

November 7, 2025

GENERAL LETTER NO. 11-T-AP-7

ISSUED BY: Bureau of Child Support Services
Division of Community Access and Eligibility

SUBJECT: Employees' Manual, Title 11, Chapter T Appendix, **Distribution Appendix**, Title Page, Contents 1 and 2, pages 1-27, revised; 28 and 29, removed.

Summary

This chapter is revised to

Name change updates include changes from Dept of Human Services to Dept of Health and Human Services, Child Support Recovery Unit (CSRU) to Child Support Services (CSS), HHS logo, Updated all forms with the same:

- **470-2162, Satisfaction Of Judgment Assigned to The Department of Human Services**
- **470-2602, Authorization for Automatic Withdrawal**
- **470-2603, Authorization for Automatic Withdrawal via phone**
- **470-2612, Exemption Request and Direct Deposit Application**
- **470-3401, Case No Longer Qualifies for Automatic Satisfaction of Child Support Debt**
- **470-3407, Notification Regarding Support Debt**
- **470-3587, Support payments processed through a central location custodial parent**
- **470-3588, Support payments processed through central location (NCP)**
- **470-3995, Cancel or Change Authorization for Automatic Deposit**
- **470-3996, Cancel Or Change Authorization for Pay by Phone or Web Withdrawal**
- **470-3997, Cancel Or Change Authorization for Automatic Withdrawal**
- **470-4455, Annual Fee Letter to Payee**
- **470-4804, Notice of Satisfaction of Pre 10/1/1997 Support Assign to HHS**
- **470-4805, Satisfaction of Support Payee**
- **470-4806, Satisfaction of Support Payor**
- **470-5010, Requests for Payment Information**
- **470-5314, Satisfaction of Support Due to Social Security Dependent Benefits - Payor**

- **470-5315, Satisfaction of Support Due to Social Security Dependent Benefits - Payee**
- **470-5335, Notice That Satisfaction of Support Ends Due to Social Security Dependent Benefits Ending**
- **470-5634, Payment record certification page**

Effective Date

Upon Receipt. Forms revision date as noted on form.

Material Superseded

Remove the following pages from Employees' Manual, Title 11, Chapter T Appendix, and destroy them:

<u>Page</u>	<u>Date</u>
Title Page	September 10, 2021
Contents 1 and 2	September 10, 2021
1-29	September 10, 2021

Additional Information

Refer questions about this general letter to your area child support administrator.

Employees' Manual
Title 11, Chapter T
Appendix

Revised November 7, 2025

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Annual Fee Initial Letter to Payee, Form 470-4455

Purpose	Use form 470-4455, Annual Fee Initial Letter to Payee to provide notice to the payee of a fee for each never-assistance case where at least \$550 is disbursed to the family within the federal fiscal year.
Source	ICAR generates this form weekly through a batch process for those cases that qualify for the annual fee.
Completion	ICAR completes this form after an obligation is added to a case and the case meets the criteria for the fee.
Distribution	The Department's mailing service sends this form to the payee.
Data	ICAR enters the following information: ▪ Payee's name ▪ Payee's address ▪ Case number ▪ Worker ID ▪ Generation date

Authorization for Automatic Deposit, Form 470-2612

Purpose	Use form 470-2612, Authorization for Automatic Deposit when the payee wants their support deposited into a private checking or savings account.
Source	ICAR generates this form with form 470-3972, Electronic Support Payments through a batch process. The form can also be found on the Child Support customer website under the Forms option.
Completion	Complete this form at the request of the payee.
Distribution	The Department's mailing service sends this form to the payee, or you may mail the form to the payee.
Data	Complete the following information: ▪ Payee name (first and last) ▪ Payee address information

Authorization for Automatic Withdrawal, Form 470-2602

Purpose	Use form 470-2602, Authorization for Automatic Withdrawal when the payor wishes to have a support payment automatically withheld from a specific financial institution account on a specific date.
Source	Print the form from the sample in the manual. The form can also be found on the Child Support customer website under the Forms option.
Completion	Complete this form at the request of the payor.
Distribution	Mail the form to the payor.
Data	Complete the following information: ▪ Payor name (first and last) ▪ Payor address

Authorization for Phone or Web Payments, Form 470-2603

Purpose	Use form 470-2603, Authorization for Phone or Web Payments when the payor wishes to make payments through the IVR or website from a specific account other than a credit or debit card.
Source	Print the form from the sample in the manual. The form can also be found on the Child Support customer website under the Forms option.
Completion	Complete this form at the request of the payor.
Distribution	Mail the form to the payor.
Data	Complete the following information: ▪ Payor name (first and last) ▪ Payor address

