Employees' Manual Title 11, Chapter Z Appendix

Revised November 14, 2025

# Tracking Fees and Costs Appendix

	<u>Page</u>
470-3867, Increase In Your Debt Repayment	1
470-3861, Notification of Money Due the State	2
470-3868, Statement of Your Debt Repayment	3
470-5401, Satisfaction of Judgment RE: Cost of Genetic Testing	4
470-0159, Tracking Fees and Costs Billing Statement	5

470-3867 Increase In Your Debt Repayment

Page 1

Revised, 2025

# 470-3867, Increase In Your Debt Repayment

Purpose Use form **470-3867**, **Increase In Your Debt Repayment** to advise the

payee that they now owe an additional repayment to the state of lowa for child support received in error and a repayment agreement exists.

Source Upon the addition of a debt ICAR displays this form for completion

when a family balance due and a repayment agreement already exists

on the case.

Complete this form when a payee received support in error and needs

to repay Collection Services Center (CSC) for that support.

Distribution Mail this form to the payee.

Data ICAR or the worker completes the following information:

Payee name

Date form generated

Payee address

Case number

Reason the funds need to be repaid

Additional debt amount due

Total amount to be repaid

Page 2 470-3861 Notification of Money Due the State

# 470-3861, Notification of Money Due the State

Purpose Use form 470-3861, Notification of Money Due the State to advise

the payee they owe the state of lowa a repayment for child support

received in error.

Source Upon the addition of a debt ICAR displays this form for completion

when a family balance due exists on the case.

Completion Complete this form when a payee received support in error and needs

to repay Collection Services Center (CSC) for that support.

Distribution Mail this form to the payee.

Data ICAR or the worker completes the following information:

Payee name

Date form generated

Payee address

Case number

Total amount received in error

Reason the funds need to be repaid

Chapter Z: Tracking Fees and Costs Appendix Revised, 2025

Page 3 470-3868 Statement of Your Debt Repayment

# 470-3868, Statement of Your Debt Repayment

Purpose Use form 470-3868, Statement of Your Debt Repayment to advise

the payee of the payments posted to debts through the repayment

process.

Generate the batch version of this form from the FORMLIST screen Source

with the TFC process code. You can also access the form directly

through the FORMVIEW screen with the form number.

Completion Complete this form when a payee requests a report of the payments

withheld from family support for the repayment of debts owed.

Distribution The Department's mailing service sends this form to the addressee.

Data The worker completes the following information:

Payee name

Date form generated

Payee address

Month of debt payments

Total amount applied to the debts

Balance of the debt still owed

Revised, 2025

Data

470-5401

Satisfaction of Judgment RE: Cost of Genetic Testing

### 470-5401, Satisfaction of Judgment RE: Cost of Genetic Testing

Purpose Use form 470-5401, Satisfaction of Judgment RE: Cost of Genetic

Testing to advise the clerk of court that the genetic testing fees set as

a judgment in the support order are paid in full.

Source ICAR automatically generates the form when a genetic testing fee debt

is paid in full.

Completion Complete this form upon request by the debtor or automatically upon

application of final payment on the debt. Note: Only generate the

form manually upon request and only if the debt is paid in full.

Distribution Efile this form to the clerk of court.

ICAR or the worker completes the following information:

County of filing

Petitioner

Respondent

Second respondent, if appropriate

Court order number

Debtor name

Filing date of court order containing the judgment

Total amount paid on the debt

Worker name

Worker title

Worker address lines 1 and 2

Worker city, state, and ZIP

Revised November 14, 2025

### 470-0159, Tracking Fees and Costs Billing Statement

Purpose Use form 470-0159, Tracking Fees and Costs Billing Statement to

provide notification to a payee, payor, alleged father, or third party of a debt other than child support that they owe to the state of lowa or

another entity.

Source ICAR generates this batch form monthly through a batch process.

Based upon conditions related to the debt the monthly billing statement may generate to a specific case monthly, semi-annually, or annually. See <a href="https://doi.org/10.258/">11-Z, Billing Process</a>, for more information on the automated

billing cycle.

Completion ICAR completes the form based upon the entry of a debt or payments

associated with a debt.

Distribution The Department's mailing service sends this form to the addressee. A

copy of the form is saved in the electronic case file.

Data ICAR enters the following information:

Date of the statement

Who owes the debt

The payment amount due

The total debt amount due

The details of any previous payments made on the debt

Comments concerning why the debt exists