REINSTATEMENT OF SUPPORT APPENDIX

Iowa
Department
of
Human Services

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470-3082, Notice of Decision to Reinstate Support Order

Purpose	Form 470-3082 lists the suspended support orders affected by a reinstatement request and notifies the person who made the request whether CSRU accepted or denied the request.
Legal reference	441 IAC 99.107(3)
Source	The form is generated from the FORMS module. The process code is REINS.
Completion	Issue form 470-3082 after you have applied the reinstatement eligibility criteria to a reinstatement request. You will need the following: ♦ Written request to reinstate ♦ ICAR case numbers ♦ Name and address of person and person's attorney, who requested reinstatement ♦ Docket number, county of entry, and file-stamped date of each suspension order affected by the reinstatement request ♦ Types of support to be reinstated, if you approved the request ♦ Reasons for denial, if you denied the request
Distribution	Generate copies of form 470-3082 as follows: ♦ One copy for the person who requested reinstatement and the person's attorney if you accepted the request ♦ One copy for the case file ♦ One copy for another state's IV-D agency, when necessary
Data	
Addressee	Complete: ♦ Name of the person who requested reinstatement and the person's attorney ♦ Addressee's street address ♦ City, state and zip code

Worker and Unit — Complete the following:

- Today's date in MM/DD/CCYY format
- ICAR case number
- Worker ID
- CSRU's street address
- CSRU's city, state and zip code
- CSRU's telephone number

Court Order — Complete the docket number, date filed and the county of each suspended support order. Do not enter the entry date of the suspension order.

Note: If a reinstatement request affects more than three support orders, complete all of the form's fields, generate the form and edit it to include the docket number, date filed and county of each additional support order.

Under the last line of the court order section of form 470-3082, type a note directing people's attention to the back of the page for a complete listing of all affected support orders.

Request Approved — Complete if applicable. If you have approved the reinstatement request, enter an "X" in the REQUEST APPROVED field and in the appropriate field for each type of support to be reinstated.

Request Denied — Complete if applicable:

- If you have denied the reinstatement request, enter an "X" in the REQUEST DENIED field and in all denial reason fields that apply.
- If you enter an "X" in the OTHER DENIAL REASON field, enter the request denial reason in the field provided.

470-3083, Application for Reinstatement of Support - Cover Letter

Purpose

Form 470-3083 briefly summarizes the reinstatement process and the right of any party to file an objection to form 470-3084, *Application for Reinstatement of Support*, within ten days of the application's service.

Legal reference

Iowa Code Section 252B.20(6)
441 IAC 99.108(252B)

Source

The form is generated from the FORMS module. The process code is REINS.

Completion

Complete a separate cover letter for each necessary party.

Addressee

Complete the following:

- Name of the person who requested reinstatement
- Name of that person's attorney
- Addressee's street address
- City, state and zip code

Worker and Unit

Complete the following:

- Today's date in MM/DD/CCYY format
- ICAR case number
- Worker ID
- CSRU's street address
- CSRU's city, state and zip code
- CSRU's telephone number

Distribution

Generate copies of form 470-3083 as follows:

- One copy for the party
- One copy for the party's attorney, if any
- One copy for the case file
- One copy for another state IV-D agency, when necessary

Serve form 470-3083 with forms:

- 470-3084, *Application for Reinstatement of Support*
- 470-3148, *Original Notice of Application for Reinstatement of Support*
- 470-3150, *Acceptance of Service of Application for Reinstatement of Support*, or 470-3151, *Acceptance of Service of Application for Reinstatement of Support – Original Notice Waived*

470-3084, Application for Reinstatement of Support

Purpose	Form 470-3084 is the document that asks the district court to reinstate support obligations suspended by a suspension order. After form 470-3084, *Application for Reinstatement of Support*, is filed in the clerk of court's office it is served on all necessary parties to the suspension order. Form 470-3084 puts all parties on notice that a court action to reinstate support has begun.
Legal reference	1995 Iowa Code Section 252B.20(6) 441 IAC 99.108(252B)
Source	The form is generated from the FORMS module. The process code is REINS.
Completion	Prepare form 470-3084 after you have issued form 470-3082, *Notice of Decision to Reinstate Support Order*, or after CSRU has been notified that IM no longer considers a support order obligor to be a member of the children's household for public assistance purposes or the suspension was requested and agreed to under false pretenses. You will need the following: ♦ Form 470-3082, if one was issued ♦ Support orders ♦ Suspension orders ♦ Evidence of requesting or agreeing to suspension under false pretenses, if any
Distribution	Generate: ♦ One copy for district court ♦ One copy for the case file Forward form 470-3084 to the appropriate CSRU office attorney for signature.

