

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 may qualify to have one or more* licenses suspended. To qualify, the payor must owe at least three months' worth of support. Payors can sign a payment plan with the Child Support Recovery Unit to keep their licenses.

The payor on your case:

- Asked for a meeting to talk about setting up a payment plan to keep the licenses, or
- Already has a payment plan and asked for a review of the plan.

Fill out the attached financial statement. Return it to us at the address listed above **within 10 days** of the date at the top of this letter.

Why do I need to do this?

Iowa law** allows the payor to sign a payment plan with us. We use guidelines set by the Iowa Supreme Court to figure an amount that must be paid. This amount may be different than the amount in your court order.

Does the payment plan change my court order?

No. This plan only allows the payor to keep licenses or get them back. The payor still owes all of the support ordered.

The payor may ask for a change in the support amount. If so, we will send the payor the forms needed to request a change. This may change the current support in your court order to a higher or lower amount.

What must I do?

Fill out the attached financial statement. Enter the most current information you have. If you need more room to write, use another piece of paper and attach it. Return the form to the address at the top of this page.

* - For example, this can affect licenses like driver's licenses, hunting/fishing licenses and professional licenses. Licenses could be denied, suspended, or not renewed.

** - Code of Iowa Chapter 252J

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

Send the completed form to us **within 10 days** from the date on this letter. Sign the form. Send proof of your income and deductions. Use the address on page 1 of this letter.

This is a legal notice. You do not need an attorney, but if you have one, tell your attorney that you got this notice.

REMEMBER:

- Fill out the financial statement correctly.
- Sign the form.
- Within 10 days from the date on this letter, return the form to the address on page 1.
- We need your information to figure the amount of the payment plan. If we don't have your information, we use median income or income for your last-known type of job.
- We may send forms so the payor can ask for a change in the court ordered support amount. That could change the amount of support you get.
- **None of the information in this form is meant to give you legal advice or change your rights.**
- **Our attorney acts only on behalf of the state in legal actions.**

*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.