Change Authorization for Automatic Deposit, Form 470-3995

Purpose	Use form 470-3995, Change Authorization for Automatic Deposit when the payee wishes to change or end an existing agreement.
Source	Print the form from the sample in the manual. The form can also be found on the Child Support customer website under the Forms option.
Completion	Complete this form at the request of the payee.
Distribution	Mail the form to the payee.
Data	Complete the following information: ▪ Payee name (first and last) ▪ Payee address

Change Authorization for Automatic Withdrawal, Form 470-3997

Purpose	Use form 470-3997, Change Authorization for Automatic Withdrawal when the payor wishes to change or end the agreement for the automatic payment of support from a specific financial institution account on a specific date.
Source	Print the form from the sample in the manual. The form can also be found on the Child Support customer website under the Forms option.
Completion	Complete this form at the request of the payor.
Distribution	Mail the form to the payor.
Data	Complete the following information: ▪ Payor name (first and last) ▪ Payor address

Change Authorization for Phone or Web Payments, Form 470-3996

Purpose	Use form 470-3996, Change Authorization for Phone or Web Payments when the payor wishes to change or end an existing pay by phone or web payment agreement.
Source	Print the form from the sample in the manual. The form can also be found on the Child Support customer website under the Forms option.
Completion	Complete this form at the request of the payor.
Distribution	Mail the form to the payor.
Data	Complete the following information: ▪ Payor name (first and last) ▪ Payor address

Notice of Satisfaction of Pre October 1, 1997 Support Assigned to HHS, Form 470-4804

Purpose	Use form 470-4804, Notice of Satisfaction of Pre October 1, 1997 Support Assigned to HHS to advise the clerk of court when support older than October 1, 1997 that is assigned to the state has been satisfied by operation of law under Iowa Acts Chapter 182, Sec 8.4.
Source	ICAR generates this form when the case meets the criteria established for this type of satisfaction.
Completion	ICAR generates this form when the case meets the qualifications for the satisfaction of support assigned to the state that is older than October 1, 1997.
Distribution	Electronically file a copy of this form with the clerk of court. Save a copy of the filed order in the electronic case file.
Data	ICAR completes the following information: ▪ County of filing ▪ Case worker ID ▪ Office address information ▪ Date the form generates ▪ Clerk of court address information ▪ Petitioner information ▪ Court order number ▪ CSC case number ▪ Respondent information

Notification Regarding Support Debt, Form 470/3407

Purpose	Use form 470/3407, Notification Regarding Support Debt to notify the clerk of court and the payor that current support under an Iowa support order is satisfied by operation of law.
Source	ICAR generates the batch version of this form (470-3407) overnight through a batch process or you can generate the online version of this form (470/3407) from the FORMLIST screen with the DIST process code. You can access the form directly through the FORMVIEW screen with the form number.
Completion	ICAR completes this form in the initial month that a case qualifies for satisfaction by operation of law. You complete this form the first month a case qualifies for automated satisfaction but ICAR failed to identify the case.
Distribution	Electronically file a copy of the form with the clerk of court and mail a copy to the payor. Save the form in the electronic case file.
Data	ICAR or the worker enters the following information: ▪ County of filing ▪ Petitioner's information (up to six lines) ▪ Respondent's information (up to three lines) ▪ Court order number ▪ Case number ▪ Current day, month, and year ▪ Worker name ▪ Worker title ▪ Office's address

Notice That Case No Longer Qualifies for Automatic Satisfaction of Monthly Child Support Debt, Form 470-3401

Purpose	Use form 470-3401, Notice That Case No Longer Qualifies for Automatic Satisfaction of Monthly Child Support Debt to notify the payor and the clerk of court that current support on an Iowa support order no longer qualifies for satisfaction.
Source	ICAR generates the batch version of this form (470-3401) overnight through a batch process or you generate the on-line version of this form (470/3401) from the FORMLIST screen with the DIST process code. You can also access the form directly through the FORMVIEW screen with the form number.
Completion	ICAR completes this form when a case no longer meets all of the criteria for satisfaction by operation of law. You complete this form the first month you determine that a case no longer qualifies for satisfaction but ICAR automatically satisfied the obligation for some reason.
Distribution	Electronically file a copy of the form with the clerk of court and mail a copy to the payor. Save the form in the electronic case file.
Data	ICAR or the worker enters the following information: ▪ Current date in the MM/DD/CCYY format ▪ Case number ▪ Payor's name ▪ Payee's name ▪ County in which the order is filed ▪ Court order number ▪ Worker name (FML) ▪ Worker title (e.g., Case Manager) ▪ Office's address ▪ Proof of service date (by hand) ▪ Worker's signature

