

Administrative Review and Adjustment Appendix

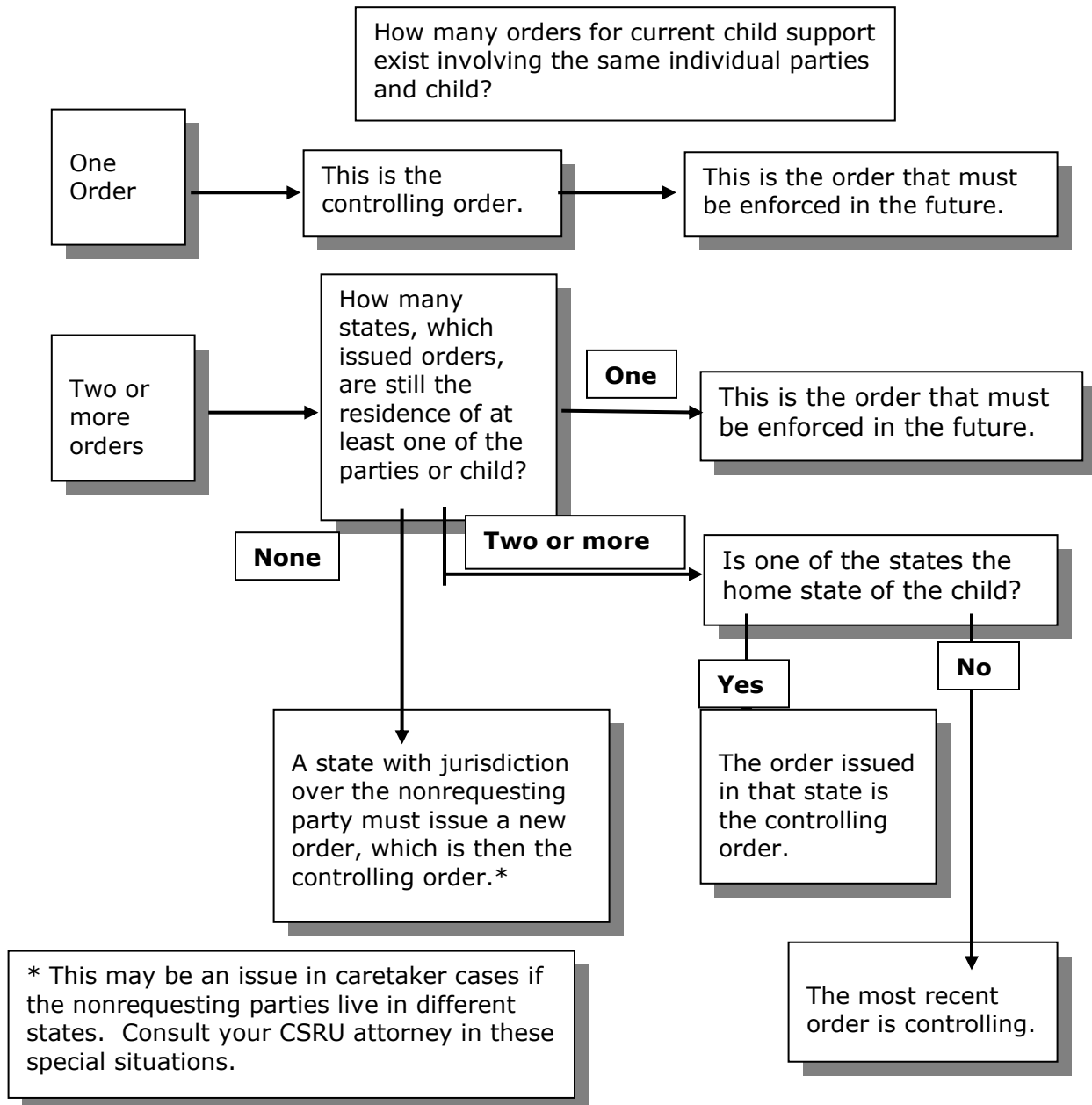
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Flowcharts

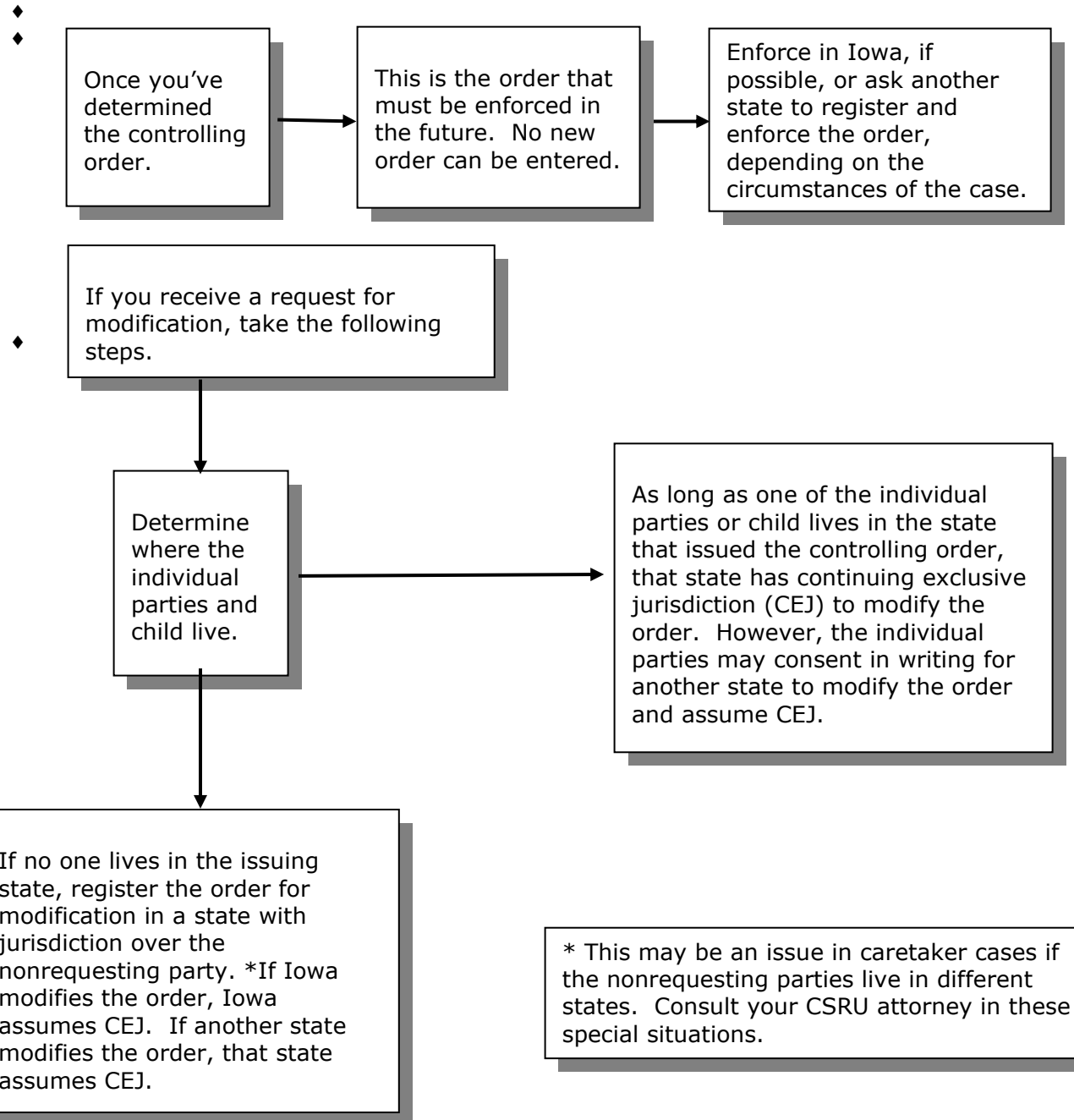
Determining the Controlling Order

(Absent the written agreement of the parties.)



Determining the Continuing Exclusive Jurisdiction...

Determining Continuing Exclusive Jurisdiction (CEJ) To Modify



**Examples for Controlling Order and Modification Jurisdiction
 (Single Order)**

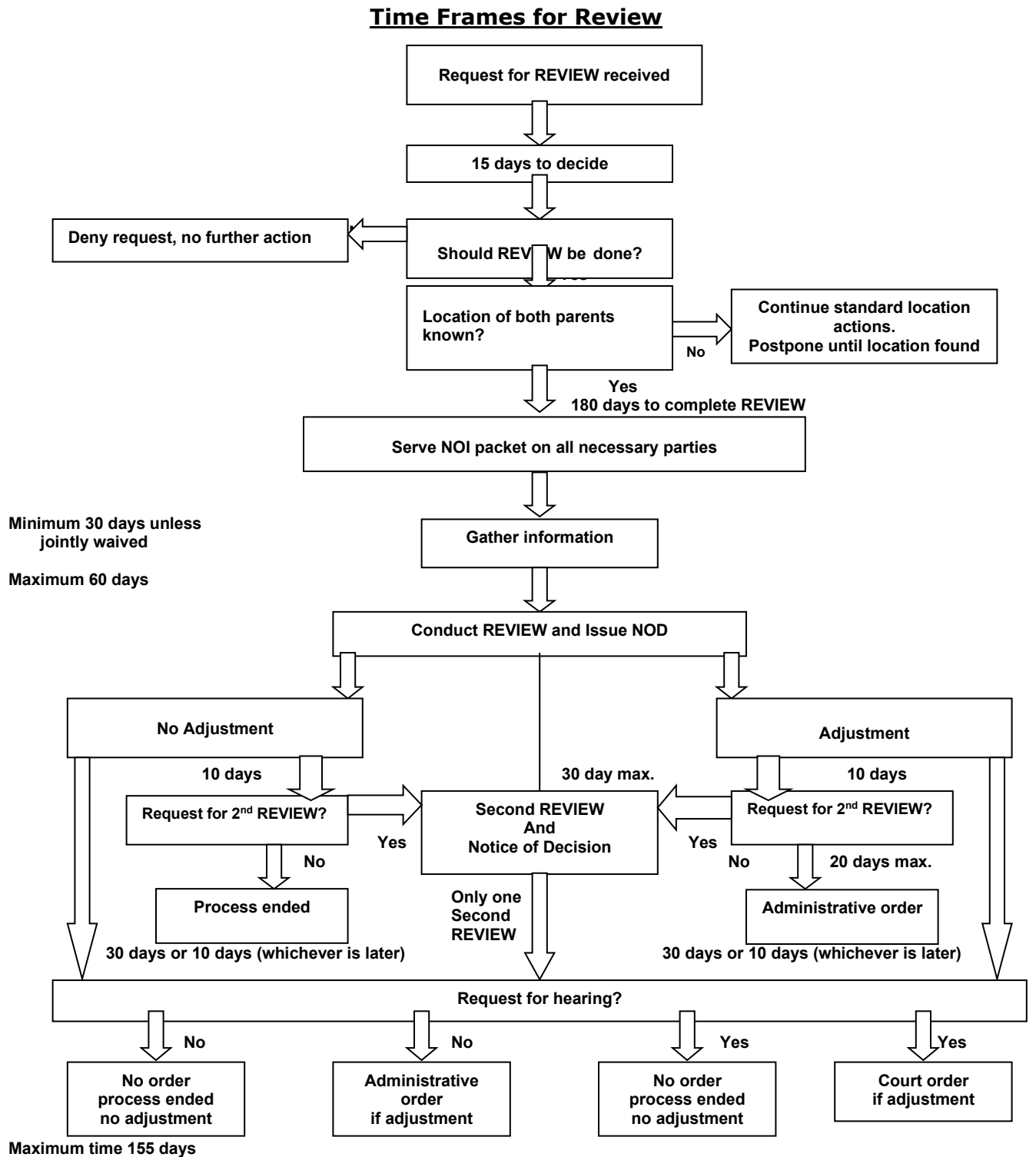
Single Child Support Order						
Order Issued In	Requestor's Residence	Non-Requestor's Residence	Child's Residence	Controlling Order	Who Conducts the Review	Action
Iowa	Any state	Any state	Iowa	Iowa's order	Iowa	Conduct REVIEW
Iowa	Any State except Iowa	Any state except Iowa	Any state except Iowa	Iowa's order	Non-requestor's state	Ask state to register and modify
Iowa	Any state except Iowa	Iowa	Any state except Iowa	Iowa's order	Iowa	Conduct REVIEW
Other State	Any state	Any state	State where order was issued	Other state's order	State where order was issued	Send Interstate referral to issuing state
Other State	Not state where order was issued	State where order was issued	Not Iowa or state where order was issued	Other state's order	State where order was issued	Send Interstate referral to issuing state
Other State	Not in state where order was issued	Not in state where order was issued	Iowa	Other state's order	Non-requestor's state	Ask state to register and modify *If Non-requestor in Iowa - Register in Iowa, conduct REVIEW
Other State	Not Iowa or state where order was issued	Not Iowa or state where order was issued	Not Iowa or state where order was issued	Other state's order	Non-requestor's state	Ask Non-requestor's state to register and modify

