



Application for Nonassistance Support Services

FOR OFFICE USE:

Issuing Office:

DATE REQUESTED:

DATE GIVEN OR SENT:

TO:

DATE RECEIVED

Please return pages 1 through 6 by mail, fax, or email. Return the pages to:

Mailing Address: Child Support Services
PO Box 9135
Des Moines, IA 50306-9135

Fax Number: 515-564-4103

Email Address: csrue@hhs.iowa.gov

Be sure you:

_____ Sign and date page 6

_____ Return the "Authorization for Automatic Deposit" if you have not already done so.

If you don't sign the application, ***we may delay or deny services.***

Child Support Services offers virtual appointments. Provide your email address to a child support office so additional information can be sent to you for the appointment.

If you need assistance finding an office that serves you, call the child support automated information line at 1-888-229-9223 (toll free nationwide) or visit the "Offices" tab on our website: www.childsupport.ia.gov

Child Support Services
APPLICATION FOR NONASSISTANCE SUPPORT SERVICES
INSTRUCTIONS

In order to get help from Child Support Services (CSS), **you must** fill out and return this application.

The child support program helps:

- Establish paternity
- Establish child support and medical support (Medical support could include health care coverage or a cash amount to help pay for medical expenses.)
- Collect regular support payments
- Enforce medical support

The amount we collect depends upon the payor's income and assets. We pick the enforcement actions for your case.

To serve you better, we need your help. Please:

1. Send us copies of all papers that establish paternity or support.
2. Send us a clerk of court record of all support payments made on the case.
3. Immediately tell us in writing, by email, or by telephone:
 - a) If you change your name, address, or phone number.
 - b) If you hire a private attorney.
 - c) If you decide you no longer want our services.
 - d) If your support order is modified.
 - e) If you get new information about the other parent's location or employment.

We use many sources to help us find payors and their employers. But you may find this out before we do. Please tell us by writing, emailing, or calling a child support office near you.

Iowa law says support payments have to be sent to our Collection Services Center (CSC). We send the payor a form explaining how to make payments.

Here is how we apply payments to your case:

- First, we pay any current support due for the month. Whether support is for the current month is based on when the employer withheld it, or when CSC gets it, depending on the source. If there is money left over, we pay the newest balance due first.
- State law requires the payee to pay a \$35 annual fee if the payee never received cash assistance for a child on the case under Title IV-A of the Social Security Act (such as FIP, TANF, ADC benefits) in Iowa or another state. Each year the payee receives services we will collect the fee from the payee's support payments, but only after we have sent the payee at least \$550 during the federal fiscal year (October 1st – September 30th).
- If the children get public assistance, the payee assigns the support to the state for that period. This means we pay the support we collect to the state. The state keeps the lesser of the public assistance paid or the amount of assigned support.
- After the payee goes off public assistance, we pay:
 - Any current support to the payee.
 - Any past-due amounts due the payee.
 - Any past due amount due the state.
- We only pay future support when:
 - There are no past due amounts.
 - The payment is for more than current support and is not from income withholding.
 - The payor asks us to if the payment is from income withholding.
- If there is money due the state, the payee may review collections kept by the state through the automated information line or on our web site.

NONASSISTANCE SUPPORT SERVICES APPLICATION

PAYEE INFORMATION (person who receives support)						
Payee's legal name (last, first, middle)				Payee's maiden name or alias(es)		
Date of birth	Sex	Social security number		Phone number - Cell <input type="checkbox"/> Landline <input type="checkbox"/>		
Mailing address:						
Home address (if different than mailing):						
Employer		Employer Address			Employer Phone Number	
Race	Height	Weight	Hair Color	Eye Color	Scars, Marks, Tattoos, etc.	
Payee's Email Address:						
Payee's Social Media Usernames & Platforms:						
If you're a parent of the child(ren) listed below, list your current relationship to the other parent. <input type="checkbox"/> Never married <input type="checkbox"/> Spouse <input type="checkbox"/> Divorced <input type="checkbox"/> Common law						
If married to or divorced from the other parent, list date and place of your marriage: Date: _____ Place: _____						
List your relationship to the child(ren) below:						
INFORMATION FOR ALL CHILDREN FROM THIS MARRIAGE OR RELATIONSHIP ONLY						
Legal Name (last, first, middle)	Sex (M/F)	Social Security Number	Birth Date	Birth City and State	Child is living with	Paternity Established
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
						<input type="checkbox"/> Yes <input type="checkbox"/> No
If the payee is pregnant from this relationship, when is the due date?						
Address of children not living with the payee:						
Have you ever received support services from another state or tribe? check one <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, list state/tribe: _____						

