

# **Interstate Case Processing Appendix**

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## **Iowa FIPS Codes**

<b>County</b>	<b>Codes</b>	<b>County</b>	<b>Codes</b>	<b>County</b>	<b>Codes</b>
Adair	19 001	Floyd	19 067	Monona	19 133
Adams	19 003	Franklin	19 069	Monroe	19 135
Allamakee	19 005	Fremont	19 071	Montgomery	19 137
Appanoose	19 007	Greene	19 073	Muscatine	19 139
Audubon	19 009	Grundy	19 075	O'Brien	19 141
Benton	19 011	Guthrie	19 077	Osceola	19 143
Black Hawk	19 013	Hamilton	19 079	Page	19 145
Boone	19 015	Hancock	19 081	Palo Alto	19 147
Bremer	19 017	Hardin	19 083	Plymouth	19 149
Buchanan	19 019	Harrison	19 085	Pocahontas	19 151
Buena Vista	19 021	Henry	19 087	Polk	19 153
Butler	19 023	Howard	19 089	Pottawattamie	19 155
Calhoun	19 025	Humboldt	19 091	Poweshiek	19 157
Carroll	19 027	Ida	19 093	Ringgold	19 159
Cass	19 029	Iowa	19 095	Sac	19 161
Cedar	19 031	Jackson	19 097	Scott	19 163
Cerro Gordo	19 033	Jasper	19 099	Shelby	19 165
Cherokee	19 035	Jefferson	19 101	Sioux	19 167
Chickasaw	19 037	Johnson	19 103	Story	19 169
Clarke	19 039	Jones	19 105	Tama	19 171
Clay	19 041	Keokuk	19 107	Taylor	19 173
Clayton	19 043	Kossuth	19 109	Union	19 175
Clinton	19 045	Lee	19 111	Van Buren	19 177
Crawford	19 047	Linn	19 113	Wapello	19 179
Dallas	19 049	Louisa	19 115	Warren	19 181
Davis	19 051	Lucas	19 117	Washington	19 183
Decatur	19 053	Lyon	19 119	Wayne	19 185
Delaware	19 055	Madison	19 121	Webster	19 187
Des Moines	19 057	Mahaska	19 123	Winnebago	19 189
Dickinson	19 059	Marion	19 125	Winneshiek	19 191
Dubuque	19 061	Marshall	19 127	Woodbury	19 193
Emmet	19 063	Mills	19 129	Worth	19 195
Fayette	19 065	Mitchell	19 131	Wright	19 197
Bureau of Collections/Central Registry/Collection Services Center 19000					

## **Notice Requirements In UIFSA**

This chart lists the different types of notice requirements in UIFSA, specific time standards for issuance, who initiates and who receives the notices, and the legal reference for each requirement.

<b>Notice Requirements in UIFSA</b>				
<b>Type of Notice</b>	<b>Time Frame</b>	<b>Initiator</b>	<b>Recipient</b>	<b>Legal Basis</b>
Notice of request	Any time before process to determine controlling order is started	Party seeking determination of controlling order	Every party whose rights may be affected	252K.207(4)
Certified copy of order	Within 30 days of order determining controlling order	Party obtaining order determining controlling order	Each tribunal that had issued or registered an earlier child support order	252K.207(7)
Where/when petition filed	None specified	Responding tribunal	Petitioner	252K.305
Copy of order	Promptly	Responding tribunal	Petitioner, respondent, initiating tribunal	252K.305(5)
Copy of any written notice received from an initiating, responding or registering tribunal	Within 10 business days of receipt	Support enforcement agency	Petitioner	252K.307(2)
Copy of any written communication from respondent or respondent's attorney	Within 10 business days of receipt	Support enforcement agency	Petitioner	252K.307(2)
Notice that jurisdiction over respondent cannot be obtained	None specified	Support enforcement agency	Petitioner	252K.307(2)