Note: The initiating office's attorney should sign form 470-3084 unless it must be filed in a county not served by the initiating office. If another CSRU office must file the form, the attorney for the filing office should sign it. Forward the form to the appropriate CSRU filing office.

Forward the signed form 470-3084 and form 470-3148, *Original Notice of Application for Reinstatement of Support*, to the clerk of court's office.

Data

Caption — Complete:

- County where support order and suspension order were entered
- Petitioner's name (use as many lines as necessary)
- Respondent's name (use as many lines as necessary)
- Docket number of support order and suspension order

Paragraph 1 — Day, month and year support order was entered

Paragraph 2 — Complete:

- Names of support obligor and obligee identified in the support order
- Names and birth dates of all children for whom the support order set support

Paragraph 3 — Select:

- Whether the support order required ongoing spousal support for the obligee

Paragraph 4 — Complete or select:

- The day, month, and year the suspension order was entered
- The types of support suspended by the suspension order

Paragraph 5 — Select the basis of suspension::

- Parents reconciled or
- All children live with obligor only

Paragraph 6 Complete:

- Whether the support was assigned or redirected to another party
- The party's name, if applicable

Paragraph 8 Complete:

- Whether CSRU initiated reinstatement because:
  - IM does not consider the obligor part of the children's household for public assistance purposes, or
  - The suspension was requested and agreed to under false pretenses.
- Evidence of false pretenses, if any.

Closing Complete:

- The proposed effective date for reinstating support
- The name of the CSRU attorney who will sign the form
- The CSRU street address
- The CSRU city, state and zip code
- The CSRU telephone number

Verification Complete:

- The name of the county where the CSRU office is located
- Your name
- Your title
- The CSRU street address
- The CSRU city, state and zip code

Sign the Verification portion of the form in front of a notary public.

Secure the signature and stamp of the notary who witnessed you sign the verification

Copies Sent To: Record the names of all people this form was sent to (obligor, obligee, assignee and attorneys) but enter addresses only for the attorneys.

470-3085, Order Reinstating Support

Purpose	Form 470-3085 is used to reinstate support obligations suspended by a suspension order filed less than six months before the reinstatement order's entry date. Reinstated ongoing support accrues from the effective date of a reinstatement order.
Legal reference	1995 Iowa Code Section 252B.20(6-7) 441 IAC 99.108(252B)
Source	The form is generated form the FORMS module. The process code is REINS
Completion	Prepare and submit form 470-3085 at the end of the answer period if no party has filed a motion or answer or before the CSRU attorney attends a hearing resulting from a party filing a motion or answer. Gather the following documents for completion of the form: ♦ Support order ♦ Suspension order ♦ Form 470-3084, *Application for Reinstatement of Support* You also need to know whether the obligor and obligee are represented by an attorney.
Distribution	Generate the form: ♦ One copy to submit to the district court judge ♦ One copy to keep in the case file Keep an unsigned copy of form 470-3085 in the case file. When CSRU receives a file-stamped copy of the order with the judge's signature, discard the unsigned copy and keep the file-stamped copy. Mail or deliver form 470-3085 to the proper district court judge.

Data

Caption — Complete:

- The county where form 470-3084 was filed
- The petitioner's name
- The respondent's name
- The docket number of form 470-3084

Opening Paragraph — Complete:

- The day, month, and year of the reinstatement order
- The name of the CSRU attorney
- The name of the obligor and the obligor's attorney, if any
- Whether the obligor appears pro se or does not appear
- Name of the obligee and the obligee's attorney if any
- Whether the obligee appears pro se or does not appear

Paragraph 1 — Name the father and mother of the children for whom support should be reinstated

Paragraph 2 — Support order's day, month and year of entry

Paragraph 3 — Complete:

- The name of obligor and obligee named in the support order sought to be reinstated
- The names and birth dates of the children named in the support order

Paragraph 4 — The types of support ordered in the support order

Paragraph 5 — Complete:

- Whether support was partially or completely assigned or redirected
- Names of people or entities to whom support was assigned or redirected. If more than one, generate the form and type the names of additional assignees or redirection obligees.