SUPPORT OBLIGATION INFORMATION				
Does an order for support already exist? <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Pending				
If legal action is <i>pending</i> , list the name, phone number, and address of the attorney:				
If an order exists, check the type of order and complete the following:				
Type of Order	Amount and frequency	Place of order (County/State/Tribe)	Date order entered	Court case number
Temporary Order	per			
Dissolution of Marriage	per			
Paternity Order	per			
Modification Order	per			

PAYOR INFORMATION (person who pays support)						
Payor's legal name (last, first, middle)				Maiden name or alias(es)		
Date of birth		Age	Social Security Number		Phone number - Cell <input type="checkbox"/> Landline <input type="checkbox"/>	
Sex	Race	Height	Weight	Hair Color	Eye Color	Scars, marks, tattoos, etc. (list)
Payor's mailing address:						
Payor's home address (if different than mailing):						
Payor's Social Media Usernames and Platforms:						
Payor's Email Address:						
Date and place payee last lived with the payor:						
Is the payor employed? <input type="checkbox"/> Yes <input type="checkbox"/> No						
If yes, list the employer's name and contact information?				If no, list the payor's most recent employer name and contact information?		
Has the payor provided any support? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe below:						
Type of support		Amount		How often received		
Money						
Provided food & clothing						
Pays payee's monthly bills						
Vehicle owned or driven by payor:		Make:	Color:	Year:		
Model:		License number:		State:		
Unions or fraternal organizations:						
Credit accounts/bank accounts:						
Reason for payor's absence: <input type="checkbox"/> Divorce <input type="checkbox"/> Never married <input type="checkbox"/> In Jail <input type="checkbox"/> In Prison <input type="checkbox"/> Legal separation <input type="checkbox"/> Out of the country						
If in the Military, list what branch:						

PAYOR'S INCOME AND RESOURCES			
If known, list the type and amount of income the payor has:			
Type of Income	Amount	Frequency (weekly, monthly, etc.)	
Wages (including self-employment)			
Unemployment			
Social Security or Disability			
Veterans Benefits			
Other			
Tell us about any property the payor owns:			
PARENTS, RELATIVES, AND/OR FRIENDS OF PAYOR			
Name	Relationship	Address	Phone
Tell us other ways to locate or contact the payor:			

MEDICAL SUPPORT INFORMATION

Is any health care coverage available to you or your child? Yes No

If yes, who is enrolled? Self Self and Child None

Is there an order that requires that cash medical support or health care coverage be provided?
 Yes No If yes, explain: _____

Is there any health care coverage available to the child's other parent? Yes No Unknown

If yes, who is enrolled? Other Parent Other Parent and Child Unknown

HEALTH INSURANCE SECTION

Persons Covered	Name and address of insurance company	Policy Number

The date the coverage began: _____

Type of Coverage: *check all that apply*

<input type="checkbox"/> Family Medical	<input type="checkbox"/> Family Dental	<input type="checkbox"/> HMO
<input type="checkbox"/> Individual Medical	<input type="checkbox"/> Individual Dental	<input type="checkbox"/> PPO
<input type="checkbox"/> Vision	<input type="checkbox"/> Other: _____	

Name of the policy holder: _____

The person who has the policy is? Payee Payor Other (specify) _____

COOPERATION REQUIREMENTS

- You must cooperate in the following ways:
- A. Meet with our office either virtually or in-person to give us the information we need to establish or modify support or paternity.
 - B. Appear as a witness at judicial or other hearings or proceedings.
 - C. Complete and sign forms we need.
 - D. Do other things we need to help establish, modify or enforce support.
 - E. Pay fees such as process server and annual fees when required.

