

June 29, 2018

Employees' Manual  
Title 11  
Chapter Z Appendix

# Tracking Fees and Costs

## Appendix



Iowa Department  
of Human Services

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

Purpose	Use form 470-0159, <i>Tracking Fees and Costs Billing Statement</i> , 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 Iowa 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="#">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.
Data	ICAR enters the following information: <ul style="list-style-type: none"><li>◆ Date of the statement</li><li>◆ Who owes the debt</li><li>◆ The payment amount due</li><li>◆ The total debt amount due</li><li>◆ The details of any previous payments made on the debt</li><li>◆ Comments concerning why the debt exists</li></ul>

### **470-3861, Notification of Money Due the State**

Purpose	Use form 470-3861, <i>Notification of Money Due the State</i> , to advise the payee they owe the state of Iowa 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: <ul style="list-style-type: none"><li>◆ Payee name</li><li>◆ Date form generated</li><li>◆ Payee address</li><li>◆ Case number</li><li>◆ Total amount received in error</li><li>◆ Reason the funds need to be repaid</li></ul>

### [470-3867, Increase In Your Debt Repayment](#)

Purpose	Use form 470-3867, <i>Increase In Your Debt Repayment</i> , to advise the payee that they now owe an additional repayment to the state of Iowa 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.
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: <ul style="list-style-type: none"><li>◆ Payee name</li><li>◆ Date form generated</li><li>◆ Payee address</li><li>◆ Case number</li><li>◆ Reason the funds need to be repaid</li><li>◆ Additional debt amount due</li><li>◆ Total amount to be repaid</li></ul>

### **470-3868, Statement of Your Debt Repayment**

Purpose	Use form 470-3868, <i>Statement of Your Debt Repayment</i> , to advise the payee of the payments posted to debts through the repayment process.
Source	Generate the on-line version of this form from the FORMLIST screen 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	Mail this form to the payee.
Data	The worker completes the following information: <ul style="list-style-type: none"><li>◆ Payee name</li><li>◆ Date form generated</li><li>◆ Payee address</li><li>◆ Month of debt payments</li><li>◆ Total amount applied to the debts</li><li>◆ Balance of the debt still owed</li></ul>

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

Purpose	Use form 470-5401, <i>Satisfaction of Judgment RE: Cost of Genetic Testing</i> , 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.
Data	ICAR or the worker completes the following information: <ul style="list-style-type: none"><li>◆ County of filing</li><li>◆ Petitioner</li><li>◆ Respondent</li><li>◆ Second respondent, if appropriate</li><li>◆ Court order number</li><li>◆ Debtor name</li><li>◆ Filing date of court order containing the judgment</li><li>◆ Total amount paid on the debt</li><li>◆ Worker name</li><li>◆ Worker title</li><li>◆ CSRU address lines 1 and 2</li><li>◆ CSRU city, state, and ZIP</li></ul>