Paragraph 6 Select the basis for suspension:

- Reconciled parent obligor and obligee, or
- All children living with obligor only

Paragraph 7 Complete:

- The day, month, and year of entry of the suspension order
- The types of support obligations suspended

Paragraph 8 Complete:

- The day, month and year of entry of the form 470-3084
- The reason for reinstatement

Paragraph 10 Enter:

- Whether false pretenses were used to request and agree to support suspension
- Evidence of false pretenses, if any.

Do not complete any of the form's remaining fields. The district court judge will complete the balance of the form.

470-3148, Original Notice of Application for Reinstatement of Support

Purpose	Form 470-3148 alerts all parties that an action has been filed, the type of action, the county where the action was filed, the name and address of the attorney who filed form 470-3084, *Application for Reinstatement of Support*, the period of time parties have to file a motion or answer without risk of a default judgment, and the location of the courthouse where a party must file the motion or answer.
Legal reference	1995 Iowa Code Section 252B.20(6) 441 IAC 99.108(252B) Iowa Rule of Civil Procedure 49
Source	The form is generated from the FORMS module. The process code is REINS.
Completion	Prepare form 470-3148: ♦ After you have issued form 470-3082, *Notice of Decision to Reinstate Support Order*. ♦ After CSRU has been notified that IM no longer considers a support order obligor to be a member of the children's household for public assistance purposes. ♦ If the suspension was requested and agreed to under false pretenses. Prepare one form 470-3148 for each necessary party. You will need the following: ♦ The support order docket number, county of entry, petitioner name and respondent name ♦ The names of all necessary parties to the suspension order
Distribution	Generate the form: ♦ One copy for the party ♦ One copy for the case file

Forward form 470-3148 to the appropriate CSRU office's attorney.

Note: If form 470-3148 must be filed in a county not served by the initiating office, forward it to the appropriate Unit filing office.

Forward form 470-3084 and form 470-3148 to the clerk of court's office if your office serves the county where the support order was filed.

Data

Caption Complete:

- The name of the county where the support order was entered
- The support order petitioner's name
- The support order respondent's name
- The support order's docket number

Body Complete:

- The name of party who will be served
- The name of the CSRU attorney who will represent the state of Iowa
- The CSRU street address
- The CSRU city, state and zip code
- The name of the county where the party must file a motion or answer
- The town where the county courthouse is located
- The zip code of town where the county courthouse is located

Note: If the initiating office does not serve the county where form 470-3148 and form 470-3084 must be filed, verify the filing office's attorney, and enter the CSRU office address, city, and zip code where the proper district court is located before completing the remaining fields.

470-3149, Proof of Service of Application for Reinstatement of Support

Purpose	Form 470-3149 is filed with the clerk of court as evidence that the Unit used first class mail to serve the party named in the proof of service document.
Legal reference	Iowa Rule of Civil Procedure 82
Source	The form is generated from the FORMS module. The process code is REINS.
Completion	Send or deliver form 470-3149 to the clerk of court 13 calendar days after you served the following documents by first class mail: ♦ Form 470-3083, *Application for Reinstatement of Support – Cover Letter*, ♦ Form 470-3084, *Application for Reinstatement of Support*, and ♦ Form 470-3148, *Original Notice of Application for Reinstatement of Support*. Prepare one form 470-3149 for each necessary party who you served by first class mail. You will need the following: ♦ The filing date of form 470-3084 ♦ The mailing date of form 470-3084 ♦ The name of person served ♦ The support order ♦ The assignment document, if any ♦ The *Redirection Order*, if any ♦ The name of party's attorney, if any
Distribution	Generate two copies of the form: ♦ One copy for clerk of court ♦ One copy for case file Forward form 470-3149 to the clerk of court's office no sooner than 13 days after the date you served the documents by first class mail. **Note:** When CSRU receives a file-stamped copy from the clerk of court's office, discard the unstamped copy and put the file-stamped form 470-3149 in the case file.