Notice That Satisfaction of Support Ends Due to Social Security Dependent Benefits Ending, Form 470-5335

Purpose	Use form 470-5335, Notice That Satisfaction of Support Ends Due to Social Security Dependent Benefits Ending to provide notification to the payor and payee that the support previously satisfied due to receipt of Social Security Disability (SSD) dependent benefits has ended and child support is reinstated.
Source	The worker ends an SSD suspension on the SUSPENSE UPDATE screen. After the worker clears out of the suspense screens and makes an entry in the NEXT SCREEN field on OBLIGHST, ICAR displays form 470-5335 twice. The first form is the payee notification; the second is the payor notification. The form prints at the local office.
Completion	Complete this form when SSD benefits end, the support being satisfied is reinstated, and there is no reference to SSD in the court order. If there is reference to SSD in the court order, do not send this form. The new or modified support order is the notice that support is reinstated.
Distribution	Send this form by mail to both the payor and payee. Save a copy of the form in the electronic case file. Discard the form and do not image or mail if not appropriate (e.g., the suspension is still currently effective but you are making case corrections, if there is reference to SSD in a modification, etc.). Narrate that the form was not sent.
Data	ICAR enters the following information: ▪ Payee or payor name and address ▪ Date the form was generated ▪ Case number ▪ Names of the children who were awarded dependent SSD benefits ▪ Payor name ▪ County name and docket number ▪ Support obligation amount and frequency ▪ Worker name, local office address, and phone number The worker enters: ▪ SSD end date ▪ Balance due

Payment Record Certification Page, Form 470-5634

Purpose	Use form 470-5634, Payment Record Certification Page when you need to certify a payor, payee or other state/court version of a payment record printed from the PAYPRINT screen is a full payment record.
Source	A valid entry in the CERTIFICATION PAGE field on the PAYPRINT screen displays the form for completion.
Completion	Complete this form when the payment record needs certified and you are using the PDF print process to generate the payment record.
Distribution	Send the form with the payment record to the appropriate party.
Data	Complete the following information: ▪ Generation date ▪ Case number ▪ Sign the form electronically if possible. If an electronic signature is not possible, print the form sign it and scan that back into the share if appropriate.

Requests for Payment Information, Form 470-5010

Purpose	Use form 470-5010, Requests for Payment Information to advise a party you cannot send them a payment record because there is no request for information (ROI) on file that allows them to obtain the information.
Source	Generate this form using the appropriate entry in the print form 470-5010, requestor needs to provide release of info: no roi provided at this time field on the PAYPRINT screen.
Completion	Complete this form when you receive a request for a payment record but the payor or payee has not agreed to a release of this information.
Distribution	Send this form and the original request for information back to the requesting party.
Data	Complete the following information: ▪ Form generation date ▪ Requestor's name ▪ Requestor's address information ▪ Worker's name ▪ Office address information

Satisfaction of Judgments Assigned to the Department of Health and Human Services, Form 470-2162

Purpose	Use form 470-2162, Satisfaction of Judgments Assigned to the Department of Health and Human Services to release any lien in place when a case closes because it is paid in full.
Source	Work with your local office attorney to generate a version of this form. If your attorney does not have a form, use the form from this appendix.
Completion	Complete this form with the designated information when the case is paid in full.
Distribution	Electronically file a copy of the form with the clerk of court. Mail a copy of the filed form to the payor. Save the filed copy of the form to the electronic case file.
Data	Complete the following information: ▪ County of filing ▪ Petitioner information ▪ Court order number ▪ Respondent information ▪ Second respondent information, if appropriate ▪ Date the case was paid in full ▪ Worker name (first and last) ▪ Worker signature ▪ Worker title (e.g., Support Recovery Supervisor) ▪ Office address information ▪ Proof of service date (by hand)

Satisfaction of Support due to Social Security Dependent Benefits – Payee, Form 470-5314