CERTIFICATION STATEMENT

PLEASE READ THE FOLLOWING INFORMATION CAREFULLY BEFORE SIGNING.

I understand and agree that:

1. My statements and the information in this application are true and correct to the best of my knowledge.
2. I will give CSS my new address if I change my address.
3. I will cooperate with CSS. If I do not cooperate, CSS may stop services.
4. CSS may close my case for the reasons listed in 441 Iowa Administrative Code 95.7 (252B).
5. I understand I may ask CSS to close my case by notifying CSS of my wish to cancel services.
6. Listing social security numbers for my children and myself is not required under 42 U.S.C. § 405(c)(2)(C) and is voluntary. CSS requests these social security numbers according to 42 U.S.C. §§ 654 and 666 and Iowa Code Chapter 252B. As provided by federal statutes, 42 U.S.C. § 654a(d) and Title IV-D of the Social Security Act, CSS uses these social security numbers to establish, modify, and enforce child support and/or medical support, or to establish paternity or for other child support program purposes. The numbers may be released to the other parent and to others because of these actions and purposes. The federal Privacy Act of 1974, Pub. L. No. 93-579, § 7, 88 Stat. 1896, 1909 (codified at 5 U.S.C. § 552a (note)), requires CSS to notify you of the possible disclosure and use of social security numbers.
7. If I am the payee, I am responsible to return any support I receive from CSS in error. This includes money that CSS must return to the Internal Revenue Service or the Iowa Department of Revenue.
8. If I am the payee and I receive public assistance (Medicaid or FIP), support collected from the payor's federal income tax refund applies to the money due the state before the payee.
9. CSS keeps information about people who receive child support services, including their address, confidential. However, information may come out as a part of court actions to establish or enforce support. Sometimes the court may order CSS to release confidential information.
10. One of the people with whom I may discuss my case is an attorney who is an employee of CSS or the Attorney General's office. None of the services provided to me establish an attorney-client relationship with either CSS or the attorney. The attorney works for the state and represents only the state.
11. By signing this application, CSS can take any necessary legal action to establish, modify, and enforce a child and/or medical support obligation.

Applicant Signature:	Date:
----------------------	-------

CHILD SUPPORT SERVICES AND FEES

Iowa Code Section 252B, allows us to charge fees to pay for actions we take on your behalf. In most cases, CSS charges the cost of establishing or enforcing an order to the person who pays support. The person who asks us for a modification pays those costs. Following is a list of some of our services and the fees:

ANNUAL FEE

State law requires the payee to pay a \$35 annual fee if the payee never received cash assistance for a child on the case under Title IV-A of the Social Security Act (such as FIP, TANF, ADC benefits) in Iowa or another state. Each year services are provided we will collect the fee from the payee's support payments, but only after we have sent the payee at least \$550 during the federal fiscal year (October 1st – September 30th).

FEES FOR COURT ACTIONS

You may have to pay costs for genetic testing, sheriff's service fees or process server's fees. If the other parent lives in another state, you may have to pay the fees charged by that state.

LOCATION SERVICES

We search state and federal agencies' computer files to locate the payor. Fee: There is no charge for this service.

PATERNITY ESTABLISHMENT

We may establish paternity by an administrative process, parents may complete and file a paternity affidavit, or we may prepare and file a petition with the court. Fee: SEE FEES FOR COURT ACTIONS, above. If you establish paternity by affidavit, there is no fee.

ESTABLISHMENT OF A SUPPORT ORDER

We prepare and file petitions or administrative orders with the court for child support and medical support. Fee: See FEES FOR COURT ACTIONS, above.