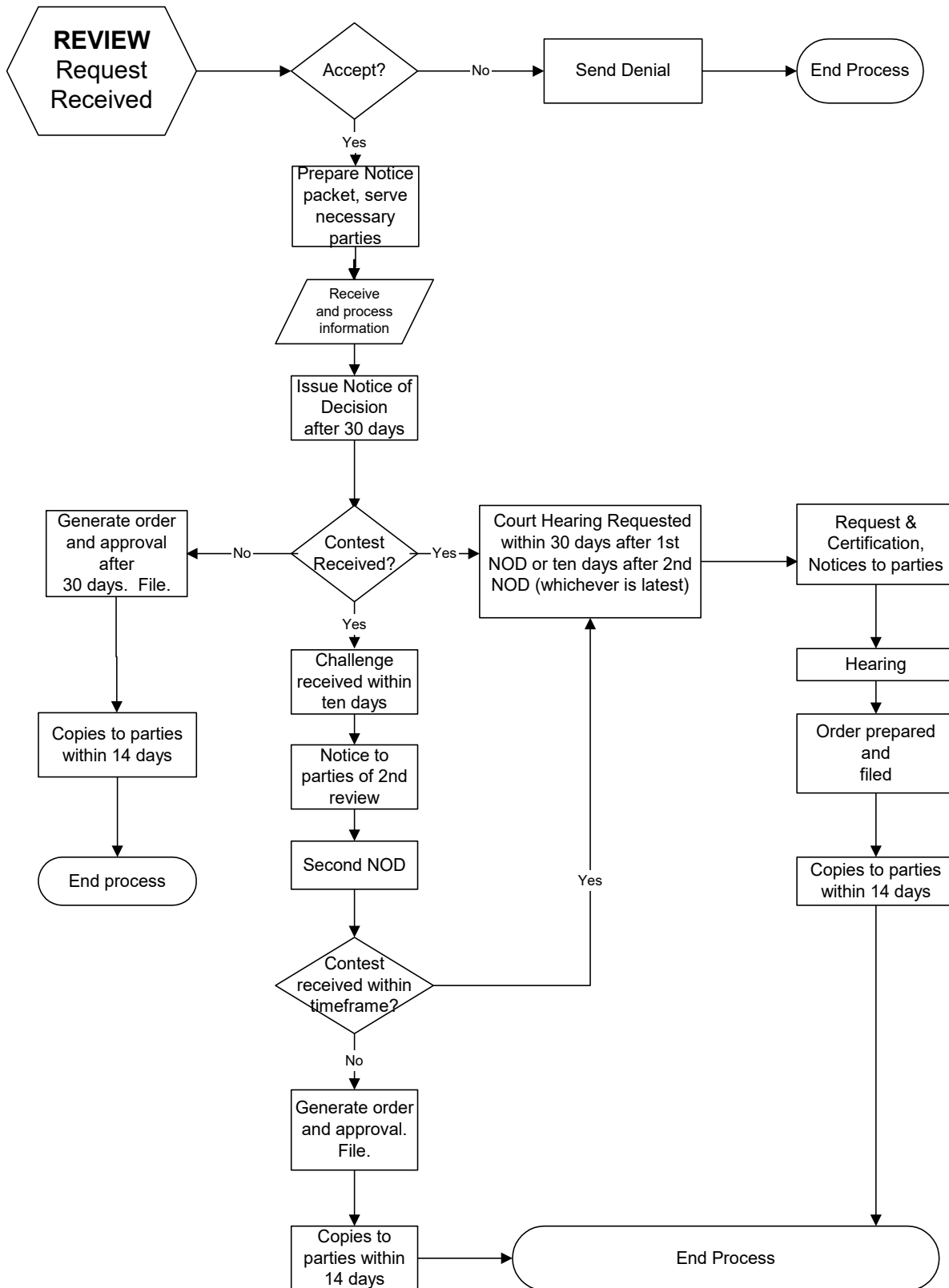
Examples for Controlling Order and Modification (Multiple Orders)

Multiple Child Support Orders						
Order Issued In	Requestor's Residence	Non-Requestor's Residence	Child's Residence	Controlling Order	Who Conducts the Review	Action
Iowa and other states	Any state	Any state	Iowa	Iowa's order	Iowa	Conduct REVIEW
Iowa and other states	Not Iowa or state where order was issued	Any state with an order other than Iowa	Not Iowa or state where order was issued	Order from Non-requestor's state	Non-requestor's state	Send interstate referral to do DCO and modify
Iowa and other states	Not Iowa or state where order was issued	Not Iowa or state where order was issued	Not Iowa or state where order was issued	No order controls	N/A	Send interstate referral to Non-requestor state to establish new order (no state has CEJ)
Iowa and other states	May live in Iowa	May live in Iowa	A state with an order other than Iowa	Order from state where child lives	State where child lives	Send interstate referral to do DCO and modify
Iowa and other states	Any state with an order other than Iowa	Any state with an order other than Iowa	Not Iowa or state where order was issued	Order from state with most recently issued order	State with most recently issued order	Refer to state with the most recently issued order to do DCO and modify

NOTE: The above examples assume that 'home state' criteria have been met.

NOTE: The parties can agree in writing to allow another state (usually where one of the parties lives) to modify the controlling order and assume CEJ.





Revised May 7, 2021

§915.20A Affidavit Regarding Return of Service, Form 470-3656

Purpose Use form 470-3656, *§915.20A Affidavit Regarding Return of Service*, to protect the location of a crime victim center (shelter) when a party resides in the shelter.

This form states the actual address of service. A sheriff or process server sign and have notarized this form acknowledging return of service and agreeing not to disclose the location of the crime victim center in any civil or criminal proceeding.

Source Generate this form from FORMVIEW.

Completion Complete this form when attempting service by the sheriff or process server when the party resides in a crime victim center (shelter).

A sheriff or process server must complete, sign, and have notarized this form when returned to CSRU.

To generate the form manually from the FORMVIEW screen, you must enter all necessary data to complete the form.

Distribution Send this form with the NOI or NOD (if abbreviated or ICAR3) packet along with forms 470-3181 *Directions for Service and Return of Service* and 470-3656 *§915.20A Affidavit of Service* for in-state service or forms 470-3325 *Out of State Directions for Service and Out of State Return of Service* and 470-3656 *§915.20A Affidavit of Service* for out-of-state service.

Save a copy of the completed form with the actual address in the imaged case file. **NOTE: Do not file this form in the court file.**

Data Worker enters the following information:

- ◆ County name
- ◆ Petitioner and Respondent information
- ◆ Court order number
- ◆ Name of person to be served
- ◆ ICAR case number

§915.20A Order for Nondisclosure, Form 470-3658

Purpose	Use form 470-3658, <i>§915.20A Order for Nondisclosure</i> , when the location of the crime victim center will not be disclosed in the return of service and the return of service indicating the party was served is legally sufficient to show service of process.
Source	Generate this form from FORMVIEW.
Completion	Complete this form for the court to approve the filing of the return of service without the actual address. To generate the form manually from the FORMVIEW screen, you must enter all necessary data to complete the form.
Distribution	Send this form with 470-3657, <i>Application for §915.20A Order for Nondisclosure</i> to the CSRU attorney to review and present to the district court for signature and filing with the clerk of court. Save a copy of each completed form in the imaged case file. NOTE: Individual offices may have standard procedures for preparing the form for the CSRU attorney to submit the information to the clerk of court. Follow your office's current procedures.
Data	Worker enters the following information: <ul style="list-style-type: none">◆ County name◆ Petitioner and Respondent information◆ Court order number◆ Month and year judge will sign◆ CSRU attorney name◆ Name of person to be served◆ Type of notice served◆ Judicial district number

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[252H Administrative Order for Adjustment of a Support Obligation, Form 470-3503](#)

Purpose	<p>Use form 470-3503, <i>252H Administrative Order for Adjustment of a Support Obligation</i> to administratively adjust a child support obligation.</p> <p>The form provides information on all the children and child related data, the orders included in the REVIEW process, the determination of the controlling order, the new child support obligation amount, provisions for medical support, and other necessary data. The order may also include reconciliation of multiple orders and income withholding instructions.</p>
Source	<p>Generate this form from the REVIEW3 screen, FORMVIEW, or FORMOSEL.</p>
Completion	<p>Complete this form 16 days or more after the date of the NOD or revised NOD, unless all parties waived the post-review challenge period or a party requests a court hearing.</p> <p>If any of the parties challenged the first NOD and a second review was completed, you must complete this form 11 or more calendar days after the second NOD.</p> <p>In an abbreviated or ICAR3 review, you can generate this form 31 calendar days or more after the service of the NOD packet on the last party.</p> <p>To generate this form from the REVIEW3 screen, enter either 'Y' or 'R' in the GEN ORDER (Y/R) field.</p> <p>Form 470-3266, <i>252H Approval Order—Administrative Modification of a Child Support Obligation</i> and form 470-3267, <i>Administrative Modification Order Cover Letter to Clerk of Court</i> (single), or form 470-3268, <i>Cover Letter—Administrative Order for Modification—Multiple Orders</i> (if applicable) will generate with this form when generated from the REVIEW3 screen.</p> <p>If you generate the form from the REVIEW3 screen or FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate.</p>

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If you generate the form manually from the FORMVIEW screen, enter all necessary data to complete the form.

Distribution

Present this form to the CSRU administrator's designee for review and signature. After the designee signs, send the form with the approval order and supporting documentation to the CSRU attorney for review and filing with the clerk of court.

NOTE: Individual offices may have standard procedures for preparing the documents for the CSRU attorney or for providing the information to the clerk of court. Follow your office's current procedures.

After the judge signs from 470-3266, *252H Approval Order* and the clerk of court files all documents, the Unit mails copies of this file-stamped form and the *252H Approval Order* to the parties involved in the action. Save a copy of the form in the imaged case file.

On interstate cases send a copy of this filed-stamped form and the *252H Approval Order* to the other state. (See 9-K, [Interstate Case Processing](#), for information about sending documents to other states.)

Data

ICAR enters the following information. You must enter the information for a manually generated form:

- ◆ Primary order number
- ◆ Foster care case (if applicable)
- ◆ Abbreviated or ICAR3 review (if applicable)
- ◆ Payor's name
- ◆ Payee's name
- ◆ Third Party's name (if applicable)
- ◆ Child's initials and birth year (up to 5 children)
- ◆ ICAR case number
- ◆ Payee, Payor, and Third Party attorney name and address

Worker enters the following information:

- ◆ Additional court order numbers
- ◆ Payor receives SSI only (if applicable)
- ◆ Select requestor Payor's relationship to child(ren)
- ◆ Payor's state of residence
- ◆ How payor appeared

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- ◆ Payor's jurisdiction reason
- ◆ Payee's relationship to child(ren)
- ◆ Payee's state of residence
- ◆ How payee appeared
- ◆ Payee's jurisdiction reason
- ◆ Third Party on the case (if applicable) Third Party's relationship to child(ren) (if applicable)
- ◆ Third Party's state of residence (if applicable)
- ◆ How Third Party appeared (if applicable)
- ◆ Third Party's jurisdiction reason (if applicable)
- ◆ If one child or multiple children and if 'home state' relevant
- ◆ Name of person child resides with (up to 5 children)
- ◆ State of child's residence (if 'home state' relevant)
- ◆ Date child began residence in state (if 'home state' relevant)
- ◆ Date child there through (if 'home state' relevant)
- ◆ Home state of child (if 'home state' relevant)
- ◆ If Single or Multiple Orders used to determine DCO
- ◆ Issuing state of order (all applicable orders up to 5)
- ◆ Issuing county of order (all applicable orders up to 5)
- ◆ Court order number (all applicable orders up to 5)
- ◆ Effective date (all applicable orders up to 5)
- ◆ Support amount (all applicable orders up to 5)
- ◆ Payment frequency (all applicable orders up to 5)
- ◆ Computation for reconciliation of arrears attached (if completed)
- ◆ Amount of arrears (if reconciliation completed)
- ◆ Reconciled date (if applicable)
- ◆ Select one of three controlling order options
- ◆ State of controlling order
- ◆ County of controlling order

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- ◆ Docket number of controlling order
- ◆ How CEJ was determined or if no CEJ
- ◆ Amount of support prior to deviation
- ◆ Frequency of payment
- ◆ Reason for deviation
- ◆ Amount of support based on guidelines - no deviation
- ◆ Frequency of payment
- ◆ Reconciliation of multiple orders
- ◆ Multiple children – adjustment table
- ◆ Number of children entitled to support (up to 6 children)
- ◆ Support amount as each child emancipates
- ◆ Health insurance/Cash medical support provisions
- ◆ Uncovered medical expenses provisions
- ◆ Parent qualified for medical satisfaction (if applicable)
- ◆ Name of parent with medical satisfaction
- ◆ Effective date of medical satisfaction
- ◆ Additional case numbers (if applicable, up to 2)
- ◆ Name of person ordered to pay costs of action
- ◆ Select how many parties are not service members
- ◆ Names of non-service member parties
- ◆ Name and title of worker signing affidavit

