

**ELIGIBILITY FOR CHILD SUPPORT SERVICES**  
**APPENDIX**

ELIGIBILITY FOR CHILD SUPPORT SERVICES

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ELIGIBILITY FOR CHILD SUPPORT SERVICES

This page is reserved for future use.

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ASSIGNMENT OF SUPPORT PAYMENTS, CS-3101-5 (470-0187)

The *Assignment of Support Payments* is filed with the clerk of the district court and serves as notice to the public that support payments are assigned to the state.

When Prepared

This form is prepared when a child for whom a court order exists becomes active on FIP or Medicaid only.

By Whom Prepared

This form is generally automatically prepared, printed, and issued by ICAR at the CSRU central office. This form is also available through the FORMS module on ICAR and may be prepared and generated by the CSRU case worker.

Number of Copies

One copy.

Specific Instructions

When the CSRU case worker completes this form, the FORMS module identifies each variable item that must be entered. When ICAR completes this form, the system completes all variables.

Disposition

Send the form by first-class mail to the clerk of the district court where the court order is filed, to be retained in the court file.

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**ASSIGNMENT OF SUPPORT PAYMENT, CS-3107-0**

Form CS-3107-0 is used to assign support payments when the order is filed out of state and the clerk will not accept the automated Assignment of Support Payments, form CS-3101-5 (470-0187).

**When Prepared**

Upon notice that an out-of-state clerk will not accept the computer-generated assignment.

**By Whom Prepared**

This form is completed by the local CSRU and signed by the ADC recipient.

**Number of Copies**

An original and three copies (four-part NCR).

**Specific Instructions**

1. State: Enter the name of the state where the order is filed.
2. County: Enter the name of the county where the order is filed.
3. Petitioner: Enter the name of the petitioner listed on the order.
4. Respondent: Enter the name of the respondent listed on the order.
5. Court Number: Enter the court order number listed on the order.
6. IV-D Number: Enter the noncustodial parent's ICAR number.
7. Case Name: Enter the ADC recipient's first name, middle initial, and current last name.
8. Date: Enter the current date.
9. Petitioner: Signature of the ADC recipient.
10. Address: Current address of the ADC recipient.
11. Witness: Name of the person witnessing the ADC recipient's signature.
12. Address: Current address of the witness.

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ASSIGNMENT OF SUPPORT PAYMENT, CS-3107-0 (Cont.)

Disposition

Send the white and yellow copies to the out-of-state clerk of court.

Keep the pink copy in the IV-D file until the yellow copy is returned from the out-of-state clerk of court. Upon receipt of the file-stamped copy, send the pink copy to the local IM worker.

Give the gold copy to the ADC recipient.

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ASSIGNMENT LETTER TO CLERK OF COURT, 470-0182

Form 470-0182 is designed to accompany the *Assignment of Support Payments*, CS-3107-0, when sending the assignment to an out-of-state clerk of court.

**When Prepared**

Prepared when the assignment to an out-of-state clerk is prepared by CSRU.

**By Whom Prepared**

Prepared by the support recovery officer.

**Number of Copies**

Original and one copy (2-part NCR form).

**Specific Instructions**

1. Fill in the address for the clerk of court.
2. Fill in the blank for the Iowa IV-D case number.
3. Check the appropriate boxes to request a file-stamped copy to be returned, etc.

**Note:** If you are requesting that information be returned, enclose a self-addressed, stamped envelope.

**Disposition**

Send the original to the out-of-state clerk of court (attached to the assignment). Keep the yellow copy in the CSRU case file.

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TERMINATION OF SUPPORT PAYMENTS, 470-2858

Form 470-2858 is filed with the clerk of the district court and is used as notice to the public that support payments previously assigned to the state are no longer assigned.

**When Prepared**

This form is prepared when a child for whom a court order exists terminates FIP or Medicaid only benefits.

**By Whom Prepared**

This form is generally automatically prepared, printed and issued by ICAR at the CSRU central office. This form is also available through the FORMS module on ICAR and may be prepared and generated by the CSRU case worker.

**Number of Copies**

One copy.

**Specific Instructions**

When the CSRU case worker completes this form, the FORMS module identifies each variable item that must be entered. When ICAR completes this form, the system completes all variables.

**Disposition**

Send one copy by first class mail to the clerk of the district court where the court order is filed to be retained in the court file.



ELIGIBILITY FOR CHILD SUPPORT SERVICESRETRIEVAL SERVICE REQUEST, 337-0015

CSRU staff may use form 337-0015 to request microfilmed copies of public assistance grant amounts from the State Records Center.

When Prepared

This form is prepared by the CSRU case worker when the worker has determined it is necessary to verify ADC or Foster Care grant amounts not contained in the CSRU case file or available from the IM worker responsible for the ABC case.

By Whom Prepared

This form is prepared in the local CSRU office by the caseworker or by clerical staff at the direction of the caseworker.

Number of Copies

Two copies of this form are prepared.

Specific Instructions

The following information must be entered:

- ◆ **Person Requesting Service:** Print your name and title.
- ◆ **Telephone:** Print your telephone number, including area code.
- ◆ **Agency and Division:** Print your location, including city where your office is located.
- ◆ **Date:** Print the date the form is submitted, in MM/DD/YY format.
- ◆ **Type of Request:** Place an "X" in the applicable box.
- ◆ **Service Requested:** Place an "X" in the "HARD COPY" box.
- ◆ **Record Requested:** Enter the following information:
  - **Recipient's Full Name:** If recipient has a new name, print it in parentheses.
  - **ABC Case #:** Note that Records Center staff cannot search for grant data before 8/86 if the only case number provided contains a letter. Case numbers issued before 8/86 did not contain letters. The Records Center staff must have the older number to search those records.

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RETRIEVAL SERVICE REQUEST, 337-0015 (Cont.)

Specific Instructions (Cont.)

- **Dates:** Print the beginning and ending dates of the months you are requesting the grant information for, in MM/DD/YY format.
- **Counties:** For every set of dates, print the county in which the recipient received the grants.

Disposition

Fax the form to the Records Center at 515-281-7598 or mail it to the Records Center, 4<sup>th</sup> Floor, Records and Property Building, Department of Cultural Affairs, 215 E. 7th Street, Des Moines, Iowa 50319.

Keep a copy of the request in the CSRU case file.