Data

Caption Complete the following fields:

- The county where form 470-3084 was filed
- The name of the petitioner
- The name of the respondent
- The docket number

Body Complete the following fields:

- The day, month, and year form 470-3084 was filed
- The day, month, and year form 470-3084 was served by first class mail
- The name of the party upon whom form 470-3084 was served
- The address of service
- The city, state, and zip code of address of service
- The CSRU address
- The CSRU city, state, and zip code
- The CSRU telephone number
- The date the form was generated

470-3150, Acceptance of Service of Application for Reinstatement of Support

Purpose

Form 470-3150 is used when a party is served in person in the CSRU office by office staff. The party's signature is legal acknowledgment that the party is served with form 470-3084, *Application for Reinstatement of Support*, and is notified there are ten days to file a motion or answer with district court.

Legal reference

1995 Iowa Code Section 252B.20(6)
441 IAC 99.108(252B)

Source

The form is generated from the FORMS module. The process code is RIENS.

Completion

Prepare this form only if a party comes to the CSRU office and CSRU has received copies of the file-stamped 470-3084 and form 470-3148, *Original Notice of Application for Reinstatement of Support*, from the clerk of court's office.

You will need the following:

- Form 470-3084
- Th address of the county courthouse where the party served must file a motion or answer

The party served must sign this form in front of a notary.

Distribution

Make photocopies of the signed form for the party who signed it and for the case file.

Hand form 470-3083, *Application for Reinstatement of Support – Cover Letter*, and copies of forms 470-3084, 470-3148, and 470-3150 to the party who signed form 470-3150.

Send or deliver the original form 470-3150 to the clerk of court.

Data

Caption Complete:

- The county where form 470-3084 was filed
- The application's petitioner's name
- The application's respondent's name
- The application's docket number

Body Complete:

- The name of party you are about to serve in person
- The current day, month and year

Notice Complete:

- The county where party must file a motion or answer
- The town where county's courthouse is located
- The zip code of town where the county courthouse is located

Location of Service Complete:

- The CSRU street address
- The CSRU city, state and zip code
- The CSRU telephone number

Generate one copy of the form.

Ask the party to sign the form 470-3150 in the presence of a notary.

When the form is notarized, fill in the TIME field on page two.

470-3151, Acceptance of Service of Application for Reinstatement of Support - Original Notice Waived

Purpose

Form 470-3151 is used when a party is served in person in the CSRU office by office staff. The party's signature is legal acknowledgment that the party is served form 470-3084, *Application for Reinstatement of Support*, and is notified there are ten days to file a motion or answer with district court.

This version of the acceptance of service waives service of form 470-3148, *Original Notice of Application for Reinstatement of Support*. If the CSRU office has not received a copy of the file-stamped form 470-3148 by the time the party comes to the office, you must use this form to meet the legal requirements of personal service.

If the party acknowledges no original service document is being served and accepts service anyway, personal service requirements have not been violated.

Legal reference

1995 Iowa Code Section 252B.20(6)
441 IAC 99.108(252B)

Source

The form is generated from the FORMS module. The process code is REINS.

Completion

Prepare this form only if a party comes to the CSRU office and the Unit has not received a copy of file-stamped form 470-3148 for the party from the clerk of court.

You will need the following:

- Form 470-3084
- Address of county courthouse where party served must file a motion or answer

The party served must sign form 470-3151 in front of a notary.

Distribution

Make photocopies of the signed form for the party who signed it and for the case file.

Hand form 470-3083, *Application for Reinstatement of Support – Cover Letter*, and copies of forms 470-3084, 470-3148, and 470-3151 to the party who signed form 470-3151.

Send or deliver the original form 470-3151 to the clerk of court.

Data

Caption — Complete the following fields:

- The county where form 470-3084 was filed
- The application's petitioner's name
- The application's respondent's name
- The application's docket number

Body — Complete:

- The name of the party you are about to serve in person
- The current day, month and year

Notice — Complete:

- The county where the party must file a motion or answer
- The town where the county courthouse is located
- The zip code of town where the county courthouse is located.