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**252H Approval Order – Administrative Modification of a Child Support
Obligation, Form 470-3266**

Purpose	<p>Use form 470-3266, <i>252H Approval Order – Administrative Modification of a Child Support Obligation</i>, to obtain the court’s approval (judge’s signature) of an administrative order to modify a child support obligation.</p> <p>The district court reviews the <i>252H Administrative Order for Modification of a Support Obligation</i> (470-3503) and signs this approval order.</p>
Source	<p>Generate this form from the REVIEW3 screen, FORMVIEW, or FORMOSEL.</p>
Completion	<p>Complete this form 16 days or more after the date of the NOD or revised NOD, unless all parties waived the post-review challenge period or a party requests a court hearing.</p> <p>If any of the parties challenged the first NOD and a second review was completed, this form must be generated 11 or more calendar days after the second NOD.</p> <p>In an abbreviated or ICAR3 review, you can generate this form 31 calendar days or more after the service of the NOD packet on the last party.</p> <p>Forms 470-3503, <i>252H Administrative Order for Adjustment of a Support Order</i>, and 470-3267, <i>Administrative Modification Order Cover Letter to Clerk of Court</i> (single), or form 470-3268, <i>Cover Letter—Administrative Order for Modification—Multiple Orders</i> (if applicable), will generate with this form when generated from the REVIEW3 screen.</p> <p>To generate this form from the REVIEW3 screen, enter either ‘Y’ or ‘R’ in the GENERATE ORDER (Y/R) field.</p> <p>If you generate the form from the REVIEW3 screen or FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate.</p> <p>If you generate the form manually from the FORMVIEW screen, enter all necessary data to complete the form.</p>

Revised May 7, 2021

NOTE: This form handles up to three headings. If there are more than three orders involved in the adjustment, prepare the additional headings by editing the form and manually entering the other captions and court order numbers as appropriate.

Distribution

Present this form with the administrative order for adjustment of a support order and other accompanying documents to the CSRU administrator's designee for review and approval.

After the designee signs the administrative order for adjustment of a support obligation, send this form with the administrative order for adjustment and supporting documentation to the CSRU attorney to review and present to the district court for signature and filing with the clerk of court.

NOTE: Individual offices may have standard procedures for preparing the documents for the CSRU attorney or for providing the information to the court. Follow your office's current procedures.

Mail the file-stamped copy of this form and the administrative order for adjustment of a support obligation to the parties involved in the action after the judge signs this form and the documents are filed with the clerk of court. Save a copy of the form in the imaged case file.

On interstate cases send a copy of the filed-stamped order to the other state. (See 9-K, [Interstate Case Processing](#), for information about sending documents to other states.)

Data

ICAR enters the following information. You must enter the information for a manually generated form:

- ◆ County of filing (up to 3 orders)
- ◆ Court order number (up to 3 orders)
- ◆ Petitioner and Respondent information for all orders
- ◆ Payee, Payor, and Third Party attorney name and address (if applicable)
- ◆ Payee's name
- ◆ Payor's name
- ◆ Third Party's name (if applicable)
- ◆ Necessary Third Party's name (if applicable)

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Worker enters the following information:

- ◆ Foster care case (if applicable)
- ◆ Judicial district number
- ◆ Third Party on case (if applicable)
- ◆ ICAR case number
- ◆ Form electronically filed (if applicable)

Revised May 7, 2021

252H Judicial Order for Adjustment of a Support Obligation, Form 470-3504

Purpose	<p>Use form 470-3504, <i>252H Judicial Order for Adjustment of a Support Obligation</i>, to judicially adjust a child support obligation.</p> <p>The form provides information on all the children, the orders included in the REVIEW process, the determination of the controlling order, the new child support obligation amount, provisions for medical support, and other necessary data. The order may also include the reconciliation of multiple orders and income withholding instructions.</p>
Source	<p>Generate this form from the REVIEW4 screen, FORMVIEW, or FORMOSEL.</p>
Completion	<p>Complete this form when a party requests a court hearing on the issue of support and at the hearing the court decides to adjust the support obligation and asks for the order to be prepared.</p> <p>To generate this form from the REVIEW4 screen, enter either 'Y' or 'R' in the GENERATE JUD ORDER (Y/N/R) field.</p> <p>If you generate the form from the REVIEW4 screen or FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate.</p> <p>If you generate the form manually from the FORMVIEW screen, enter all necessary data to complete the form.</p> <p>NOTE: This form handles up to three headings. If there are more than three orders involved in the adjustment, prepare the additional headings by editing the form and manually entering the other captions and court order numbers as appropriate.</p>
Distribution	<p>Send the form and attachments to the CSRU attorney to review and present to the district court for signature and filing with the clerk of court.</p>

Revised August 19, 2022

On interstate cases send a copy of the filed-stamped order to the other state. (See 9-K, [Interstate Case Processing](#), for information about sending documents to other states.)

NOTE: Individual offices may have standard procedures for preparing the documents for the CSRU attorney or for providing the information to the court. Follow your office's current procedures.

After the judge signs this form and the clerk of court files all documents, the Unit mails the file-stamped copy of this form to the parties involved in the action. Save a copy of the file-stamped signed order in the imaged case file.

Data

ICAR enters the following information. You must enter the information for a manually generated form:

- ◆ County of filing (up to 3 orders)
- ◆ Court order number (up to 3 orders)
- ◆ Petitioner and Respondent information (up to 3 orders)
- ◆ Month, day, and year of hearing
- ◆ Abbreviated or ICAR3 review (if applicable)
- ◆ Foster care case (if applicable)
- ◆ Payor's name
- ◆ Payee's name
- ◆ Third Party's name (if applicable)
- ◆ Child's initials and birth year (up to 5 children)
- ◆ ICAR case number
- ◆ Payee, Payor, and Third Party attorney name and address
- ◆ CSRU attorney name
- ◆ Judicial district court number

Worker enters the following information:

- ◆ Form electronically filed (if applicable)
- ◆ Payor receives SSI only (if applicable)
- ◆ Select requestor of court hearing
- ◆ Select requestor of the review
- ◆ Payor's relationship to child(ren)
- ◆ Payor's state of residence
- ◆ Payor's jurisdiction reason
- ◆ Payee's relationship to child(ren)
- ◆ Payee's state of residence
- ◆ Payee's jurisdiction reason

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- ◆ Select if there's a third party to the case
- ◆ Third Party's relationship to child(ren) (if applicable)
- ◆ Third Party's state of residence (if applicable)
- ◆ Third Party's jurisdiction reason (if applicable)
- ◆ If one child or multiple children and if 'home state' relevant
- ◆ Name of person child resides with (up to 5 children)
- ◆ State of residence (if 'home state' relevant)
- ◆ Date child(ren) began residence in state (if 'home state' relevant)
- ◆ Date child(ren) there through (if 'home state' relevant)
- ◆ Home state of child(ren) (if 'home state' relevant)
- ◆ If Single or Multiple Orders used to determine DCO
- ◆ Issuing state of order (all applicable orders up to 5)
- ◆ Issuing county of order (all applicable orders up to 5)
- ◆ Court order number (all applicable orders up to 5)
- ◆ Effective date (all applicable orders up to 5)
- ◆ Support amount (all applicable orders up to 5)
- ◆ Payment frequency (all applicable orders up to 5)
- ◆ Computation for reconciliation of arrears attached (if applicable)
- ◆ Amount of arrears (if applicable)
- ◆ Reconciled date (if applicable)
- ◆ Select one of three controlling order options
- ◆ State of controlling order
- ◆ County of controlling order
- ◆ Docket number of controlling order
- ◆ How CEJ was determined or if no CEJ
- ◆ Amount of support prior to deviation (if deviating)
- ◆ Frequency of payment
- ◆ Reason for deviation

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- ◆ Amount of support based on guidelines - no deviation
- ◆ Frequency of payment
- ◆ Reconciliation of multiple orders (if applicable, up to 3 orders)
- ◆ Multiple children—adjustment table (if applicable)
- ◆ Number of children entitled to support (up to 6 children)
- ◆ Support amount as each child emancipates
- ◆ Child care expense variance step downs (if applicable)
- ◆ Health insurance/cash medical support provisions
- ◆ Uncovered medical expenses provisions
- ◆ Parent qualified for medical satisfaction (if applicable)
- ◆ Name of parent with medical satisfaction
- ◆ Effective date of medical satisfaction
- ◆ Additional ICAR case numbers (if applicable, up to 2)
- ◆ Name of person to pay costs of action

Revised May 7, 2021

Acknowledgment of Challenge to Review and Adjust a Support Obligation (252H), Form 470-3262

Purpose	Use form 470-3262, <i>Acknowledgment of Challenge to Review and Adjust a Support Obligation (252H)</i> , to inform the challenging party that the Unit received the request to challenge the <i>NOD</i> and provides the Unit's response to the challenge. ICAR generates the appropriate cover letter for the form.
Source	Generate this form from the REVIEW3 screen, FORMVIEW or FORMOSEL.
Completion	<p>Complete this form when you receive a written challenge from a party or their attorney (if applicable) so you can provide them with a response.</p> <p>To generate this form from the REVIEW3 screen, enter CP, RP, TP, or OTHST in the CHALLENGE (CP/RP/TP/OTHST) field and either a 'Y' or 'N' in the ACCEPT field. If the request is denied, enter a deny reason code in the DENY RSN field.</p> <p>If you generate the form from the REVIEW3 screen or FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate.</p> <p>If you generate the form manually from the FORMVIEW screen, enter all necessary data to complete the form</p>
Distribution	Send the form to the party who challenged or the attorney, as appropriate. Save a copy of the form mailed to the challenging party in the imaged case file.
Data	<p>ICAR enters the following information. You must enter the information for a manually generated form:</p> <ul style="list-style-type: none">◆ Requestor's name and address◆ Current date◆ ICAR case number◆ Court order number◆ County name◆ Payee's name◆ Payor's name

- ◆ Third Party's name (if applicable)
- ◆ CSRU address and telephone number
- ◆ REVIEW request date
- ◆ Abbreviated or ICAR3 review (if applicable)
- ◆ If challenge denied, reason for denial
- ◆ Payee, Payor, and Third Party's attorney name and address (if applicable)

Worker enters the following information:

- ◆ Requestor of challenge (Payor, Payee, or Third Party)
- ◆ If the Unit will proceed with REVIEW
- ◆ If more information needed
- ◆ If the Unit is not conducting a REVIEW
- ◆ If other reason selected for denial, other reason information

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**Administrative Modification Order Cover Letter to Clerk of Court, Form
470-3267**

Purpose	<p>Use form 470-3267, <i>Administrative Modification Order Cover Letter to Clerk of Court</i>, to send the modified order packet to the clerk of court in the appropriate county of filing. The letter asks the clerk to present the original packet to a judge for signature.</p> <p>After obtaining the signature, the clerk will file stamp the approval as well as each document in the original and file packets and enter the order in the judgment docket. The clerk then returns a file-stamped copy of the approval order and the copy packet to the CSRU attorney who sent the letter.</p>
Source	<p>Generate this form from the REVIEW3 screen, FORMVIEW, or FORMOSEL. This form generates with the order.</p>
Completion	<p>Complete this form if you are mailing the order to the clerk of court. If you are filing electronically, this form is not completed.</p> <p>To generate this form from the REVIEW3 screen, enter either 'Y' or 'R' in the GENERATE ORDER (Y/R) field. If you generate this form from the REVIEW3 screen or FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate.</p> <p>If you generate the form manually from the FORMVIEW screen, enter all necessary data to complete the form.</p>
Distribution	<p>Send this form with the <i>Administrative Order for Modification of a Child Support Obligation</i> and the <i>252H Approval Order</i> to the CSRU attorney to mail to the clerk of court for approval and filing only if not electronically filed. If mailed, save a copy in the imaged case file.</p> <p>NOTE: Individual offices may have standard procedures for providing the information to the clerk of court. Follow your office's current procedures.</p>

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Data

ICAR enters the following information. You must enter the information for a manually generated form:

- ◆ Date
- ◆ County of filing
- ◆ CSRU telephone number
- ◆ CSRU attorney name and address

Worker enters the following information:

- ◆ County courthouse city name

Affidavit of Service by Certified Mail, Form 470-4209

Purpose	Use form 470-4209, <i>Affidavit of Service by Certified Mail</i> , when you serve a party by certified mail because they did not accept service by waiver. The form indicates the party was served the notice packet by certified mail. It provides the date the Post Office reports the party signed the Domestic Return Receipt, or an authorized agent signed the Domestic Return Receipt, the Certified Mail Receipt, and the Domestic Return Receipt.
Source	Generate this form from the REVIEW2 screen or FORMVIEW.
Completion	<p>Complete this form when a party is successfully served the NOI packet by certified mail.</p> <p>To generate this form from the REVIEW2 screen, enter 'G' in the SERVED (Y/G/A//N) field and the service date in the DATE field. Press F3 to update.</p> <p>If you generate the form from the FORMVIEW screen, you must enter all of the data.</p>
Distribution	<p>Complete the form and attach the Certified Mail Receipt and the Domestic Return Receipt.</p> <p>File the original with the court. Save a copy of the completed form in the imaged case file.</p>
Data	<p>ICAR enters the following information:</p> <ul style="list-style-type: none">◆ County of filing (up to 3 orders)◆ Court order number (up to 3 orders)◆ Petitioner's name (up to 3 orders)◆ Respondent's name (up to 3 orders)◆ Worker name◆ Date certified mail packet sent◆ Date packet delivered◆ Name of party served◆ ICAR case number

Worker enters the following information:

- ◆ Which process you are serving for
- ◆ Type of certified mail
- ◆ Who pre-paid postage
- ◆ Who is signing the affidavit
- ◆ Total cost of postage
- ◆ If addressee signed for certified mail
- ◆ If authorized agent signed for certified mail

Affidavit of Service by U.S. Regular Mail, Form 470-4480

Purpose Use form 470-4480, *Affidavit of Service by U.S. Regular Mail*, to serve any necessary party by regular mail when they receive Iowa FIP benefits. The form indicates the party was served the NOI or NOD packet and provides the date you put a copy of the documents in the U.S. regular first class mail.

