

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

Petitioner,

vs.

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

Respondent.

No. \_\_\_\_\_

**CERTIFICATION OF LICENSE SANCTION  
ACTION TO DISTRICT COURT AND REQUEST  
FOR HEARING**

Comes now, the undersigned attorney and states, according to Iowa Code Chapter 252J the Respondent was issued an Official Notice of Potential License Sanction regarding the Child Support Recovery Unit's (Unit) intent to enforce a support obligation. The Unit issued a written decision and Certificate of Noncompliance. On the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_ requested a court hearing to review the Unit's decision. The Unit requests that the Court set a time for hearing and provide written notice by mail to the Respondent's last known address.

Child Support Recovery Unit

By: \_\_\_\_\_

\_\_\_\_\_, \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**Affidavit of Certification of Matter to District Court by  
the Unit**

STATE OF IOWA \_\_\_\_\_ ) SS.  
COUNTY OF \_\_\_\_\_ )

I, being first duly sworn, depose and state that I am an employee of the Iowa Department of Human Services, and I certify to the best of my knowledge and belief that a true and accurate copy of the applicable documents specified in Iowa Code Chapter 252J are now on file with the clerk of court or are attached to this document.

\_\_\_\_\_  
\_\_\_\_\_  
Support Recovery Specialist

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Iowa  
My Commission expires \_\_\_\_\_, \_\_\_\_\_

Copy to:

\_\_\_\_\_  
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