Purpose	Use form 470-5314, Satisfaction of Support due to Social Security Dependent Benefits – Payee to provide notice to the payee that support under an Iowa support order is satisfied due to receipt of Social Security Disability (SSD) dependent benefits.
Source	The worker enters an SSD suspension with a current or future end date on the SUSPENSE UPDATE screen. After the worker clears out of the suspense screens and makes an entry in the NEXT SCREEN field on OBLIGHST screen, ICAR automatically displays form 470-5314. The form must be printed or discarded before ICAR moves to the next form, 470-5315, for the payor. The form prints at the local office. If there are multiple obligations or court orders being suspended, ICAR prints a single notice.
Completion	Complete this form when a case meets the criteria for satisfaction of support due to receipt of SSD benefits.
Distribution	Send this form by mail to the payee's address. Save a copy of the form in the electronic case file. Discard the form and do not image or mail if not appropriate (i.e., there is no SSD satisfaction because the suspension was entered on the wrong case). Narrate that the form was not sent.
Data	ICAR populates the following information: ▪ Payee's name and address ▪ Date the form was generated ▪ Case number ▪ Names of the children awarded SSD dependent benefits ▪ Payor name ▪ County name and docket number ▪ Worker name and local office address and phone number The worker enters: ▪ SSD entitlement date ▪ Balance due

Satisfaction of Support due to Social Security Dependent Benefits – Payor, Form 470-5315

Purpose	Use form 470-5315, Satisfaction of Support due to Social Security Dependent Benefits – Payor to provide notice to the payor that support under an Iowa support order is satisfied due to receipt of Social Security Disability (SSD) dependent benefits.
Source	The worker enters an SSD suspension with a current or future end date on the SUSPENSE UPDATE screen. After the worker clears out of the suspense screens and makes an entry in the NEXT SCREEN field on OBLIGHST screen, ICAR displays form 470-5314. After this form is printed or discarded, ICAR then displays form 470-5315 for the payor. The form prints at the local office. If there are multiple obligations or court orders being suspended, ICAR prints a single notice.
Completion	Complete this form when a case meets the criteria for satisfaction of support due to receipt of SSD benefits.
Distribution	Send this form by mail to the payor's address. Save a copy of the form in the electronic case file. Discard the form and do not image or mail if not appropriate (i.e., there is no SSD satisfaction because the suspension was entered on the wrong case). Narrate that the form was not sent.
Data	ICAR enters the following information: ▪ Payor's name and address ▪ Date the form was generated ▪ Case number ▪ Payee name ▪ County name, docket number, and court order file date ▪ Worker name, local office address, and phone number The worker enters: ▪ SSD entitlement date ▪ Balance due

Satisfaction of Support – Payee, Form 470-4805

Purpose	Use form 470-4805, Satisfaction of Support – Payee to advise the payee when support older than October 1, 1997, that is assigned to the state has been satisfied by operation of law under Iowa Acts Chapter 182, Sec 8.4.
Source	ICAR generates this form when the case meets the criteria established for this type of satisfaction.
Completion	ICAR generates this form when the case meets the qualification for the satisfaction of support assigned to the state that is older than October 1, 1997.
Distribution	ICAR saves a copy of this form in the electronic case file. The Department's mailing service sends this form to the payee.
Data	ICAR completes the following information: ▪ Office address information ▪ Case worker ID ▪ Payee name (first and last) ▪ Payee address information ▪ Date the form generates ▪ Total amount of the satisfaction

Satisfaction of Support – Payor, Form 470-4806

Purpose	Use form 470-4806, Satisfaction of Support – Payor to advise the payor when support older than October 1, 1997, that is assigned to the state has been satisfied by operation of law under Iowa Acts , Chapter 182, Sec 8.4.
Source	ICAR generates this form when the case meets the criteria established for this type of satisfaction.
Completion	ICAR generates this form when the case meets the qualification for the satisfaction of support assigned to the state that is older than October 1, 1997.
Distribution	ICAR saves a copy of this form in the electronic case file. The Department's mailing service sends this form to the payor.
Data	ICAR completes the following information: ▪ Office address information ▪ Case worker ID ▪ Payor name (first and last) ▪ Payor address information ▪ Date the form generates ▪ Total amount of the satisfaction

Support Payments Processed Through the Department of Health and Human Services Collection Services Center (CSC), Form 470-3587

Purpose	Use form 470-3587, Support Payments Processed Through the Department of Health and Human Services Collection Services Center (CSC) to provide notice to the payee of a change in processing income-withholding payments through the State Disbursement Unit (SDU).
Source	ICAR generates this form overnight through a batch process for those ICIS cases added to ICAR the previous week.
Completion	ICAR completes this form when it identifies an ICIS case has been added to ICAR and a payee address exists on the case.
Distribution	The Department's mailing service sends this form to the payee.
Data	ICAR enters the following information: ▪ Payee's name ▪ Payee's address ▪ Case number

Support Payments Processed Through the Department of Health and Human Services Collection Services Center (CSC), Form 470-3588