Source Generate this form from the REVIEW1 screen (regular or ICAR1), REVIEW2 screen (if abbreviated or ICAR3) or FORMVIEW.

Completion Generate this form when a party is currently receiving FIP benefits and needs served.

Complete this form when:

- ◆ The payee's current account type is an "11" as indicated on the CASE screen,
- ◆ The payor is receiving FIP (FIP displays in the PARENT INDICATOR field on the NARRCASE screen)
- ◆ The third party's current account type is an "11" as indicated on the TPARTY screen.

To generate this form from the REVIEW1 screen, enter 'U' in the SERVED (Y/G/A/U/N) field and the date you put the packet in the U.S. mail in the DATE field. Press F3 to update.

To generate this form from the REVIEW2 screen, enter 'U' in the SERVED (Y/G/A/U/N) field and the date you put the packet in the U.S. mail in the DATE field. Press F3 to update.

If you generate the form from the FORMVIEW screen, you must enter all of the data.

Distribution Mail the party receiving FIP benefits this form with their NOI packet by regular U.S. mail. If the packet comes back undelivered and you have a new address from the post office or IM worker, serve the packet using the new address by regular U.S. mail. Change the date of service to the date you put the packet back in the mail.

Save a copy of the completed form in the imaged case file. File the original with the court with the rest of the packet.

Data

ICAR enters the following information:

- ◆ County of filing (up to 3 orders)
- ◆ Court order number (up to 3 orders)
- ◆ Petitioner's name (up to 3 orders)
- ◆ Respondent's name (up to 3 orders)
- ◆ 2nd Respondent (up to 3 orders)
- ◆ Worker name
- ◆ If serving Review Notice of Intent by mail
- ◆ If serving Notice of Decision by mail
- ◆ If serving ADMOD Notice of Intent by mail
- ◆ Name of person served by regular mail
- ◆ Date notice was mailed
- ◆ ICAR case number

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Application for §915.20A Order for Nondisclosure, Form 470-3657

Purpose	Use form 470-3657, <i>Application for §915.20A Order for Nondisclosure</i> , when the CSRU attorney needs to request the court by 'ex parte' (without notice to the opposing party) motion to file the return of service without the actual address.
Source	Generate this form from FORMVIEW.
Completion	<p>Complete this form when you are requesting the court to approve the filing of the return of service without the actual address.</p> <p>To generate the form manually from the FORMVIEW screen, you must enter all necessary data to complete the form.</p>
Distribution	<p>Send the form with 470-3658, <i>§915.20A Order for Nondisclosure</i> to the CSRU attorney to review and present to the district court for signature and filing with the clerk of court. Save a copy of the completed form in the imaged case file.</p> <p>NOTE: Individual offices may have standard procedures for preparing the form for the CSRU attorney to submit the information to the clerk of court. Follow your office's current procedures.</p>
Data	<p>Worker enters the following information:</p> <ul style="list-style-type: none">◆ County name◆ Petitioner and Respondent information◆ Court order number◆ CSRU attorney name◆ Name of person to be served◆ Type of notice served◆ Month and year judge will sign◆ CSRU attorney name, PIN number, and title◆ CSRU address and telephone number

Child Support Declaration, Form 470-4084

Purpose	Use form 470-4084, <i>Child Support Declaration</i> , when a party is in prison and consents to the modification or a party is in the military and waives SCRA rights. A person may sign the form to consent to the modification for another reason.
Source	Generate this form from FORMVIEW.
Completion	Complete this form when a party is incarcerated or in the military and a court hearing is not held. That party must sign and return the form in order for you to proceed with the REVIEW. To generate the form manually from the FORMVIEW screen, you must enter all necessary data to complete the form.
Distribution	Send this form along with the order to the party to sign. File the original with the court. Save a copy of the completed form in the imaged case file.
Data	Worker enters the following information: <ul style="list-style-type: none">◆ Select if the person is in prison or is a servicemember◆ Select if the person is signing for another reason◆ Name of person signing the declaration◆ ICAR case number

Child Support Guidelines Worksheet, Form 470-2640

Purpose	Use form 470-2640, <i>Child Support Guidelines Worksheet</i> , to inform the parties of the recommended amount of current support based on the financial circumstances of the parties and the number of children included in the REVIEW. The Unit does not adjust or seek accrued support in the REVIEW process.
Source	<p>To generate a new worksheet for a case, access the GUIDLINE screen in ICAR. Enter a 'Y' in the REVIEW/ADMOD? (Y/N) field and press PF12 to download data from ICAR. Access the form in the guidelines application.</p> <p>For an existing worksheet or to create an ad-hoc scenario, access the form in the guidelines application.</p>
Completion	<p>Complete this form after you receive financial information from the parents or you obtain financial information from other databases.</p> <p>If you download ICAR data to the guidelines application, some information from ICAR displays in the worksheet.</p> <p>Enter all necessary financial information and add comments to complete the worksheet. The guidelines application performs the necessary calculations. All of that information displays on this form. For more information, see 10-H, Determining Child Support Obligations.</p> <p>To print this form from the guidelines application, select "Print Preview" from the heading section and select "View/Print Guidelines Worksheet" or "View/Print Redacted Guidelines Worksheet." If you are sending a revised worksheet, make sure you select the box to "Mark worksheet as revised."</p>
Distribution	<p>Send this form by regular mail with the cover letter and form 470-3259, <i>Notice of Decision to Review and Adjust a Child Support Obligation</i> (NOD) or form 470-3260, <i>Revised Notice of Decision to Review and Adjust a Child Support Obligation</i> to all necessary parties and their attorney, if applicable. The parties can receive the unredacted version by mail.</p> <p>Save a copy of the redacted and unredacted worksheet in the imaged case file. Include the redacted version of this form with the documents you prepare for filing with the clerk of court.</p>

Serve this form in an abbreviated review or ICAR3 review with the NOD on all necessary parties. Serve this form, with the NOD, by regular mail if a party receives FIP benefits.

Data

The following information downloads from ICAR. If you want to create an ad-hoc scenario, you must enter all of the information:

- ◆ ICAR case number
- ◆ Docket number
- ◆ Payor name
- ◆ Payee name
- ◆ Dependent's names and paternity indicator
- ◆ Current support obligation amount
- ◆ Number of Court-Ordered Visitation Overnights with Payor if listed on the COURTOR2 screen.

Worker enters the following information:

- ◆ Additional docket numbers
- ◆ Type of case
- ◆ Type of calculation
- ◆ Worker's name (prepared by)
- ◆ Payor and Payee income and deductions
- ◆ Qualified Additional Dependent Deductions (QADD)
- ◆ Dependents to be included in calculation
- ◆ Family and single health insurance costs for Payor and Payee (if applicable)
- ◆ Support type selection based on Medical Support Hierarchy
- ◆ Current obligation amount (if applicable)
- ◆ Selection to use current obligation (if applicable)
- ◆ Number of extraordinary visitation overnights (if applicable)
- ◆ Deviation reason and amount (if applicable)
- ◆ Foster care case – non-resident QADD's
- ◆ Foster care case – use 30% deviation
- ◆ Frequency of current support payments (if applicable)
- ◆ Comments

Consent to Jurisdiction, Form 470-5328

Purpose	Use form 470-5328, <i>Consent to Jurisdiction</i> , when you receive a request for modification on an Iowa order and all of the parties live outside of Iowa, but they want to consent to give Iowa continuing exclusive jurisdiction (CEJ) to modify. If the parties do not consent to having the order modified in Iowa, follow normal procedures to have the order modified in the appropriate CEJ state.
Source	Generate this form from FORMVIEW.
Completion	Complete this form prior to starting the modification process. Generate the form from the FORMVIEW screen. You must enter all of the data.
Distribution	File the original with the court with the other review documents. Save a copy of the completed form in the imaged case file.
Data	The worker enters the following information: <ul style="list-style-type: none">◆ Today's date◆ ICAR case number◆ Docket number◆ Date the original order was filed◆ County of filing◆ Payee's name◆ Payor's name◆ Select who will be receiving the form◆ Name and address of the person selected◆ Date when form must be returned◆ Select if this is a foster care case.◆ CSRU address and phone number◆ Petitioner lines 1-6◆ Respondent lines◆ 2nd Respondent lines◆ Select if there is an assignee or assignees of child support◆ Name of assignee(s)◆ Child initials and year of birth (up to 5 children)

Court Hearing Status Report, Form 470-3369

Purpose	Use form 470-3369, <i>Court Hearing Status Report</i> to inform the requesting party that you are denying their request for a court hearing.
Source	Generate this form from the REVIEW4 screen, FORMVIEW, or FORMOSEL.
Completion	<p>Complete this form when you are denying a request for court hearing for one of the following reasons:</p> <ul style="list-style-type: none">◆ The receipt of the request was after the time limit had expired and after the filing of the order,◆ The requestor is not eligible to request a court hearing, or◆ Other. <p>To generate this form from the REVIEW4 screen, complete the REQ COURT HEARING BY field and the DATE field with the necessary information. Enter a '1' if receipt of request received after the time limit and after the filing of the order, '2' if the requestor is not eligible to request a hearing, or '3' for other reasoning in the REQ COURT HEARING BY DENY RSN field.</p> <p>If you generate the form from the REVIEW4 screen or FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate.</p> <p>If you generate the form manually from the FORMVIEW screen, enter all necessary data to complete the form.</p>
Distribution	Send the form to the party requesting the hearing. Save a copy of the form sent to the requesting party in the imaged case file.
Data	<p>ICAR enters the following information. You must enter the information for a manually generated form:</p> <ul style="list-style-type: none">◆ Date◆ Current date◆ ICAR case number◆ Payee's name◆ Payor's name

- ◆ Worker's name and title
- ◆ CSRU address and telephone number

Worker enters the following information:

- ◆ Requestor's name and address

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Cover Letter – Administrative Order for Modification – Multiple Orders, Form 470-3268

Purpose	<p>Use form 470-3268, <i>Cover Letter – Administrative Order for Modification – Multiple Orders</i>, to ask the clerk to present the original packet to a judge for signature.</p> <p>After obtaining the signature, the clerk will file stamp the approval as well as each document in the original and file packets and enter the order in the judgment docket. The clerk then returns a file-stamped copy of the approval order and the copy packet to the CSRU attorney who sent the letter.</p>
Source	<p>Generate this form from the REVIEW3 screen, FORMVIEW, or FORMOSEL. This form generates with the order.</p>
Completion	<p>Complete this form if you are mailing multiple orders to the clerk of court. If you are filing electronically, this form is not completed.</p> <p>To generate this form from the REVIEW3 screen, enter either 'Y' or 'R' in the GENERATE ORDER (Y/R) field.</p> <p>If you generate the form from the REVIEW3 screen or FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate.</p> <p>If you generate the form manually from the FORMVIEW screen, enter all necessary data to complete the form.</p>
Distribution	<p>Send this form with the <i>Administrative Order for Modification of a Child Support Obligation</i> and the <i>252H Approval Order</i> to the CSRU attorney to mail to the clerk of court for approval and filing only if not electronically filed. If mailed, save a copy in the imaged case file.</p> <p>NOTE: Individual offices may have standard procedures for providing the information to the clerk. Follow your office's current procedures.</p>

