><li>◆ Unit’s address</li><li>◆ Unit’s telephone number</li></ul>

### [470-3344, Results of License Sanction Conference](#)

Purpose	Use form 470-3344, <i>Results of License Sanction Conference</i> , to tell the payor about the results of the license sanction conference.
Source	Enter a "Y," "N," or "R" and date in the CONF HELD field on the LISAN screen to generate this form.
Completion	Complete this form when the conference is not held, is rescheduled, or when the conference is held and the Unit makes a decision regarding the license sanction. Sign the Certificate of Mailing.
Distribution	Send this form to the payor by first-class mail or give this form to the payor.
Data	<p>ICAR enters the following information:</p> <ul style="list-style-type: none"><li>◆ Payor's name</li><li>◆ Payor's address</li><li>◆ Date generated</li><li>◆ Case number</li><li>◆ Worker ID</li><li>◆ Unit's address</li><li>◆ Unit's telephone number</li><li>◆ Worker's name</li><li>◆ Date you sent the form to the payor</li><li>◆ The conference was held</li><li>◆ Date the conference was held</li><li>◆ The conference was not held</li><li>◆ The date, time, and location of a rescheduled conference</li><li>◆ The names of the agencies to receive form 470-3274, <i>Certificate of Noncompliance</i>, when you select this option</li></ul> <p>The worker enters the following information:</p> <ul style="list-style-type: none"><li>◆ Additional case numbers of license sanction cases you will discuss during the conference.</li><li>◆ If the conference was rescheduled, enter the following:<ul style="list-style-type: none"><li>• The conference is rescheduled at the payor's request.</li><li>• The conference is rescheduled at the Unit's request.</li></ul></li></ul>



# RESULTS OF LICENSE SANCTION CONFERENCE

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

Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

\_\_\_\_\_

Worker ID: \_\_\_\_\_

Child Support Recovery Unit

\_\_\_\_\_

Tel. \_\_\_\_\_

You asked for a conference to discuss the Child Support Recovery Unit (Unit) sanction (suspension) of your licenses and registrations.

- This is to inform you that the **conference is rescheduled at your request**. This is your **only** opportunity to reschedule a conference.
- This is to inform you that the **conference is rescheduled at the Unit's request**.
- This is to inform you that the **conference is rescheduled because we need more information**. After reviewing the documents you sent, we need the following additional information:

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

The conference is rescheduled to allow you extra time to send the requested information to the Unit.

- Your conference is rescheduled for the following date, time, and location:  
**Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_  
**Location:** \_\_\_\_\_
- Your telephone conference is rescheduled for: **Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_  
The Unit will call you at the number you provided: \_\_\_\_\_
- The conference was held on \_\_\_\_\_. As a result of the conference, the Unit found:
  - A mistake was made in identifying you as the payor.
  - A mistake was made in determining that you owe three months' worth of support or more.
  - You qualify for an exemption. This exemption expires on \_\_\_\_\_. The Unit will review your case when the exemption expires.
  - You complied with a previous written payment agreement.
  - You paid the total past-due support.
  - You provided the name of your employer. The Unit will notify your employer to withhold support payments from your paycheck.
  - You entered into a written payment agreement with the Unit to avoid a license sanction.
  - You refused to sign a payment agreement.
  - Your case may qualify for a modification of the amount of your support order.

Additional Comments:

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You did not attend your scheduled conference on \_\_\_\_\_.

As a result of the conference, the Unit will stop the license sanction process for now. Your case may be selected for license sanction again in the future.

As a result of the conference, the Unit will send a form so you can request a review of your court ordered support amount.

As a result of the conference, the Unit will issue a Certificate of Noncompliance to:

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Additional Comments:

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If you want to challenge the Unit's decision, file a written application for a court hearing with the clerk of court, in the county where your support order is filed, within 30 days from the date of the licensing agency's notice. You must also send a copy of your filed application for court hearing to the Unit. You may obtain an attorney, at your own expense, to represent you at the court hearing. The Unit cannot help you file for a hearing and the Unit's attorney cannot represent you or provide you with legal advice.

**NOTE:** A review by the court is limited to a mistake of fact. Visitation, custody, or other issues not related to the amount of child support owed are not grounds to challenge a license sanction.

If you have questions, call the Unit listed on this notice or contact a private attorney at your own expense.

### **Certificate Of Mailing**

This notice was served upon the payor at the last address known by the Unit, by depositing a copy in the U.S. mail, postage prepaid or by hand-delivering on \_\_\_\_\_.