Purpose	Use form 470-3588, Support Payments Processed Through the Department of Health and Human Services Collection Services Center (CSC) , to provide notice to the payor of a change in processing income-withholding payments through the State Disbursement Unit (SDU).
Source	ICAR generates this form overnight through a batch process for those ICIS cases added to ICAR the previous week.
Completion	ICAR completes this form when it identifies an ICIS case has been added to ICAR and the payor's address exists on the case.
Distribution	The Department's mailing service sends this form to the payor.
Data	ICAR enters the following information: ▪ Payor's name ▪ Payor's address ▪ Case number

UPPA History Report

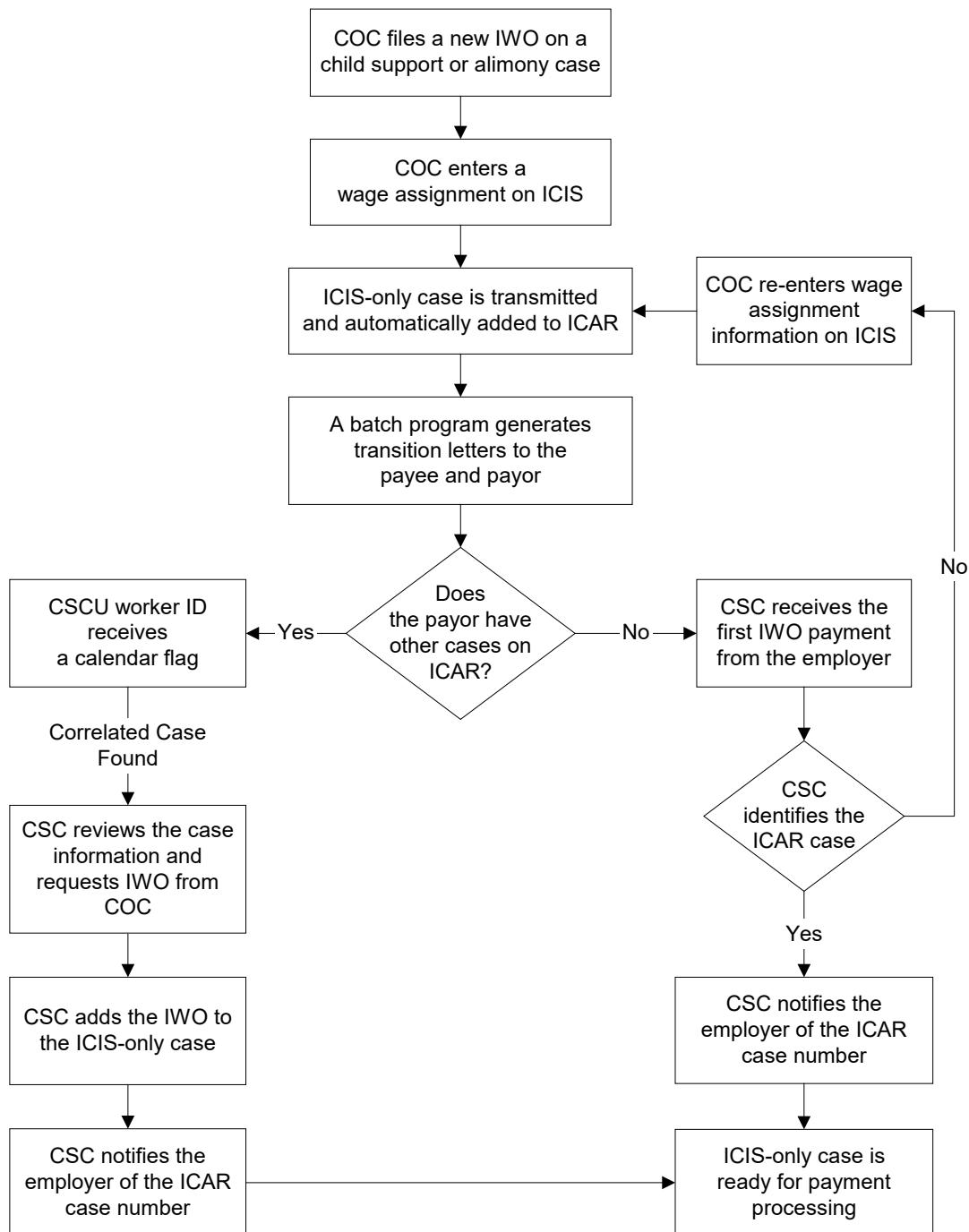
Purpose	ICAR saves 11 account type coupon and receipt information from some cases when they move to history. The information is saved on the UPPA FIP Monthly Detail screen if the payee has other active, closed, or inactive cases still on ICAR. The information is saved for use in UPPA calculations. If the saved records are incorrect, the UPPA calculation is incorrect. Workers use the UPPA History Report to review these records on closed cases that meet the selection criteria to move to history in six months.
Source	ICAR generates this report by batch processing on the first Friday of every month. ICAR selects cases that: ▪ Meet all of the history case selection criteria. ▪ Have been closed for 18 months and may close in 6 months. ▪ Have a payee state ID (SID). ▪ Have a valid CS, MS, or RE obligation. ▪ Have at least one unverified CASSIGN. ▪ Share the same payee SID with at least one other case still on ICAR.
Distribution	The MA2 for each region downloads the report through the Excel Importer and sends it to the SRS for each office. The regional level report only displays the offices with cases that meet the selection criteria. If an office has no cases that meeting the selection criteria that month, they are not included on the regional report.
Data	The report contains the following information: ▪ REGION NUMBER. This column shows the region number where the case is assigned. ▪ OFFICE NUMBER. This column shows the office number where the case is assigned. ▪ WORKER ID. This column shows 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, first, and middle initial format. ▪ REPORT RUN DATE. This column shows the date the batch program identified cases and generated the report.

