



Iowa Department of Human Services

Terry E. Branstad
Governor

Kim Reynolds
Lt. Governor

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Director

May 25, 2012

GENERAL LETTER NO. 9-I-AP-6

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

SUBJECT: Employees' Manual, Title 9, Chapter I, **CASE CLOSURE APPENDIX**, Title page, revised; Contents (page 1), revised; pages 3, 4, and 4a through 4c, revised; pages 36 and 37, new; and the following forms:

470_3199 *Request for New Information*, revised
470-3210 *Notice of Balance Below \$50*, revised
470-4077 *Deceased Obligor Notice of Money in Hold*, revised
470-4078 *Deceased Obligee Notice of Money in Hold*, revised
470-4079 *Request for Caretaker Information*, revised
UPPA History Report, new

Summary

Chapter 9-I-Appendix is revised to:

- ◆ Add the description and example of the new *UPPA History Report*.
- ◆ Include policy and ICAR changes relating to the case closure process:
 - Use the terminology “payor” and “payee” instead of “obligor” and “obligee” in the updated sections (except in ICAR and the imaging system forms list).
 - Remove references to and contact information for the former customer service unit.
 - Reflect an ICAR programming change to stop generating form 470_3199, *Request for New Information*, to payees on a yearly basis.
- ◆ Update the following form samples to reflect the names of the current governor, lieutenant governor and Department director:
 - 470_3199, *Request for New Information*
 - 470-3210, *Notice of Balance Below \$50*
 - 470-4077, *Deceased Obligor Notice of Money in Hold*
 - 470-4078, *Deceased Obligee Notice of Money in Hold*
 - 470-4079, *Request for Caretaker Information*

Effective Date

Upon receipt.

Material Superseded

This material replaces the following pages from Employees' Manual, Title 9, Chapter I, Appendix:

<u>Page</u>	<u>Date</u>
Title page	July 6, 2004
Contents (p. 1)	July 22, 2005
470_3199	10/2003
3-4	July 6, 2004
470-3210	9/04
470-4077	8/04
4a-4c	September 24, 2004
470-4078	8/04
470-4079	8/04

Additional Information

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

Revised May 25, 2012

Employees' Manual
Title 9
Chapter I Appendix

CHILD SUPPORT RECOVERY

CASE CLOSURE APPENDIX



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STATE OF IOWA

TERRY E. BRANSTAD, GOVERNOR
KIM REYNOLDS, LT. GOVERNOR

DEPARTMENT OF HUMAN SERVICES
CHARLES M. PALMER, DIRECTOR

Four horizontal lines for address or contact information.

Date: _____
Case Number: _____

REQUEST FOR NEW INFORMATION
About _____

Dear Parent or Caretaker:

The Child Support Recovery Unit (CSRU) is attempting to pursue action on your case. Please provide any new information, complete or incomplete, about the above named person. Some good sources of information are old rental agreements, old tax or bank forms, canceled checks, etc. You may provide this information by filling out this form and returning it to the address provided below within 10 days of receipt of this letter or by calling your local office at the number listed below.

Current/last known home address

Past or present employer:

Three horizontal lines for home address.

Three horizontal lines for past or present employer.

Social Security Number:

Occupation: _____
Telephone: (____) ____ - _____

----- - ----- - -----

Vehicles/license owned: _____

Birth date/approximate age:

Name and address of bank:

Physical Description: _____

Three horizontal lines for bank name and address.

Address of property owned:

His/her parent's name: _____

State: _____ County: _____

We encourage you to include any additional information on the back of this page. This may include arrest information, prison information, other sources of income, other assets, frequented social establishments, assistance received in another state, union membership, etc.

Thank you for your continued help and cooperation with the Child Support Recovery Unit.

Sincerely,

Five horizontal lines for signature.

470_3199, Request for New Information

Purpose	Use form 470_3199, <i>Request for New Information</i> , to obtain information from the payee to help locate a payor or alleged father, or to establish or enforce an order against the payor or alleged father.
Source	Generate this form by entering a “Y” in the SEND PAYEE LTR: field on the LOCATE screen or from the FORMVIEW screen.
Completion	Complete this form when you need to get updated information from the payee about the payor or alleged father.
Distribution	ICAR automatically enters some of the data into this form and the payee completes the remainder. Mail this form to the payee by first-class mail.
Data	ICAR enters the following information: <ul style="list-style-type: none">◆ Payee’s name and address◆ Current date in MM/DD/CCYY format◆ ICAR case number◆ Payor or alleged father’s name◆ Worker name, ID, and address

470-3210, Notice of Balance Below \$50

Purpose	Use form 470-3210, <i>Notice of Balance Below \$50</i> , to notify the payor of the small amount of debt owed on a particular case.
Source	ICAR generates this form through a monthly batch program.
Completion	ICAR generates this form when the obligation end date is in the same month or earlier as the date the program runs, and the balance is below \$50.
Distribution	ICAR mails this form to the payor by first-class mail.
Data	ICAR enters the following information: <ul style="list-style-type: none">◆ Current date in the MM/DD/CCYY format◆ ICAR case number◆ Worker ID◆ Payor's name and address◆ Balance due◆ Worker name, title, address, and telephone number



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CHILD SUPPORT RECOVERY UNIT (CSRU)

IOWA DEPARTMENT OF HUMAN SERVICES

NOTICE OF BALANCE BELOW \$50

Date: _____

Case Number: _____

Dear Parent:

The child support obligation for the case number listed above is almost paid.