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Data

ICAR enters the following information. You must enter the information for a manually generated form:

- ◆ Date
- ◆ County of filing
- ◆ Court order number (up to 3 orders)
- ◆ Court order county of filing (up to 3 orders)
- ◆ CSRU telephone number
- ◆ CSRU attorney name and address

Worker enters the following information:

- ◆ County courthouse city name
- ◆ Order should be approved and filed or only filed (for each applicable order)
- ◆ Select appropriate filing paragraph

Cover Letter for Orders, Form 470-3910

Purpose	Use form 470-3910, <i>Cover Letter for Orders</i> , as a cover letter to the parties' copy of the support order.
Source	Generate this form from the REVIEW3 or REVIEW 4 screens or FORMVIEW.
Completion	<p>Complete this form when you send a copy of the filed support order to the parties.</p> <p>Enter a "Y" in the COPIES SENT (Y) field on the REVIEW3 or REVIEW4 screen to generate this form. A copy will generate for each party.</p> <p>NOTE: You must update the ADMIN ORDER FILED (Y/N) field on the REVIEW3 screen or the JUD ORDER FILED (Y/N) field on the REVIEW4 screen before you will be able to update the COPIES SENT (Y) field.</p> <p>If you generate this form from the REVIEW3 or REVIEW4 screens, ICAR automatically enters all of the data. If you generate the form from the FORMVIEW screen, you must enter all of the data.</p>
Distribution	<p>Send this form with a copy of the filed order to the parties, or their attorneys, if applicable.</p> <p>On interstate cases send a copy of this form with the filed-stamped order to the other state. (See 9-K, Interstate Case Processing, for information about sending documents to other states.)</p>
Data	<p>ICAR enters the following information:</p> <ul style="list-style-type: none">◆ Addressee's name and address◆ Letter going to Out of State Agency (if applicable)◆ Initiating state's IV-D address (if applicable)◆ ICAR case number◆ Name of the other party involved in the action◆ Client name if mailing to attorney or other state (if applicable)

- ◆ Type of order enclosed
- ◆ CSRU worker's name, title, and address

The worker enters the following information:

- ◆ Current date
- ◆ CSRU information needed or not needed
- ◆ Person receiving the form (payor or payee)
- ◆ CSRU telephone number

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[Directions for Service and Return of Service for Service in Iowa, Form 470-3181](#)

Purpose	<p>Use form 470-3181, <i>Directions for Service and Return of Service</i>, to provide location and description information necessary for successful service in Iowa. The return form is for the sheriff or process server to report the success or failure of the service attempt.</p> <p>NOTE: Form 470-3325 provides information for out-of-state service.</p>
Source	<p>Generate this form from the REVIEW1 screen (regular or ICAR1), from the REVIEW2 screen (if abbreviated or ICAR3), or from FORMVIEW.</p>
Completion	<p>Complete this form when other methods of service are not successful and you need to serve a party in Iowa.</p> <p>Do not generate this form to serve a party if they are receiving FIP benefits, instead serve them by regular mail.</p> <p>The sheriff or process server completes, signs, and has notarized the Return of Service page after successful or unsuccessful service attempts and returns it to CSRU.</p> <p>To generate this form from the REVIEW1 (regular or ICAR1) or REVIEW2 screen (for abbreviated or ICAR3), enter either 'Y' or 'R' in the GEN SERVICE REQT (Y/R) field for CP, RP or TP, and an 'I' in the I/O field.</p> <p>If you generate the form from the REVIEW1 or REVIEW2 screen, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate.</p> <p>If you generate the form manually from the FORMVIEW screen, enter all necessary data to complete the form.</p>
Distribution	<p>Send this form along with the NOI packet or NOD packet (if abbreviated or ICAR3) for each necessary party to the in-state sheriff or process server by first class mail or through other appropriate office procedures.</p>

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Save a copy in the imaged case file. File the Return of Service with the court if this method of service is successful.

If the person you are trying to serve resides in a shelter, include form 470-3665, *Information Sheet for Sheriffs and Private Process Servers*, and form 470-3656, *Section 915.20A Affidavit Regarding Return of Service*. (See 9-A, [General Program Information](#).)

Data

ICAR enters the following information. You must enter the information for a manually generated form:

- ◆ ICAR case number
- ◆ Court order number
- ◆ Current date
- ◆ Item to be served
- ◆ Person to be served and the service address
- ◆ Employer name and address
- ◆ Social security number and date of birth of person to be served
- ◆ Other physical description data (e.g. sex, race, height, weight, hair and eye color) for payor only, worker must enter for payee and third party
- ◆ CSRU/FCRU worker name
- ◆ Worker title or ID
- ◆ Office address and telephone number

Worker enters the following information:

- ◆ Expiration date of service request
- ◆ County where requesting service
- ◆ Sheriff's office or Process Server name and address
- ◆ Type of service (personal or on any adult in the household)
- ◆ Other information relating to service
- ◆ Office (e.g. Sioux City CSRU)
- ◆ Where to return service and billing information
- ◆ Other directions (if applicable)

Financial Statement, Form 470-0204

Purpose	Use form 470-0204, <i>Financial Statement</i> to request financial information from the parents. The information provided from the parents assists in calculating the guidelines.
Source	Generate this form from the REVIEW1 screen or from FORMVIEW.
Completion	<p>Generate this form when you need to calculate the child support obligation. This form generates as part of the NOI packet.</p> <p>To generate this form from the REVIEW1 screen, enter either 'Y' or 'R' in the NOI (Y/R) field.</p> <p>If you generate the form from the REVIEW1 screen, ICAR automatically enters all of the data into the heading of the form. The parents complete the remainder of the form.</p> <p>If you generate the form manually from the FORMVIEW screen, you must enter all necessary data to complete the form.</p>
Distribution	<p>Send this form by regular mail along with form 470-3253, <i>Notice of Intent to Review and Adjust a Child Support Obligation</i> and accompanying documents in the NOI packet to each necessary party in a regular and ICAR1 review.</p> <p>By signing the request form, the requestor agrees to accept service by regular mail. If a party does not return the waiver, you must serve the party this form in the packet. Follow normal procedures to serve by certified mail, sheriff, or process server.</p> <p>In a caretaker case do not send this form to the non-parental caretaker, unless the courts established a legal obligation for the caretaker to provide financial support for the children in the order.</p> <p>In an ICAR3 review, do not send a financial statement to the parties at the beginning of the process, because you will use online income information. If a party requests a second review, include a financial statement in the packet for each necessary party.</p>

Manually generate and mail only this form to a legal parent who is not a necessary party.

Save a copy of each completed form in the imaged case file. Include the completed form from each party with the documents you prepare for filing with the clerk of court.

Data

ICAR enters the following information. You must enter the information for a manually generated form:

- ◆ Person's name signing financial statement
- ◆ Child's initials (up to 5 children)
- ◆ Date prepared
- ◆ ICAR case number
- ◆ Worker ID
- ◆ Court order number
- ◆ County of filing
- ◆ CSRU telephone number and address

Worker enters the following information:

- ◆ Selection to print financial statement and/or additional financial information

Foster Care Financial Statement, Form 470-2870

Purpose	Use form 470-2870, <i>Foster Care Financial Statement</i> , to request financial information from the parents. The information provided from the parents assists in calculating the guidelines.
Source	Generate this form from FORMVIEW.
Completion	<p>Complete this form when you need to calculate the child support obligation for a foster care case.</p> <p>To generate the form from the FORMVIEW screen, you must enter all necessary data to complete the form. The parents complete the remainder of the form.</p>
Distribution	<p>Send this form by regular mail along with the NOI packet to the payor.</p> <p>Send only this form to the other legal parent.</p> <p>If the payor does not return the waiver, you must serve them with this form in the packet. Follow normal procedures to serve by certified mail, sheriff, or process server.</p> <p>Save a copy of each completed form in the imaged case file. Include the completed form from the parents with the documents you prepare for filing with the clerk of court.</p>
Data	<p>You must enter the information for a manually generated form:</p> <ul style="list-style-type: none">◆ Person's name signing financial statement◆ Child's initials (up to 5 children)◆ Date prepared◆ ICAR case number◆ Worker ID◆ Court order number◆ County of filing◆ FCRU telephone number and address◆ Address of person signing the financial statement◆ Selection for additional financial information (if applicable)

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Important Information About Accepting Service of Process, Form 470-3655

Purpose	<p>Use form 470-3655, <i>Important Information About Accepting the Service of Process</i>, for persons living in a crime victim center or when you are sending a waiver of service to a case party. The form advises the person of their right to accept delivery of the NOI packet without legal service of process and of their responsibilities.</p> <p>Form 470-3252, <i>Waiver of Personal Service and Acceptance of Review and Adjustment Notice</i>, is included for the person's signature.</p>
Source	<p>Generate this form from FORMVIEW.</p>
Completion	<p>Complete this form when a party who needs to be served lives in a crime victim center (shelter). You may also wish to send this form when you send a waiver of service at other times, as well.</p> <p>To generate the form from the FORMVIEW screen, enter all necessary data to complete the form.</p>
Distribution	<p>Send this form and include form 470-3252, <i>Waiver of Personal Service of the Review and Adjustment Notice and Consent to Jurisdiction</i>, along with the NOI or NOD (if abbreviated or ICAR3) packet to the party residing in a crime victim center (shelter) or, at other times, the party's mailing address. Save a copy of the form in the imaged case file.</p>
Data	<p>Worker enters the following information:</p> <ul style="list-style-type: none">◆ Current date◆ Name and address of person to be served◆ CSRU worker name◆ CSRU address and telephone number◆ Child's name (up to 6 children)◆ ICAR case number◆ Docket number◆ County name of court docket

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Information Sheet for Sheriffs and Private Process Servers, Form 470-3665

Purpose	Use form 470-3665, <i>Information Sheet for Sheriffs and Private Process Servers</i> , to inform the sheriff or process server of the procedures to use for situations when the person whom we need to serve, resides in a crime victim center (shelter).
Source	Generate this form from FORMVIEW.
Completion	Complete this form when you are serving by the sheriff or process server and the person you need to serve resides in a crime victim center (shelter). This form requires no input to generate.
Distribution	Send this form to the sheriff or process server with forms 470-3181 <i>Directions for Service and Return of Service</i> and 470-3656 <i>§915.20A Affidavit of Service</i> for in-state service or forms 470-3325 <i>Out of State Directions for Service and Out of State Return of Service</i> and 470-3656 <i>§915.20A Affidavit of Service</i> for out-of-state service.
Data	This form requires no variables.

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Notice of Decision to Review and Adjust a Support Obligation, Form 470-3259

Purpose	Use form 470-3259, <i>Notice of Decision to Review and Adjust a Support Obligation (NOD)</i> , to provide all necessary parties the results of the REVIEW. The form advises the parties of their rights to request a second REVIEW or ask for a court hearing. ICAR generates the appropriate cover letter for each party.
Source	Generate this form from the REVIEW2 screen, FORMVIEW, or FORMOSEL.
Completion	<p>Complete this form after you calculate the new child support obligation, complete the guidelines worksheet, and upload the guidelines information to ICAR. Do this on or after the 16th calendar day after service on the last party unless all parties waive the pre-review waiting period.</p> <p>In an abbreviated or ICAR3 review, complete the NOD when you determine the case meets criteria for a review and you have completed the guidelines worksheet.</p> <p>To generate this form from the REVIEW2 screen, enter 'Y' or 'R' in the NOD ISSUED (Y/R/V/X) field. Generation of this form from the REVIEW2 screen also generates the appropriate cover letters for each party. NOTE: Enter the results of the REVIEW on the REVIEW2 screen before generating this form.</p> <p>If you generate the form from the REVIEW2 screen or FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate.</p> <p>If you generate the form manually from the FORMVIEW screen, enter all necessary data to complete the form.</p>
Distribution	Mail this form and appropriate cover letter, form 470-3261 <i>Waiver of Post-Review Waiting Period for Review and Adjustment (252H)</i> , and form 470-2640, <i>Child Support Guidelines Worksheet</i> to the last known address for each necessary party or attorney, if applicable.

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You must serve this form in an abbreviated or ICAR3 action, with the Child Support Guidelines Worksheet on all necessary parties. You can serve this form by regular mail if a party receives FIP benefits.

If the requestor is a child support agency in another state, send that state a copy of this form and other accompanying documents. (See 9-K, [Interstate Case Processing](#), for information about sending documents to other states.)

Save a copy of the NOD and cover letters mailed to the parties in the imaged case file. Include the NOD form with the documents you prepare for filing with the clerk of court.