SDU Flowcharts

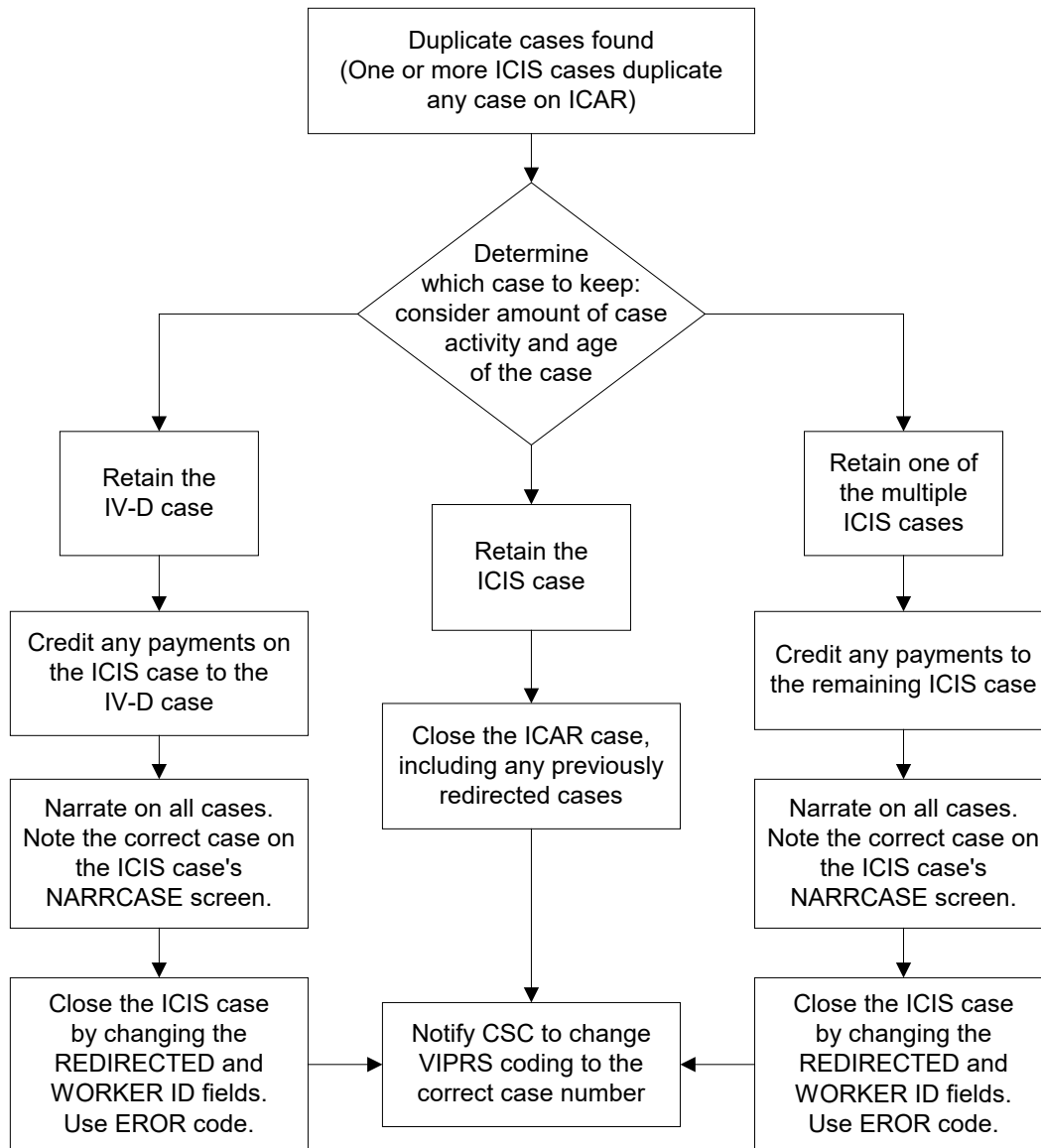
The flowcharts on the following pages indicate the steps of different processes related to the state disbursement unit (SDU). The flowcharts are:

- [Adding New ICIS Cases to ICAR](#)
- [ICIS Cases Duplicate Other ICIS or ICAR Cases](#)
- [Correlated Cases and IWODIST Problems](#)
- [Field Office Contacts](#)
- [Employer Calls EPICS](#)

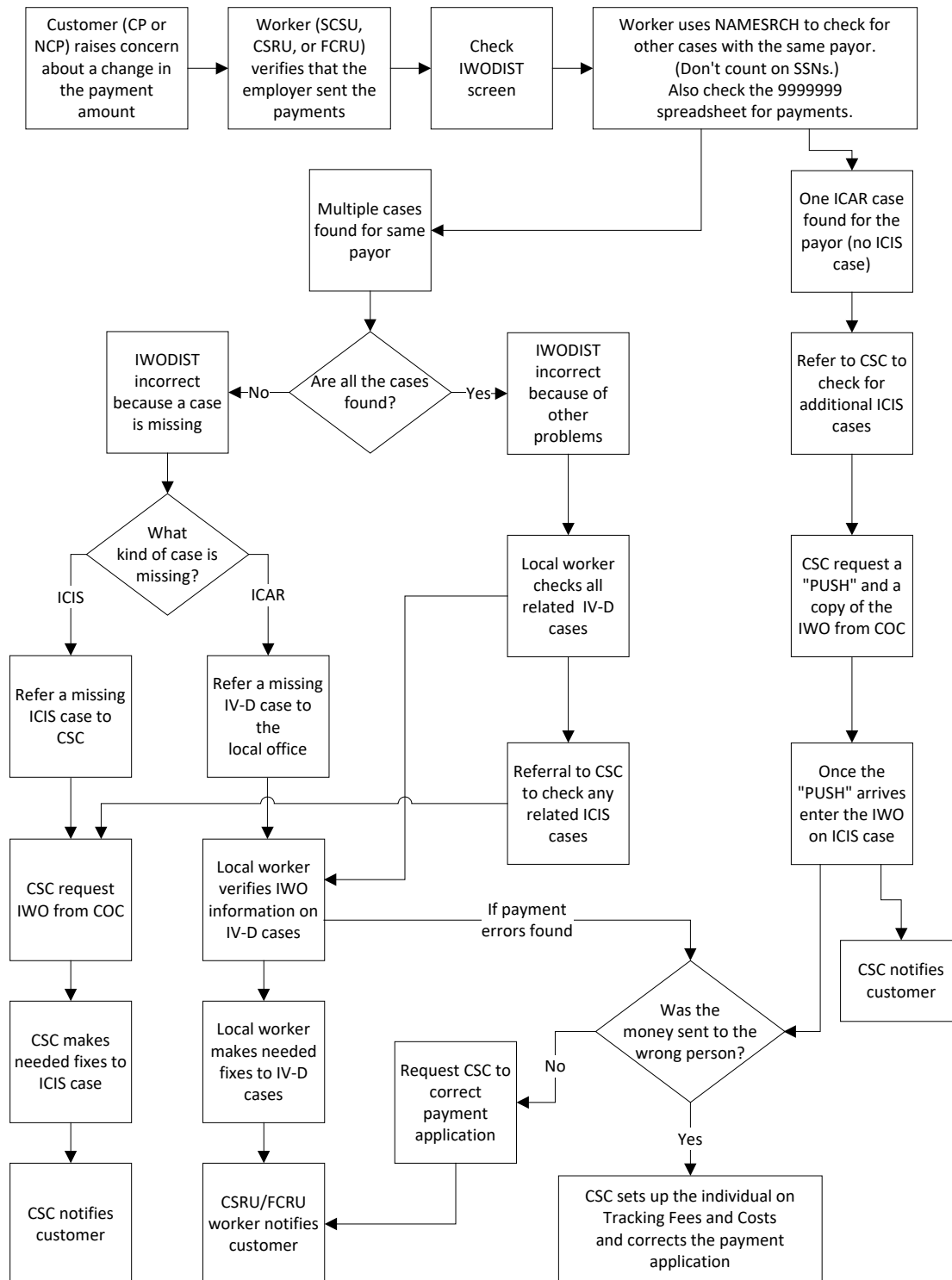