For obligations CSRU has been enforcing, our records show the child support balance is \$ _____ as of the date of this notice. CSRU can make no statement about whether a child support obligor owes additional interest. Only a court can make a binding balance determination.

Please send payment(s) to:

Collection Services Center
P.O. Box 9125
Des Moines, IA 50306

Thank you.



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CHILD SUPPORT RECOVERY UNIT (CSRU)

<Date>

<Name>

<Address Line 1>

<Address Line 2>

<City, State, ZIP>

Re: The Estate of <payor>

CSC #: <case number>

To the Estate of <payor>:

We have learned that <payor> passed away. We have money owed to <payor>. <His/Her> estate or heirs may be able to claim these payments.

- Please contact us to discuss this matter. You may contact our CSRU attorney at <phone number> or me at the address or phone number listed below.

Please do not share the CSRU attorney phone number with others. We've provided it to you as the executor of or attorney for the estate. Anyone else wishing to contact our agency may contact me at the address and phone number listed below.

- The circumstances of each case are unique. We cannot give you legal advice about the process to claim this money. Please contact a private attorney with any legal questions that you might have.

If you have any questions or information that could help us, please contact us at the address or phone number below.

The CSRU attorneys work for and represent the interests of the State of Iowa, and do not represent either parent in a child support case, the children, or any other party.

Sincerely,

<CSRU worker name>

<title>

Child Support Recovery Unit

<CSRU Address Line 1>

<CSRU Address Line 2>

<CSRU City, State, ZIP>

<Phone>

470-4077, Deceased Obligor Notice of Money in Hold

Purpose	Use form 470-4077, <i>Deceased Obligor Notice of Money in Hold</i> , to tell the executor or attorney for the payor’s estate or the payor’s possible heirs about money in hold owed to the payor.
Source	Generate this form from the FORMVIEW screen.
Completion	Complete this form when the Unit is holding money owed to a deceased payor.
Distribution	<p>Mail this form by first-class mail to the executor or attorney of the payor’s estate.</p> <p>If you cannot find the executor or attorney of the estate, do the following:</p> <ul style="list-style-type: none">◆ Mail one copy of the form to the payor’s last known address. Address the form to the “Estate of <i>payor’s name</i>.”◆ Also mail a copy of the form to each possible heir you locate. <p>Place a copy of the form in the case file or image the document.</p> <p>See the location process for instructions on locating the estate or possible heirs.</p>
Data	<p>You must complete the following information:</p> <ul style="list-style-type: none">◆ Current date.◆ The name and address of the person to whom you are sending the letter.◆ The payor’s name and gender.◆ ICAR case number.◆ Whether you want to include general or attorney-specific contact language. (Select attorney-specific language if your office’s attorney requests it. Include your office attorney’s phone number.)◆ Your name, title, and address.

470-4078, Deceased Obligee Notice of Money in Hold

Purpose Use form 470-4078, *Deceased Obligee Notice of Money in Hold*, to tell the executor or attorney for a payee’s estate or the payee’s possible heirs about money in hold owed to the payee.

Source Generate this form from the FORMVIEW screen.

Completion Complete this form when the Unit is holding money owed to a deceased payee.

Distribution Mail this form by first-class mail to the executor or attorney of the payee’s estate.

If you cannot find the executor or attorney of the estate, do the following:

- ◆ Mail one copy of the form addressed to the payee’s last known address. Address the form to the “Estate of *payee’s name*.”
- ◆ Also mail a copy of the form to each possible heir you locate.

Place a copy of the form in the case file or image the document.

See the location process for instructions on locating the estate or possible heirs.

Data You must complete the following information:

- ◆ The current date.
- ◆ The name and address of person to whom you are sending the letter.
- ◆ The payee’s name and gender.
- ◆ ICAR case number.
- ◆ Whether you want to include general or attorney-specific contact language. (Select attorney-specific language if your office’s attorney requests it. Include your office attorney’s phone number.)
- ◆ Your name, title, and address.



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CHILD SUPPORT RECOVERY UNIT (CSRU)

<Date>

<Name>

<Address Line 1>

<Address Line 2>

<City, State, ZIP>

Re: The Estate of <payee>

CSC#: <number>

To the Estate of <payee>:

We have learned that <payee> passed away. We are currently holding child support payments collected on <his/her> case. <His/Her> estate or heirs may be able to claim these payments.

- Please contact us to discuss this matter. You may contact our CSRU attorney at «atty_phone» or me at the address and phone number listed below.