Location of Service — Complete:

- The CSRU street address
- The CSRU city, state and zip code
- The CSRU telephone number

Generate one copy of the form.

Ask the party to sign form 470-3151 in the presence of a notary.

When the form is notarized, fill in the TIME field on page two.

470-3162, Withdrawal of Application for Reinstatement of Support

Purpose

Form 470-3162 is used to ask the court to stop consideration of form 470-3084, *Application for Reinstatement of Support*, because the deadline for filing a valid reinstatement order has passed. The goal of filing form 470-3162 is to avert entry of an untimely and ineffective reinstatement order.

A suspension order terminates the support obligation after the order has been on file more than six months. A reinstatement order cannot reinstate a terminated support obligation.

Source

The form is generated from the FORMS module. The process code is REINS.

Completion

Prepare and file form 470-3162 if CSRU properly submitted form 470-3084, but the court did not enter form 470-3085, *Order Reinstating Support*, before the date the suspension order terminated the support obligation.

You will need the following information:

- The county where form 470-3084 was filed
- The names of THE petitioner and THE respondent
- The docket number of form 470-3084
- The date form 470-3084 was filed
- The date THE suspension order was entered

Distribution

Generate the form. Make:

- One copy for the clerk of court
- One copy for each necessary party
- One copy for the case file

Forward the form to the CSRU attorney to sign.

Send or deliver the signed form to the clerk of court.

Mail copies of the signed form to each necessary party.

Data

Caption Complete the following fields:

- The county where form 470-3084 was filed
- The petitioner's name
- The respondent's name
- The docket number of form 470-3084

Body Complete:

- The day, month, and year that form 470-3084 was filed
- The day, month, and year that is six months after the suspension order was entered

Closing Complete:

- The name and title, if desired, of attorney who files form 470-3162
- The CSRU street address
- The CSRU city, state and zip code
- The CSRU telephone number

470-3163, Motion to Void Order Reinstating Support

Purpose

Form 470-3163 is used to ask the court to nullify its own reinstatement order if it was entered after the suspension order had been on file more than six months. The goals of filing form 470-3163 are to clarify the court record and ask the court to render an untimely and ineffective reinstatement order void.

A suspension order terminates the support obligation after the order has been on file more than six months. A reinstatement order cannot reinstate a terminated support obligation.

Source

The form is generated from the FORMS module. The process code is REINS.

Completion

Prepare and file form 470-3163 if CSRU timely submitted form 470-3084, *Application for Reinstatement of Support*, and form 470-3162, *Withdrawal of Application for Reinstatement of Support*, but the court entered a reinstatement order after the suspension order terminated the support obligation.

If the court enters a reinstatement order before CSRU has filed form 470-3162, do not file it. Instead, prepare and file form 470-3163 only.

You will need the following information:

- The county where the reinstatement order was entered
- The names of the petitioner and the respondent
- The docket number of the reinstatement order
- The date the suspension order was filed
- The date the reinstatement order was filed

Distribution

Generate the form. Make:

- One copy for clerk of court
- One copy for each necessary party
- One copy for the case file

Forward the form to the CSRU attorney to sign.

Send or deliver the signed form to the clerk of court and mail copies of it to each necessary party.

Keep one copy in the case file.

Data

Caption — Complete the following fields:

- The county where the reinstatement order was entered
- The petition's name
- The respondent's name
- The docket number of the reinstatement order

Paragraph 3 — The day, month, and year the suspension order was filed

Paragraph 5 — The day, month, and year the reinstatement order was entered

Paragraph 7 — The day, month, and year the reinstatement order was entered

Closing — Complete:

- The day, month, and year the reinstatement order was entered
- The name and title, if desired, of the attorney who files form 470-3163
- The CSRU street address
- The CSRU city, state and zip code
- The CSRU telephone number

470-3184, Reinstatement Request

Purpose	Form 470-3184 is an optional form. A written request for reinstatement services by an obligee is mandatory. This form is one example of a written request.
Legal reference	1995 Iowa Code Section 252B.20(6)
Source	The form is generated form the FORMS module. The process code is REINS.
Completion	If the person wants to fill out the form, generate a blank form 470-3184.
Distribution	Deliver the form to the person who asked for it.