Adding New ICIS Cases to ICAR



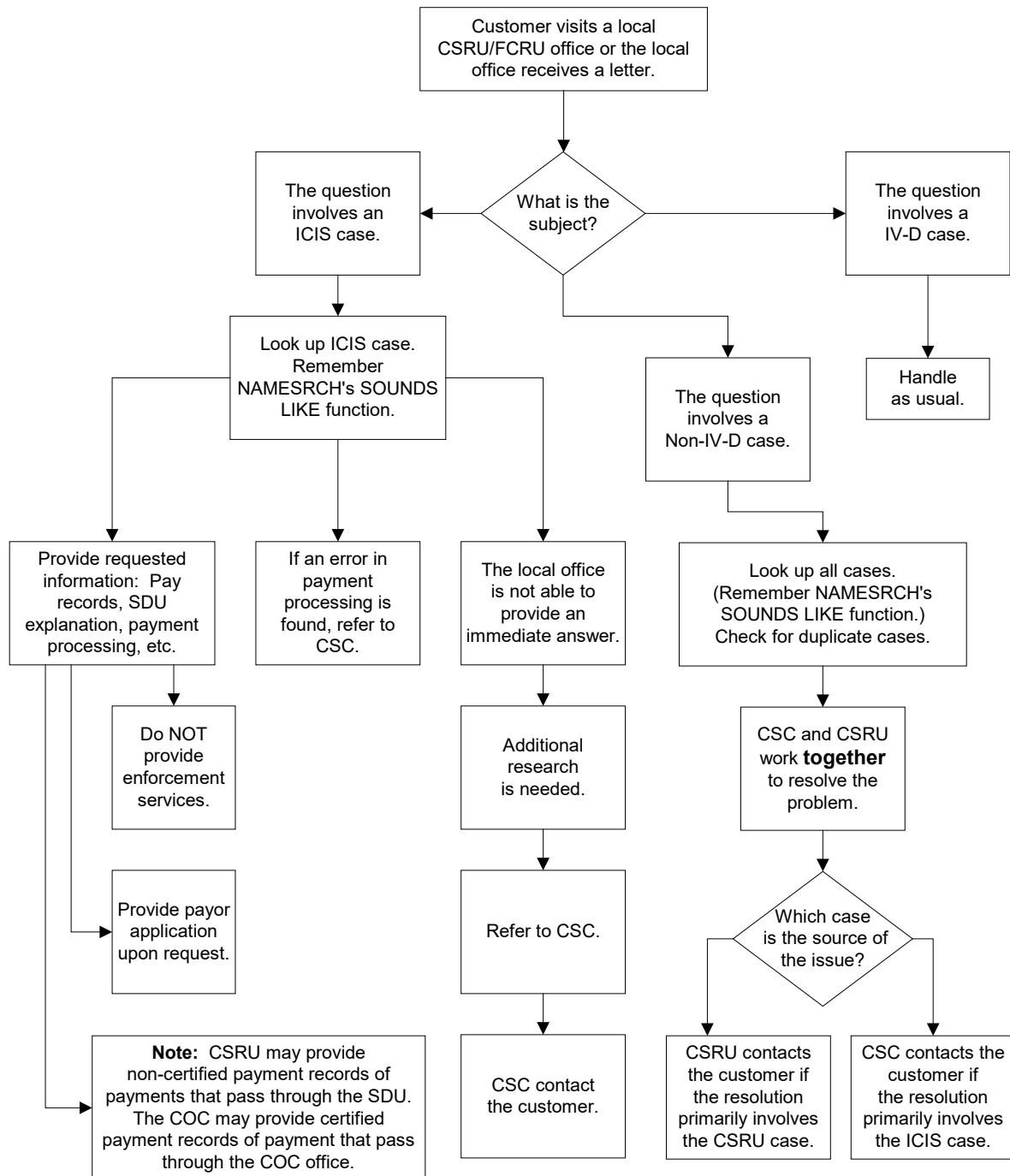
ICIS Cases Duplicate Other Cases



Correlated Cases and IWODIST Problems



Field Office Contacts



Employer Calls EPICS