Please do not share the CSRU attorney phone number with others. We've provided it to you as the executor of or attorney for the estate. Anyone else wishing to contact our agency may contact me at the address or phone number listed below.

- The circumstances of each case are unique. We cannot give you legal advice about the process to claim this money. Please contact a private attorney with any legal questions that you might have.

If you have any questions or information that could help us, please contact us at the address or phone number below.

The CSRU attorneys work for and represent the interests of the State of Iowa, and do not represent either parent in a child support case, the children, or any other party.

Sincerely,

<CSRU worker name>

<title>

Child Support Recovery Unit

<CSRU Address Line 1>

<CSRU Address Line 2>

<CSRU City, State, ZIP>

<CSRU phone>



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CHILD SUPPORT RECOVERY UNIT (CSRU)

<Date>

<Name>

<Address Line 1>

<Address Line 2>

<City, State, ZIP>

Re: CSC <Number>

Dear <name>:

We have learned that <payee> passed away and we are looking for the person caring for the following child<ren>:

- <child 1>
- <child 2>
- <child 3>

- We are currently enforcing a court order to collect child support on this case. We will stop our enforcement services unless the person currently caring for the child or children completes an application for support services and returns it with the necessary fee within ten days. I've included a copy of the application for your convenience.

If you are caring for the child<ren> or know who is, or if you have any questions or information that could help us, please contact us at the address or phone number below.

Sincerely,

<Worker Name>

<Title>

Child Support Recovery Unit

<CSRU Address Line 1>

<CSRU Address Line 2>

<CSRU City, State, ZIP>

<Phone>

470-4079, Request for Caretaker Information

Purpose	Use form 470-4079, <i>Request for Caretaker Information</i> , to ask for information about the current caretaker for any minor children of a deceased payee.
Source	Generate this form from the FORMVIEW screen.
Completion	Complete this form when a payee is deceased, the payee's case has an ongoing obligation, and you have not identified the children's current caretaker.
Distribution	<p>Mail this form by first-class mail to:</p> <ul style="list-style-type: none">◆ The payee's last known address, or◆ A person you believe may have information about the children's current caretaker. <p>When you send the form to the payee's last known address, include a copy of form 470-0188, <i>Application for Nonassistance Support Services</i>. See 9-H-Appendix.</p> <p>Place a copy of the form in the case file or image the document.</p>
Data	<p>You must complete the following information:</p> <ul style="list-style-type: none">◆ Current date in the MM/DD/CCYY format.◆ The name and address of the person to whom you are sending the letter.◆ ICAR case number.◆ The payee's name.◆ The names of any minor children on the case.◆ Whether you are sending the letter to the payee's last known address.◆ Your name, title, and address.

UPPA History Report

Purpose	<p>Workers use the <i>UPPA History Report</i> to review the records on closed cases that meet the selection criteria to move to history in six months. When cases move to history, ICAR saves 11 account type coupon and receipt information from some cases for use in UPPA calculations.</p> <p>The information is saved on the UPPA FIP MONTHLY DETAIL screen if the payee has other active, closed, or inactive cases still on ICAR. If the saved records are incorrect, the UPPA calculation will be incorrect.</p>
Source	<p>ICAR generates this report overnight on the first Friday of every month. ICAR selects cases that:</p> <ul style="list-style-type: none">◆ Meet all of the history case selection criteria;◆ Have been closed for 18 months and may close in 6 months;◆ Have a payee state identification number (SID);◆ Have a valid CS, MS, or RE obligation;◆ Have at least one unverified CASSIGN; and◆ Share the same payee SID with at least one other case still on ICAR
Distribution	<p>The MA2 for each region downloads the region's report through the Excel Importer and sends it to the support recovery supervisor for each office so the cases can be reviewed.</p>
Data	<p>The regional level report displays only the offices with cases that meet the selection criteria. An office that has no cases which meet the selection criteria during the current month is not included on the regional report. The report contains the following information:</p> <ul style="list-style-type: none">◆ REGION NUMBER: This column shows the number of the region where the case is assigned.◆ OFFICE NUMBER: This column shows the number of the office where the case is assigned.

UPPA History Report

REGION NUMBER	OFFICE NUMBER	WORKER ID	CASE NUMBER	PAYEE NAME	REPORT RUN DATE
2	6	DRF6	XXX96	Payee, One	2/17/2012
2	6	DRF6	XXXX67	Payee, Two	2/17/2012
2	6	DRF6	XXXX34	Payee, Three	2/17/2012
2	15	DROB	XXXX79	Payee, Four	2/17/2012
2	15	DROB	XXXX70	Payee, Five	2/17/2012

- ◆ **WORKER ID:** This column show the four-character alpha-numeric identifier assigned to the worker on the case.
- ◆ **CASE NUMBER:** This column contains the case number.
- ◆ **PAYEE NAME:** This column contains the payee name in the last name, first name, middle initial format.
- ◆ **REPORT RUN DATE:** This column shows the date when the batch program identified cases and generated the report.