Data

ICAR enters the following information: You must enter the information for a manually generated form:

- ◆ Payee, Payor, and Third Party address (on the cover letter)
- ◆ Select for Proof of Service (if request received from a party)
- ◆ Party that requested the review
- ◆ Current date
- ◆ Date, month, year pre-review requested
- ◆ Day, month, year person was served
- ◆ ICAR case number
- ◆ Foster care case (if applicable)
- ◆ Requestor is ICAR3 or abbreviated (if applicable)
- ◆ Primary court order number
- ◆ County name
- ◆ Payee/Caretaker's name and state of residence
- ◆ Payor's name and state of residence
- ◆ Third Party's name and state of residence (if applicable)
- ◆ CSRU address and telephone number
- ◆ Payee, Payor, and Third Party's attorney name and address (if applicable)
- ◆ Child's initials and birth year (up to 5 children)
- ◆ Issuing state of order (all applicable orders up to 5)

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- ◆ Issuing county of order (all applicable orders up to 5)
- ◆ Court order number (all applicable orders up to 5)
- ◆ Petitioner and Respondent information for proof of service page (all applicable orders up to 3)
- ◆ File stamped date (all applicable orders up to 5)
- ◆ Support amount (all applicable orders up to 5)
- ◆ Payment frequency (all applicable orders up to 5)

Worker enters the following information:

- ◆ Payee/Caretaker's jurisdiction reason
- ◆ Payor's jurisdiction reason
- ◆ Third Party's jurisdiction reason (if applicable)
- ◆ Outcome of the REVIEW
- ◆ If reconciliation of arrears appropriate
- ◆ If supporting documents enclosed (select all that are applicable)
- ◆ If one child or multiple children and if 'home state' relevant
- ◆ Name of person child resides with (up to 5 children)
- ◆ State of residence (if 'home state' relevant)
- ◆ Date child began residence in state (if 'home state' relevant)
- ◆ Date child there through (if 'home state' relevant)
- ◆ Home state of child (if 'home state' relevant)
- ◆ If single or multiple orders used to determine DCO
- ◆ State of controlling order(s)
- ◆ County of controlling order(s)
- ◆ Docket number of controlling order(s)
- ◆ How CEJ was determined or if no CEJ

Revised May 7, 2021

**Notice of Intent to Review and Adjust a Child Support Obligation, Form
470-3253**

Purpose	<p>Use form 470-3253, <i>Notice of Intent to Review and Adjust a Child Support Obligation</i>, (NOI) to provide legal notice to the necessary parties of the Unit's intent to review and adjust the identified support orders.</p> <p>The NOI describes the legal basis for the REVIEW process and the orders to be reviewed. The NOI provides information about the process and steps in the process, identifies the information needed to complete the REVIEW process and outlines the parties' rights and responsibilities. The Proof of Service generates with the NOI.</p> <p>The Proof of Service page certifies that the Unit received a Request to Modify a Child Support Order from one of the parties and that the party waives their right to personal service of the NOI and that they agree to accept service by regular mail. It also certifies that the Unit served the NOI by first class mail to the requestor's last known address.</p>
Source	<p>Generate this form from the REVIEW1 screen, FORMVIEW, or FORMOSEL.</p>
Completion	<p>Complete this form when you have accepted the review request. You do not complete this form in an abbreviated or ICAR3 action.</p> <p>Complete and sign the Proof of Service page that prints for the requesting party.</p> <p>Regenerate this form when you need service on a party or when you need to make corrections to the initial NOI.</p> <p>To generate this form from the REVIEW1 screen, enter either 'Y' or 'R' in the NOI (Y/R) field. If you generate the form from the REVIEW1 screen or FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate.</p> <p>If you generate the form manually from the FORMVIEW screen, enter all necessary data to complete the form.</p>

Revised May 7, 2021

Distribution

Send this form and accompanying documents by regular mail to the payor, payee, and any necessary third party when you receive a completed request for review or ICAR selects the case as an ICAR1 review.

If any of the non-requesting parties do not return form 470-3252, *Waiver of Personal Service and Acceptance of Review and Adjustment Notice*, waiving service, you will need to serve them the NOI.

Mail the NOI packet to the requestor within five calendar days of receiving the request. If service of the NOI by mail is not successful within 90 days, have the requestor sign the *Waiver of Personal Service and Acceptance of Review and Adjustment Notice* or serve by certified mail, sheriff, or process server.

If a party receives FIP benefits, you can serve the NOI on that party by regular mail.

If you need to register another state's order to complete the review, serve the NOI with the registration forms packet to all necessary parties.

If you obtain successful service on the parties with the first NOI, and an amended notice needs sent, stamp the amended notice with the proof of service stamp prior to re-mailing it. Do not send with proof of service stamp if you do not yet have service on the party.

Save a copy of the form(s) mailed to the parties in the imaged case file. These forms need to be included with the documents you prepare for filing with the clerk of court.

Data

ICAR enters the following information. You must enter the information for a manually generated form:

Proof of Service

- ◆ Select for proof of service (if a party requested the review)
- ◆ Petitioner and Respondent information
- ◆ Issuing County of Order (all applicable orders up to 3)
- ◆ Day, month, and year request form received
- ◆ Day, month, and year NOI served by 1st class mail
- ◆ Requestor of the REVIEW

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NOI

- ◆ ICAR case number
- ◆ Foster care case (if applicable)
- ◆ Date of notice
- ◆ Payee/Caretaker's name
- ◆ Payor's name
- ◆ Third Party name (if applicable)
- ◆ Payee/Caretaker's state of residence
- ◆ Payor's state of residence
- ◆ Third Party's state of residence (if applicable)
- ◆ Child's initials (up to 5 children)
- ◆ Issuing state of order (all applicable orders up to 5)
- ◆ Court order number (all applicable orders up to 5)
- ◆ CSRU address and telephone number
- ◆ Payor, Payee, & Third Party attorney name and address (if applicable)

Worker enters the following information on NOI:

- ◆ If DCO is being or was previously determined
- ◆ Court order data if DCO previously completed
- ◆ If reconciliation of arrears statement

Revised May 7, 2021

**Notice of a Second Review of a Child Support Obligation (252H), Form
470-3263**

Purpose	<p>Use form 470-3263, <i>Notice of a Second Review of a Child Support Obligation</i>, to provide notice to the necessary parties that you received a challenge and that you will conduct a second REVIEW of the identified support orders.</p> <p>The notice identifies any information needed to complete the second REVIEW and outlines the parties' rights and responsibilities.</p>
Source	<p>Generate this form from the REVIEW3 screen, FORMVIEW, or FORMOSEL.</p>
Completion	<p>Complete this form if accepting a written challenge received by one of the case parties or their attorney (if applicable).</p> <p>To generate this form from the REVIEW3 screen, enter 'Y' or 'R' in the NOTICE OF 2ND REV (Y/R) field.</p> <p>If you generate the form from the REVIEW3 screen or FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate.</p> <p>If you generate the form manually from the FORMVIEW screen, enter all necessary data to complete the form.</p>
Distribution	<p>Send a copy to all necessary parties or attorneys, as appropriate.</p> <p>If the requestor is a child support agency in another state, send that state a copy of this form. (See 9-K, Interstate Case Processing, for information about sending documents to other states.)</p> <p>Save a copy of the form mailed to the parties in the imaged case file.</p>

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Data

ICAR enters the following information. You must enter the information for a manually generated form:

- ◆ Payee, Payor, or Third Party's name and address
- ◆ Current date
- ◆ ICAR case number
- ◆ Court order number (up to 3 orders)
- ◆ County name
- ◆ Payee's name
- ◆ Payor's name
- ◆ Third Party's name (if applicable)
- ◆ Child's initials (up to 5 children)
- ◆ CSRU address and telephone number
- ◆ Contesting party
- ◆ Abbreviated or ICAR3 (if applicable)
- ◆ Payee, Payor, and Third Party attorney name and address (if applicable)
- ◆ Foster care case (if applicable)

Worker enters the following information:

- ◆ Recipient of the notice
- ◆ If other state challenged – name of state
- ◆ If other information is needed or not needed
- ◆ If revised NOD has been issued

Notice of Withdrawal Request (252H), Form 470-3256

Purpose Use form 470-3256, *Notice of Withdrawal Request (252H)*, to provide notice to other necessary parties that the requestor has asked to withdraw the request for REVIEW.

The non-requesting party or parties may request the REVIEW continue or agree to terminate the REVIEW by completing form 470-3257, *Request to Continue Review (252H)*, which is included.

Source Generate this form from the REVIEW2 screen, FORMVIEW or FORMOSEL.

Completion Complete this form if the requestor provides a written request to withdraw the REVIEW after service of the NOI packet on the non-requestor.

If generating from the REVIEW2 screen, enter the party requesting to withdraw in the REQ TO WITHDRAW RECD (CP/RP/TP/OTHST) field. When you make an entry of "OTHST," you must generate the form to send to the non-requestors through the FORMVIEW or FORMOSEL screens. **Note:** The entry in the REQ TO WITHDRAW RECD (CP/RP/TP/OTHST) field must match the entry in the PREREVIEW REQUESTED BY field on REVIEW1.

If you generate the form from the REVIEW2 screen or FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate.

If you generate the form manually from the FORMVIEW screen, enter all necessary data to complete the form.

Distribution Send the form along with 470-3257, *Request to Continue Review (252H)* to each necessary non-requesting party.

Save a copy of the forms mailed to the parties in the imaged case file.

Do not send this form if the requestor asks to withdraw before you serve the NOI packet on the non-requesting party or parties.

Data

ICAR enters the following information. You must enter the information for a manually generated form:

- ◆ Current date
- ◆ ICAR case number
- ◆ Court order number
- ◆ County of order
- ◆ Payee name
- ◆ Payor name
- ◆ Third Party name (if applicable)
- ◆ CSRU address and telephone number
- ◆ Payee, Payor, and Third Party attorney name and address (if applicable)

Worker enters the following information:

- ◆ Non-requesting party
- ◆ Non-requestor's name and address

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**Out of State Directions for Service and Out of State Return of Service, Form
470-3325**

Purpose	Use form 470-3325, <i>Out of State Directions for Service and Out of State Return of Service</i> , to provide location and description information necessary for successful service. The form also asks the sheriff or process server to serve the documents and provide information about the details of the service.
Source	Generate this form from the REVIEW1 screen (regular or ICAR1) or from the REVIEW2 screen (if abbreviated or ICAR3), or FORMVIEW.
Completion	<p>Complete this form when other methods of service are not successful and you need to serve a party that is out of state.</p> <p>The sheriff or process server completes, signs, and has notarized the Return of Service page after successful or unsuccessful service attempts and returns it to CSRU.</p> <p>To generate this form from the REVIEW1 screen (regular or ICAR1) or from the REVIEW2 screen (if abbreviated or ICAR3), enter either 'Y' or 'R' in the GEN SERVICE REQ (Y/R) field. Enter 'O' in the CP, RP, or TP I/O field.</p> <p>If you generate this form from the REVIEW1 or REVIEW2 screen, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate.</p> <p>If you generate the form manually from the FORMVIEW screen, enter all necessary data to complete the form.</p>
Distribution	<p>Send this form along with the NOI packet or NOD packet (if abbreviated or ICAR3) for each necessary party to the out-of-state sheriff or process server by first class mail or through other appropriate office procedures.</p> <p>Save a copy in the imaged case file. File the Return of Service with the court if this method of service is successful.</p>

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If the person you are trying to serve resides in a shelter, include form 470-3665, *Information Sheet for Sheriffs and Private Process Servers*, and form 470-3656, *Section 915.20A Affidavit Regarding Return of Service*. (See 9-A, [General Program Information](#).)

Data

ICAR enters the following information. You must enter the information for a manually generated form:

- ◆ ICAR case number
- ◆ Court order number
- ◆ Date
- ◆ Item to be served
- ◆ Name of person to be served and their address
- ◆ Employer name and address
- ◆ Social Security number of person to be served
- ◆ Date of Birth of person to be served and other identifying information – (Payor only)
- ◆ Worker name
- ◆ Worker title or ID
- ◆ CSRU address and telephone number

Worker enters the following information:

- ◆ Expiration date
- ◆ County of service
- ◆ State of service
- ◆ Sheriff's office or Process Server name and address
- ◆ Personal Service required (if applicable)
- ◆ Service on any adult in household permitted (if applicable)
- ◆ Date of Birth of person to be served and other identifying information – (if Payee or Third Party)
- ◆ Other service information
- ◆ CSRU office name

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Reconciliation of Multiple Orders Worksheet, Form 470-3358

Purpose	Use form 470-3358, <i>Reconciliation of Multiple Orders Worksheet</i> , when there are two or more current orders involving the same parties. This form helps you determine the last payment amount and due date under the unmodified obligations, the reconciliation amount, and the first payment amount and due date of the new modified obligation.
Source	Generate this form from FORMVIEW, or FORMOSEL.
Completion	No variables are required to generate this form. Complete this form when a review is being completed involving two or more orders that have different frequency and due dates.
Distribution	This form will need to be included with the order and supporting documents that are prepared for filing with the clerk of court. Save a copy of this completed form in the imaged case file.
Data	This form requires no variables.