MODIFICATION OF A SUPPORT ORDER

We review support orders to see if the court should change the amount of the child support order or add or change medical support. If so, we file an adjusted order with the district court. You can ask for this service by filling out a Request to Modify a Support Order and sending it to the local office. You can get this form from any local office. If you need assistance finding the local office phone number, call the child support automated information line at 1-888-229-9223 (toll free nationwide). You may also visit our web site at: www.childsupport.ia.gov. Fee: You may have to pay sheriff or process server's fees.

ADMINISTRATIVE LEVY

We may seize the bank assets of a parent who has a support delinquency of at least one month's support. The amount seized is limited to the amount of the past due support. Fee: There is no charge for this service.

LICENSE SANCTION

We may tell licensing agencies to revoke or deny issuing a license. The parent must owe at least three months' worth of past due support. Drivers' licenses, vehicle registrations, and recreational, business and professional licenses may be affected. Fee: There is no charge for this service.

SUSPENSION, SATISFACTION, AND REINSTATEMENT OF SUPPORT

Parents may jointly ask us to help get a temporary suspension of support. The parents must be reconciled and living in the same household with some or all the children, or one or more children must now live with the payor. If the situation changes within six months, we can ask the court to reinstate the order. Fee: See FEES FOR COURT ACTIONS, above.

INCOME WITHHOLDING

We may enter an order to withhold support payments from the payor's income. Support may be withheld from wages, other earnings, trust income, unemployment benefits, Social Security benefits, Veteran's benefits, and worker's compensation. Fee: There is no charge for this service.

INTERCEPTION OF FEDERAL INCOME TAX REFUNDS

We may take the federal income tax refund of a parent who owes past due support. The amount we take is first applied to past due support assigned to the state before any amount is paid to the payee. Fee: There is no charge for this service.

INTERCEPTION OF STATE INCOME TAX REFUNDS

We may take the state income tax refund of a parent who owes past due support. Fee: There is no charge for this service.

INTERCEPTION OF FEDERAL PAYMENTS

We may take a payment the federal government owes a person with a past due child support debt. Fee: There is no charge for this service.

PASSPORT SANCTIONS

We may report a payor to the US State Department when the payor owes more than \$2,500 in overdue support. This prevents the payor from getting or renewing a passport. Fee: There is no charge for this service.

REFERRAL TO CREDIT AGENCIES

We may report a payor to credit agencies if the payor owes at least \$1,000 in past due support. Fee: There is no charge for this service.

CONTEMPT OF COURT

When the payor doesn't pay support, we may ask the court for an order requiring the payor to show why he or she is not in contempt of court. Fee: See FEES FOR COURT ACTIONS.

INTERNAL REVENUE SERVICE COLLECTION SERVICES

We may send the name of the payor to the Internal Revenue Service so that the IRS may attach real and personal property. The IRS sells the property through public auction to satisfy the support debt. This process may only be used if all other enforcement methods are unsuccessful and the past due support is at least \$750. Fee: The IRS charges a fee of \$122.50 to the person requesting this service.

CHILD SUPPORT AUTOMATED INFORMATION LINE

You can get more information about our services, including payment information, by calling the child support automated information line at 1-888-229-9223 (toll free nationwide). Calling this number can also assist you in finding an office that serves you. You may also visit the “Offices” tab on our web site: www.childsupport.ia.gov

SERVICES NOT AVAILABLE

We cannot:

1. Represent either parent in dissolution of marriage.
2. Represent either parent if the other parent files for contempt of court.
3. Represent either parent in a disagreement about custody, property settlement, visitation, outstanding bills, or anything else in a court order not related to the payment of support.
4. Collect delinquent alimony payments not related to the payment of support.

If you need services we don't provide, you may hire a private attorney or apply for legal aid services where available. Please tell us if you hire a private attorney to provide the same services we do. This is so we can avoid conflicting legal actions on your case.

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

The Iowa Department of Health and Human Services (HHS) policy on non-discrimination, harassment, affirmative action, and equal employment can be viewed on the HHS website at the bottom of the page at: <https://hhs.iowa.gov>.