

Iowa Department of Human Services
LICENSE SANCTION PAYMENT AGREEMENT

Date Notice Prepared: _____

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 \$ _____ at the time of signing this agreement and \$ _____ as an ongoing support payment. I understand that I am to pay this amount _____ by cash, check, or money order beginning _____ and continuing

- weekly until this agreement is modified or ended.
- bi-weekly until this agreement is modified or ended.
- monthly on the _____ day of each month until this agreement is modified or ended.
- semi-monthly on the _____ and _____ of each month until this agreement is modified or ended.
- bi-monthly until this agreement is modified or ended.
- quarterly until this agreement is modified or ended.
- semi-annually until this agreement is modified or ended.
- annually until this agreement is modified or ended.

To meet the requirements of this payment agreement, I understand that I must send a payment labeled with the above-listed case number to: Collection Services Center
PO Box 9125
Des Moines, IA 50306-9125

I also understand that:

- ◆ This agreement does not modify or affect the existing court-ordered obligation amount.
- ◆ This agreement remains in effect for at least one year unless the Unit verifies that I am eligible for an exemption. At the end of the year, the Unit may review my case to verify that my payment amount continues to reflect my ability to pay.
- ◆ If I get a job and pay through income withholding, my income withholding amount is based on my court-ordered support obligation and not the amount stated in this agreement. When I pay through income withholding, I am not required to pay under this agreement. If my income withholding payments stop, I will begin making payments on my own behalf, based on this payment agreement.
- ◆ If my case meets the requirements to have my order modified, the Unit will provide any necessary forms for me to ask for a modification of the support order. The payment agreement remains in effect during the modification process. Once the order is modified, I must pay the new amount and this agreement ends.

- ◆ As long as I pay the amounts stated in this payment agreement, the Unit will take no action against my current and future licenses and/or motor vehicle registrations. This agreement does not prevent the Unit from taking other enforcement actions.
- ◆ If, at any time, I fail to fully comply with this payment agreement (I miss a payment or 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 begin steps to suspend, revoke, or refuse to issue or renew my current and future licenses and/or motor vehicle registrations. At that time, I may ask for a conference with the Unit or a hearing before the district court in the county where my support order is filed.
 - To ask for a conference, I must send a written request to the Unit and state that I want a conference by telephone or in person.
 - To ask for a hearing before the district court, I must file a written application to the court challenging the actions of the Unit. I must file the application **no later than 30 days** from the date the licensing agency's notice is issued. I must also send a copy of my application for hearing to the Unit.
- ◆ If my licenses are suspended or revoked and/or I am unable to obtain or renew my motor vehicle registrations, I must comply with this payment agreement. This means I must make up all payments I failed to make under this agreement. I understand I may also pay the total amount of my past-due support to obtain my licenses and/or motor vehicle registrations.
- ◆ I must continue to make payments on other cases I have, even if these cases have not been selected for license sanction.

Date Signed

Date Signed

Child Support Recovery Unit
Tel. _____

***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, religion, age, disability, political belief, or veteran status.

To file a complaint or concern, please contact DHS at:

Iowa Department of Human Services, Diversity Program Unit, 1305 E. Walnut Street, Des Moines, IA 50319-0114; fax 515-281-4243; or e-mail: stopit@dhs.state.ia.us.