**Request for a Chapter 252H Hearing
for Modification of a Child Support Order and
Certification of Matter to District Court
470-3270**

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**Request for a Chapter 252H Hearing for Modification of a Child Support Order
and Certification of Matter to District Court, Form 470-3270**

Purpose Use form 470-3270, *Request for a Chapter 252H Hearing for Modification of a Child Support Order and Certification of Matter to District Court*, when you receive a request for a court hearing.

Send this form with the necessary supporting documentation to the court requesting they schedule a court hearing for the purpose of determining the adjustment to a child support obligation.

This form certifies service on the parties, receipt of a request for a court hearing, and that it is a true and accurate copy of the administrative proceedings.

Source Generate this form from the REVIEW4 screen, FORMVIEW, or FORMOSEL.

Completion Complete this form when a necessary party or CSRU requests a court hearing before the entry of an order.

Do not complete this form in an abbreviated or ICAR3 review if a party has not requested a second review and a second NOD has not issued as a result of their challenge to the first NOD.

To generate this form from the REVIEW4 screen, enter either 'Y' or 'R' in the REQUEST FOR HEARING GENERATED (Y/R) field.

If you generate the form from the REVIEW4 screen or FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate.

If you generate the form manually from the FORMVIEW screen, enter all necessary data to complete the form.

NOTE: This form handles up to three headings. If there are more than three orders involved in the adjustment, prepare the additional headings by editing the form and manually entering the other captions and court order numbers as appropriate.

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Distribution	<p>Send the form and the necessary supporting documentation to the CSRU attorney for review and filing with the clerk of court. Save a copy of the form in the imaged case file.</p> <p>NOTE: Individual offices may have standard procedures for preparing the documents for the CSRU attorney and providing the information to the clerk of court. Follow your office's current procedures.</p>
Data	<p>ICAR enters the following information. You must enter the information for a manually generated form.</p> <ul style="list-style-type: none">◆ County of filing◆ Court order number (up to 3 orders)◆ County of filing (up to 3 orders)◆ Petitioner and Respondent information◆ CSRU attorney name, title, PIN#, FAX number, address, and telephone number◆ CSRU worker name◆ Payee, Payor, and Third Party's attorney name and address◆ Payee, Payor, and Third Party name (if applicable) <p>Worker enters the following information:</p> <ul style="list-style-type: none">◆ Foster care case (if applicable)◆ Including DCO and reconciliation of arrears (if applicable)◆ Sending reconciliation arrears exhibit A (if applicable)◆ Party requesting hearing◆ CSRU or Other state agency requested (if applicable)◆ State name if other agency◆ Third Party on case (if applicable)◆ CSRU worker county◆ CSRU attorney's FAX number and email address◆ ICAR case number

Request to Continue Review (252H), Form 470-3257

Purpose	Use form 470-3257, <i>Request to Continue Review (252H)</i> , to ask the non-requesting party or parties whether the REVIEW process should continue or stop. Send this form with 470-3256, <i>Notice of Withdrawal Request (252H)</i> .
Source	Generate this form from the REVIEW2 screen, FORMVIEW or FORMOSEL.
Completion	<p>Complete this form when you receive a written request for withdrawal from the requestor. It is optional for the non-requesting party or parties to complete and return this form.</p> <p>To generate this form from the REVIEW2 screen, enter the party requesting to withdraw in the REQ TO WITHDRAW RECD (CP/RP/TP/OTHST) field. When you make an entry of "OTHST," you must generate the form to send to the non-requestors through the FORMVIEW or FORMOSEL screens. NOTE: The entry in the REQ TO WITHDRAW RECD (CP/RP/TP/OTHST) field must match the entry in the PREREVIEW REQUESTED BY field on REVIEW1.</p> <p>If you generate the form from the REVIEW2 screen or FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate.</p> <p>If you generate this form from the FORMVIEW screen, enter all necessary data to complete the form.</p>
Distribution	<p>Send this form with 470-3256, <i>Notice of Withdrawal Request (252H)</i> to the necessary non-requesting party or parties.</p> <p>Save a copy of the forms mailed to the parties in the imaged case file.</p>
Data	<p>ICAR enters the following information. You must enter the information for a manually generated form:</p> <ul style="list-style-type: none">◆ Date of notice◆ ICAR case number◆ Court order number◆ County of filing◆ Payee's name◆ Payor's name

- ◆ Third Party's name (if applicable)
- ◆ CSRU address and telephone number
- ◆ Who requested – a party or other state CSRU
- ◆ Who withdrew – a party or other state CSRU
- ◆ Payee, Payor, and Third Party attorney name and address

Worker enters the following information:

- ◆ Non-requesting party (Payee, Payor, or Third Party)
- ◆ Non-requestor's name and address
- ◆ If other state is requestor – name of state

Request to Modify a Child Support Order, Form 470-2749

Purpose	Use form 470-2749, <i>Request to Modify a Child Support Order</i> , when any necessary party requests REVIEW of a current child support order. By signing this form, the requestor agrees to accept service by regular mail and agrees to the personal jurisdiction of the Iowa court.
Source	Generate this form from FORMVIEW or FORMOSEL. A supply of these forms may be available at the local office. It is also available on the Child Support website at www.childsupport.ia.gov .
Completion	Provide this form anytime a necessary party requests REVIEW of a current support order. Complete only the information in the "For Office Use Only" box in the top right hand corner of the form. A necessary party affected by the court order must complete their name and signature on the form in order for it to be a valid request. This form requires no input to generate.
Distribution	Send or provide this form to any necessary party inquiring about the review and adjustment process. At the same time, give the party a copy of Comm. 85, <i>Procedures for Modifying Child Support Obligations: Review and Adjustment, Administrative Modification, Cost-of-Living Alteration</i> . Save a copy of the completed form in the imaged case file. Include the signature page of this form with the documents you prepare for filing with the clerk of court.
Data	This form requires no variables. Worker enters the following information: <ul style="list-style-type: none">◆ Selects if requestor is in prison

Results of Withdrawal Request (252H), Form 470-3258

Purpose	Use form 470-3258, <i>Results of Withdrawal Request (252H)</i> , to provide the results of the request to withdraw to all necessary parties.
Source	Generate this form from the REVIEW2 screen, FORMVIEW or FORMOSEL.
Completion	<p>Complete this form once the non-requestor returns form 470-3257 (asking to continue or stop the process) or after ten calendar days have passed and the non-requestor has not responded.</p> <p>To generate this form from the REVIEW2 screen, enter 'Y' or 'N' in the WITHD REQ ACCEPTED (Y/N) field and the code in the CODE field.</p> <p>If you generate the form from the REVIEW2 screen or FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate.</p> <p>If you generate the form manually from the FORMVIEW screen, enter all necessary data to complete the form.</p>
Distribution	Send the form to each necessary party or attorney, if applicable. Save a copy of the forms sent to the parties in the imaged case file.
Data	<p>ICAR enters the following information. You must enter the information for a manually generated form.</p> <ul style="list-style-type: none">◆ Payee, Payor, or Third Party name and address◆ Current date◆ ICAR case number◆ Court order number◆ County name◆ Payee's name◆ Payor's name◆ Third Party's name (if applicable)◆ CSRU address and telephone number◆ Payee, Payor, and Third Party's attorney name and address

Worker enters the following information:

- ◆ Intended recipient of form
- ◆ If withdraw accepted and no one is barred
- ◆ If withdraw accepted but one person barred or two or more are barred
- ◆ If Payee, Payor, or Third Party barred for 2 years
- ◆ If withdraw denied, non-requestor wants to continue

Review Request Acknowledgement, Form 470-3251

Purpose	Use form 470-3251, <i>Review Request Acknowledgment</i> , to provide information to the requestor regarding the disposition of the request for REVIEW process when you forward the request to another state, deny the request, or the Unit is unable to locate a necessary party.
Source	Generate this from the REVIEW1 screen, FORMVIEW, or FORMOSEL.
Completion	<p>Complete this form if you are denying the request, postponing the process, or referring the request to another state.</p> <p>To generate this form from the REVIEW1 screen, enter either 'Y' or 'N' in the REVIEW APPROPRIATE (Y/N) field. If the request is denied, enter the deny reason in the DENY RSN field. ICAR selects the appropriate text based on the deny reason.</p> <p>If you generate this form from the REVIEW1 screen or FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate.</p> <p>If you generate the form manually from the FORMVIEW screen, enter all necessary data to complete the form.</p>
Distribution	<p>Mail or provide a copy of the form to the requestor and the requestor's attorney, if applicable. Save a copy of the form mailed to the party in the imaged case file.</p> <p>Do not send this form to any party in an ICAR1 or ICAR3 action.</p>
Data	<p>ICAR enters the following information. You must enter the information for a manually generated form:</p> <ul style="list-style-type: none">◆ Date generated◆ ICAR case number◆ Court order number◆ County of filing◆ Payee name◆ Payor name◆ Third party name (if applicable)◆ CSRU address and telephone number◆ Requestor's name and address

- ◆ If request accepted
- ◆ Denial reason (if applicable)
- ◆ Request form not complete (if applicable)
- ◆ Payee, Payor, and Third Party attorney name and address (if applicable)

Worker enters the following information:

- ◆ Selects appropriate action reason
- ◆ Other reason request denied and description (if applicable)

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**Revised Notice of Decision to Review and Adjust a Support Obligation, Form
470-3260**

Purpose Use form 470-3260, *Revised Notice of Decision to Review and Adjust a Support Obligation*, to provide all necessary parties the results of the REVIEW. Issue this form when the Unit becomes aware of new or different information affecting the results of the REVIEW after issuance of the *NOD* and before the entry of an Administrative Order.

The form advises the parties of their rights to request a second REVIEW or ask for a court hearing. The appropriate cover letter generates for each party.

NOTE: Do not use this form if a party requested a second REVIEW or court hearing.

Source Generate this form from the REVIEW2 screen, FORMVIEW or FORMOSEL.

Completion Complete this form when new or different information is received that changes the decision or any amounts change, including UME. Do not complete this form if the new information does not change the decision or the amount of the obligation.

To generate this form from the REVIEW2 screen, enter 'V' or 'X' in the NOD ISSUED (Y/R/V/X) field. Generation of this form from the REVIEW2 screen also generates the appropriate cover letters for each party. **NOTE:** Enter the revised results of the REVIEW on the REVIEW2 screen before generating this form.

If you generate the form from the REVIEW2 screen or FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate.

If you generate the form manually from FORMVIEW, enter all necessary data to complete the form.

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- Distribution
- Send the form to the last known address for each necessary party or attorney, if applicable.
- If the requestor is a child support agency in another state, send that state a copy of this form and other accompanying documents. (See 9-K, [Interstate Case Processing](#), for information about sending documents to other states.)
- Save a copy of this form and the cover letters mailed to the parties in the imaged case file. Include the Revised NOD with the documents you prepare for filing with the clerk of court.
- Data
- ICAR enters the following information. You must enter the information for a manually generated form:
- ◆ Payee, Payor, and Third Party address
 - ◆ Current date
 - ◆ ICAR case number
 - ◆ Foster care case (if applicable)
 - ◆ Abbreviated or ICAR3 review (if applicable)
 - ◆ Primary court order number
 - ◆ County name
 - ◆ Payee/Caretaker, Payor, and Third Party's name
 - ◆ Payee/Caretaker, Payor, and Third Party's state of residence
 - ◆ Third Party on case (if applicable)
 - ◆ Third Party's name (if applicable)
 - ◆ CSRU address and telephone number
 - ◆ Payee, Payor, and Third Party's attorney name and address (if applicable)
 - ◆ Child's initials and birth year (up to 5 children)
 - ◆ Issuing state of order (all applicable orders up to 5)
 - ◆ Issuing county of order (all applicable orders up to 5)
 - ◆ Court order numbers (all applicable orders up to 5)

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- ◆ File stamped date of orders (all applicable orders up to 5)
- ◆ Support amount of order (all applicable orders up to 5)
- ◆ Payment frequency of order (all applicable orders up to 5)

Worker enters the following information:

- ◆ Payee/Caretaker's jurisdiction reason
- ◆ Payor's jurisdiction reason
- ◆ Third Party's jurisdiction reason (if applicable)
- ◆ Outcome of the REVIEW
- ◆ If reconciliation of arrears appropriate
- ◆ If supporting or other documents enclosed
- ◆ If one child or multiple children and if 'home state' relevant
- ◆ Name of person child resides with (up to 5 children)
- ◆ State of residence (if 'home state' relevant)
- ◆ Date child began residence in state (if 'home state' relevant)
- ◆ Date child there through (if 'home state' relevant)
- ◆ Home state of child (if 'home state' relevant)
- ◆ If Single or Multiple Orders used to determine DCO
- ◆ Court order number (all applicable orders up to 5)
- ◆ Effective date (all applicable orders up to 5)
- ◆ Support amount (all applicable orders up to 5)
- ◆ Payment frequency (all applicable orders up to 5)
- ◆ State of controlling order
- ◆ County of controlling order
- ◆ Docket number of controlling order
- ◆ How CEJ was determined or if no CEJ

Second Notice of Decision to Review and Adjust a Child Support Obligation (252H), Form 470-3264

Purpose Use form 470-3264, *Second Notice of Decision to Review and Adjust a Child Support Obligation*, to provide all necessary parties the results of the second REVIEW. The form advises the parties of their rights to ask for a court hearing. ICAR generates the appropriate cover letter.