\_\_\_\_\_  
Child Support Recovery Unit

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

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- The conference is rescheduled because more documentation is required from the payor. (When you select this option, enter the documentation required.)
- The conference is rescheduled in-person or by telephone.
- Telephone number the payor provided.
- ◆ When the conference was held, select the applicable outcome:
  - A mistake was made in the identity of the payor.
  - A mistake was made in determining the amount of delinquency.
  - The payor meets one of the exemption criteria and the date the exemption expires.
  - The payor has complied with a previous payment agreement.
  - The payor has paid the total past-due support.
  - The payor provided the name of the payor's employer.
  - The payor has signed a payment agreement.
  - The payor refused to sign a payment agreement.
  - The case qualifies for a modification.
  - Additional comments.
- ◆ When the conference was held or the conference was not held, select one of the following actions the Unit is taking:
  - The Unit will stop the license sanction process.
  - The Unit will send the payor forms to request a modification.
  - The Unit will issue form 470-3274, *Certificate of Noncompliance*, to the appropriate licensing agencies.
  - Additional comments.

**NOTE:** When you select this option, ICAR enters the name of the licensing agency (e.g., Department of Transportation) to receive the *Certificate of Noncompliance*.

**[470-3347, Order Determining Payments for the Limited Purpose of License Sanction](#)**

Purpose	Use form 470-3347, <i>Order Determining Payments for the Limited Purpose of License Sanction</i> , to present to the court at the time of a district court hearing. This payment agreement is for the limited purpose of license sanction.
Source	Generate this form from the FORMVIEW screen.
Completion	Complete this form at the court hearing if the court orders the payor to enter into a payment agreement.
Distribution	The Unit's attorney gives a blank copy of the form to the court to complete.
Data	There is no data to complete.

### [470-3393, Certification of License Sanction Action to District Court and Request for Hearing](#)

Purpose	Use form 470-3393, <i>Certification of License Sanction Action to District Court and Request for Hearing</i> , to certify the license sanction documents to the court.
Source	Enter a date in the DOCUMENTS CERTIFIED TO COURT field on the LISAN2 screen to generate this form.
Completion	Complete this form when the payor requests a district court hearing on the license sanction. The Unit's attorney and the worker both sign the form. The form is then notarized by a notary public.
Distribution	File the original with the district court and place a copy with the administrative record in the case file.
Data	<p>ICAR enters the following information:</p> <ul style="list-style-type: none"><li>◆ Payor's name</li><li>◆ Date payor requested the district court hearing</li><li>◆ Worker's name</li></ul> <p>You enter the following information:</p> <ul style="list-style-type: none"><li>◆ County of filing</li><li>◆ Petitioner (up to six lines)</li><li>◆ Respondent (up to two lines)</li><li>◆ Court order number</li><li>◆ Unit attorney's name</li><li>◆ Unit attorney's PIN</li><li>◆ Unit attorney's title</li><li>◆ Unit attorney's address</li><li>◆ Unit attorney's telephone number and fax number</li><li>◆ Worker's county</li><li>◆ Payor's attorney's name</li><li>◆ Payor's attorney's address</li></ul>

**470-5299, License Sanction Physician Statement**

Purpose	Use form 470-5299, <i>License Sanction Physician Statement</i> , as a cover letter to provide the payor's address for mailing form 470-3158, <i>Physician's Statement</i> , in a window envelope and provide instructions on completing and returning form 470-3158, <i>Physician Statement</i> , to CSRU.
Source	Enter a "P" or "H" in the GEN PHYS STMT field on the LISAN screen to generate this form and form 470-3158, <i>Physician Statement</i> .
Completion	Complete this form when the payor claims a disability exemption.
Distribution	Send this form to the payor by first-class mail or give this form to the payor with form 470-3158, <i>Physician Statement</i> .
Data	ICAR enters the following information: <ul style="list-style-type: none"><li>◆ Date generated</li><li>◆ Case number</li><li>◆ Unit's address and telephone number</li><li>◆ Payor's name</li><li>◆ Worker ID</li></ul>



Iowa Department of Human Services  
**License Sanction Physician Statement**

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

Date: \_\_\_\_\_

Case Number: \_\_\_\_\_

Worker ID: \_\_\_\_\_

Child Support Recovery Unit

Tel. \_\_\_\_\_

- Enclosed is a Physician’s Statement (form 470-3158). This Physician’s Statement is being sent to you because you claim to be temporarily ill or disabled and you are requesting a temporary exemption from the License Sanction process with the Child Support Recovery Unit (Unit).

To see if you qualify for a temporary exemption from the License Sanction process, you must have your treating physician complete and sign the enclosed Physician’s Statement.

- Enclosed is a Physician’s Statement (form 470-3158). This Physician’s Statement is being sent to you because you are requesting a temporary exemption from the License Sanction process with the Child Support Recovery Unit (Unit). You claim that you are required to provide physical care for a member of your household who is temporarily ill or disabled and that requires you be in your home at all times to care for that person.

To see if you qualify for a temporary exemption from the License Sanction process, the physician who is treating the member of your household must complete and sign the enclosed Physician’s Statement.

The completed Physician’s Statement must be returned to the Unit within **20 days** from the date of this notice.

When the completed Physician’s Statement is returned to the Unit it will be reviewed. If a temporary exemption is approved on this case, it is only for the License Sanction process. This License Sanction temporary exemption

- Keeps your license from being suspended for this case (only during the exemption timeframe)
- Does not change the amount of your court ordered support
- Does not end your court ordered support or stop your court ordered support from billing
- Does not erase any delinquent (past due) support
- Does not stop the Unit from taking other enforcement or collection actions if you owe delinquent (past due) support

If you have questions regarding this letter you may contact your license sanction worker \_\_\_\_\_ at \_\_\_\_\_.

### **Department of Commerce License Codes**

ACCL	Certified public accountant; accounting practitioner
ENGX	Engineers; surveyors
INS	Insurance agents
REAL	Real estate brokers/sellers
REAP	Real estate appraisers

### **Department of Inspections and Appeals' Racing and Gaming Commission License Codes**

GAME	Casino or racetrack employees' licenses
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### **Department of Natural Resources License Codes**

DEER	All types of deer hunting licenses
FISH	All types of fishing licenses
HUNT	All types of hunting licenses other than deer or turkey licenses
MISC	All types of miscellaneous licenses not listed above, e.g., ginseng growers
RECV	Recreational vehicles including all-terrain vehicles (ATVs), boats, off road vehicles (ORVs), and snowmobiles
TURK	All types of turkey hunting licenses

**Department of Public Health License Codes**

Code	Title
002	Beauty shop owner
022	Chiropractor
104	Funeral director
130	Marital and family therapist
131	Mental health counselor
135	Massage therapist
137	Athletic trainer
151	Barber shop owner
152	Optometrist
192	X-ray operator
193	Podiatrist
194	Physical therapist
195	Occupational therapist
196	Occupational therapy assistant
197	Physical therapist assistant
270	Nursing home administrator
271	Hearing aid dispenser
272	Sign language interpreter and transliterater
300	Health service provider
301	Psychologist
302	Audiologist
303	Speech pathologist
304	Social worker
305	Dietitian

Code	Title
306	Respiratory care practitioner
400	Emergency medical technician
600	Physician assistant
620	Funeral home owner
700	Plumber
710	Lead professional
720	Backflow tester
800	Tattoo artist
814	Barber
815	Barber instructor
840	Nail technician
842	Manicurist
843	Cosmetologist
844	Cosmetology instructor
845	Electrologist
847	Esthetician
900	Radon tester
910	Radon mitigator
920	Medical physicist
930	Radiology technician
940	Radiation therapy technician
950	Radiology assistant
960	Nuclear medicine technician

## **Department of Public Safety License Codes**

PRVT Private investigators'/private security employees' licenses

## **Department of Transportation Driver's License Types and Status Codes**

The following codes indicate the type of driver's license:

A	Semi-truck license (CDL)
B	Large vehicle license (CDL)
C	Regular driver's license (non-CDL); or a CDL when accompanied by an endorsement of "H" or "P"
D	Chauffeur's license
M	Motorcycle license
0	Identification only; no license. Displays as an "I" in the DLIC CLASS field on the LISAN screen.
Blank	No driver's license (NDL). Displays as an "N" in the DLIC CLASS field on the LISAN screen.

The following codes indicate the status of the driver's license:

BAR	Barred
DED	Deceased
DEN	Denied
DIS	Disqualified
EXP	Expired
OTH	Other not valid
REV	Revoked
SUR	Surrendered
SUS	Suspended
TRL	Temporary restricted license
VAL	Valid
Blank	None