Source Generate this form from the REVIEW3 screen, FORMVIEW, or FORMOSEL.

Completion Complete this form within 30 calendar days of the original NOD date if you receive a request for challenge that meets the criteria for a second review. You can also complete this form if you receive a written request from the challenging party to withdraw a challenge before you generate the second notice of decision.

To generate this form from the REVIEW3 screen, enter either 'Y', or 'R' in the 2ND NOD (Y/R/W) field. **NOTE:** Enter the results of the second REVIEW on the REVIEW3 screen before generating this form.

If you generate the form from the REVIEW3 screen or FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate.

If you generate the form manually from the FORMVIEW screen, enter all necessary data to complete the form.

Distribution Send the form to each necessary party or attorney, if appropriate.

If the requestor is a child support agency in another state, send that state a copy of this form and any accompanying documents. (See 9-K, [Interstate Case Processing](#), for information about sending documents to other states.)

Save a copy of the form mailed to the parties in the imaged case file. Include this form with the documents you prepare for filing with the clerk of court.

Data

ICAR enters the following information. You must enter the information for a manually generated form:

- ◆ Payee's address
- ◆ Payor's address
- ◆ Third Party's address (if applicable)
- ◆ Current date
- ◆ ICAR case number
- ◆ Primary order number
- ◆ County name
- ◆ Foster care case (if applicable)
- ◆ Requestor is ICAR3 or Abbreviated (if applicable)
- ◆ Payee's name
- ◆ Payee's state of residence
- ◆ Payor's name
- ◆ Payor's state of residence
- ◆ Jurisdiction reason for the party that requested the review
- ◆ Third Party on case (if applicable)
- ◆ Third Party's name (if applicable)
- ◆ Third Party's state of residence (if applicable)
- ◆ CSRU address and telephone number
- ◆ Date of first notice
- ◆ Challenging party
- ◆ Payee, Payor, and Third Party Attorney name and address
- ◆ Child's initials and birth year (up to 5 children)

Worker enters the following information:

- ◆ Revised NOD sent (if applicable)
- ◆ 2nd REVIEW changed results (if applicable)
- ◆ Payee's jurisdiction reason
- ◆ Payor's jurisdiction reason
- ◆ Third Party's jurisdiction reason (if applicable)
- ◆ If other state challenged – name of state
- ◆ Results of 2nd REVIEW
- ◆ Challenge withdrawn (if applicable)
- ◆ Supporting documents enclosed
- ◆ If one child or multiple children and if 'home state' relevant
- ◆ Name of person child resides with (up to 5 children)
- ◆ State of residence (if 'home state' relevant)
- ◆ Date child began residence in state (if 'home state' relevant)
- ◆ Date child there through (if 'home state' relevant)
- ◆ Home state of child (if 'home state' relevant)

- ◆ If Single or Multiple Orders used to determine DCO
- ◆ Issuing state of order (all applicable orders up to 5)
- ◆ Issuing county of order (all applicable orders up to 5)
- ◆ Court order number (all applicable orders up to 5)
- ◆ Effective date (all applicable orders up to 5)
- ◆ Support amount (all applicable orders up to 5)
- ◆ Payment frequency (all applicable orders up to 5)
- ◆ State of controlling order
- ◆ County of controlling order
- ◆ Docket number of controlling order
- ◆ How CEJ was determined or if no CEJ

Third Party Case Status Report, Form 470-3324

Purpose	Use form 470-3324, <i>Third Party Case Status Report</i> , to notify the third party of the current status of the REVIEW. The form provides any changes, new information, or any actions taken on the case since the last status report.
Source	Generate this form from the TPARTY screen, FORMVIEW, or FORMOSEL. Access the screen by entering "TPARTY" in the NEXT SCREEN field on REVIEW1, REVIEW2, REVIEW3, REVIEW4, or REVSUM screens.
Completion	<p>Complete this form at any point in the review process that it is necessary to contact the third party about the status of the review.</p> <p>To generate this form from the TPARTY screen, enter a 'Y' in the GEN STATUS (Y) field.</p> <p>If you generate the form from the TPARTY screen or FORMOSEL, many required variables automatically transfer to the form from the ICAR case. Enter other variables as appropriate.</p> <p>If you generate the form manually from the FORMVIEW screen, enter all necessary data to complete the form.</p>
Distribution	Send a copy to the third party. Save a copy of the status to the imaged case file.
Data	<p>ICAR enters the following information. You must enter the information for a manually generated form.</p> <ul style="list-style-type: none">◆ Third Party's name and address◆ Current date◆ ICAR case number◆ Payee's name◆ Payor's name◆ CSRU worker name, address, and telephone number <p>Worker enters the following information:</p> <ul style="list-style-type: none">◆ Action taken on the case

Revised May 7, 2021

**Waiver of Personal Service and Acceptance of Review and Adjustment Notice,
Form 470-3252**

Purpose Use form 470-3252, *Waiver of Personal Service and Acceptance of Review and Adjustment Notice*, to allow the non-requestor(s) to waive personal service of the NOI packet or NOD packet (if abbreviated or ICAR3).

By signing this form the party waives personal service, agrees to Iowa's jurisdiction in this action, acknowledges receipt of the packet, and agrees to accept all documents related to the process by regular mail. The party must sign this form in the presence of a Notary Public.

Source Generate from the REVIEW1 screen, FORMVIEW or FORMOSEL.

Completion Complete this form to include with the NOI packet (regular or ICAR1) or NOD packet (if abbreviated or ICAR3) to the non-requesting party or parties.

The case party will need to sign, notarize, and return the form in order to waive personal service. This form is optional for the case party to complete.

To generate this form from the REVIEW1 screen, enter either 'Y' or 'R' in the NOI (Y/R) field. This form generates as a part of the NOI packet.

To generate this form from the REVIEW2 screen, enter either "Y" or "R" in the NOD ISSUED (Y/R/V/X) field. This form generates as part of the NOD packet in the ICAR3 and abbreviated actions. This form only generates when a party does not receive FIP benefits.

If you generate the form from the REVIEW1 screen or FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate.

If you manually generate the form from the FORMVIEW screen, enter all necessary data to complete the form.

Revised May 7, 2021

Distribution Send this form by regular mail with the NOI packet or provide it directly to the non-requesting party or parties.

Send this form by regular mail with the NOD packet (if abbreviated or ICAR3) or provide it directly to the necessary parties.

Only mail this form to the requestor if you do not generate the NOI packet and mail it within 90 calendar days.

Do not send this form to a non-requesting party that receives FIP benefits.

In an ICAR1 review, mail this form to all necessary parties who do not receive FIP benefits.

Save a copy of each signed waiver in the imaged case file. Include the completed form(s) with the documents you prepare for filing with the clerk of court.

Data ICAR enters the following information. You must enter the information for a manually generated form:

- ◆ Payor name
- ◆ Payee name
- ◆ ICAR case number
- ◆ Third party name (if applicable)
- ◆ Child's initials (up to 5 children)
- ◆ Current date
- ◆ Person being served
- ◆ Docket number (up to 3 dockets)
- ◆ Abbreviated or ICAR3 (if applicable)

Revised May 7, 2021

**Waiver of Post-Review Waiting Period for Review and Adjustment (252H),
Form 470-3261**

Purpose Use form 470-3261, *Waiver of Post-Review Waiting Period for Review and Adjustment (252H)*, to allow the necessary parties to waive the 30-day waiting period from when you issue the *NOD*. If all necessary parties agree in writing to waive the waiting period, the Unit may proceed to enter an administrative order or end the REVIEW if an adjustment is not appropriate.

Also, if a party requests a court hearing it cannot take place before the 31st day unless all necessary parties waive the 30-day waiting period.

Source Generate this form from the REVIEW2 screen, FORMVIEW, or FORMOSEL.

Completion This form generates for each party with the *NOD*. A case party has the option to complete this form if they want to waive the 30-day waiting period from when you issue the *NOD*.

To generate this form from the REVIEW2 screen, enter a 'Y' or 'R over Y', in the NOD ISSUED (Y/R/V/X) field.

If you generate the form from the REVIEW2 screen or FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate.

If you generate the form manually from the FORMVIEW screen, enter all necessary data to complete the form.

Distribution Send the form to each necessary party or attorney, as appropriate.

In an ICAR3 or abbreviated action, include this form in the *NOD* packet that you serve on the necessary parties.

Save a copy of each returned signed waiver in the imaged case file. If all parties waive service, include the forms with the documents you prepare for filing with the clerk of court.

Revised May 7, 2021

Data

ICAR enters the following information. You must enter the information for a manually generated form:

- ◆ ICAR case number
- ◆ Current date
- ◆ Payor's name
- ◆ Payee's name
- ◆ Third Party exists on case (if applicable)
- ◆ Third Party's name (if applicable)
- ◆ Child's initials (up to 5 children)
- ◆ Name of person waiving time frame
- ◆ Docket number (up to 3 dockets)
- ◆ Abbreviated or ICAR3 review (if applicable)

Revised May 7, 2021

**Waiver of Pre-Review Waiting Period for Review and Adjustment, Form
470-3254**

Purpose	<p>Use form 470-3254, <i>Waiver of Pre-Review Waiting Period for Review and Adjustment</i>, if the parties agree to waive the waiting period between the service of the NOI packet and the issuance of the Notice of Decision.</p> <p>If all necessary parties agree in writing to waive the waiting period, the Unit may proceed with the REVIEW upon receipt of the signed waivers.</p>
Source	<p>Generate this form from the REVIEW1 screen, FORMVIEW, or FORMOSEL.</p>
Completion	<p>This form generates as part of the NOI packet. It is optional for a party to complete.</p> <p>To generate this form from the REVIEW1 screen, enter either 'Y' or 'R' in the NOI (Y/R) field. NOTE: If you have a necessary third party, the form will display three times, once for each party.</p> <p>If you generate the form from the REVIEW1 screen or FORMOSEL, many required variables automatically transfer into the form from the ICAR case. Enter other variables as appropriate.</p> <p>If you generate the form manually from the FORMVIEW screen, enter all necessary data to complete the form.</p>
Distribution	<p>Send this form by regular mail along with the NOI packet for each necessary party. If a party does not return the waiver of service, you must serve the party with this form in the NOI packet. Follow normal procedures to serve by certified mail, sheriff, or process server.</p> <p>Save a copy of each signed waiver in the imaged case file. If all parties waive the pre-review waiting periods, include them with the documents you prepare for filing with the clerk of court.</p> <p>Do not send this form in an abbreviated or ICAR3 review.</p>

Revised May 7, 2021

Data

ICAR enters the following information. You must enter the information for a manually generated form:

- ◆ ICAR case number
- ◆ Current date
- ◆ Payor's name
- ◆ Payee's name
- ◆ Third Party name (if applicable)
- ◆ Child's initials (up to 5 children)
- ◆ Name of party waiving time frame
- ◆ Docket Number (up to 3)

Comm. 085, Procedures for Modifying Child Support Obligations: Review and Adjustment Administrative Modification or Cost-of-Living Alteration

Purpose	<p>Use Comm. 85, <i>Procedures for Modifying Child Support Obligations: Review and Adjustment, Administrative Modification, or Cost-of-Living Alteration</i>, to provide information about the administrative modification processes available through the Unit.</p> <p>This pamphlet is available to the general public or any customer inquiring about modification services.</p>
Source	<p>Generate this pamphlet from FORMVIEW or FORMOSEL.</p> <p>A supply of the pamphlet may be available through the local office. It is also available on the Child Support website at www.childsupport.ia.gov.</p>
Completion	<p>Provide this pamphlet when someone requests additional information about the modification process or to a necessary party when a case may meet criteria for modification.</p> <p>The pamphlet requires no input to generate.</p>
Distribution	<p>Provide this pamphlet by mail or in person to anyone who asks about modification services provided by the Unit. This pamphlet can also be included when form, 470-2749, <i>Request to Modify a Child Support Order</i> is distributed.</p> <p>If a request for a modification is accepted, send this pamphlet with the NOI packet to all necessary parties if not previously provided.</p>
Data	<p>This pamphlet requires no variables.</p>