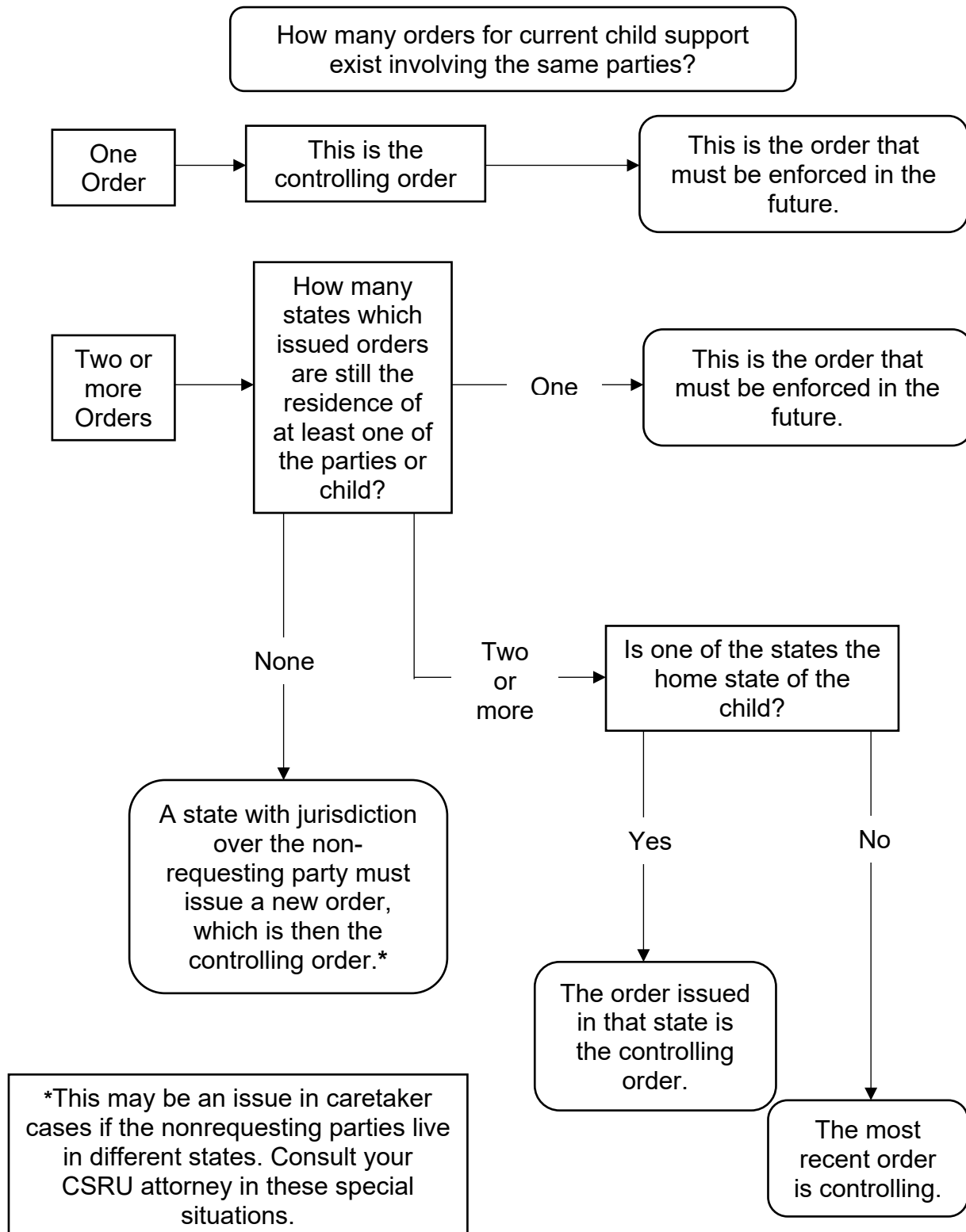
Notice Requirements in UIFSA				
Type of Notice	Time Frame	Initiator	Recipient	Legal Basis
Copy of income withholding order	Immediately	Employer	Payor	252K.502(1)
Notice of contest to direct withholding	None specified	Payor	Support enforcement agency providing services to payee; employer; and (1) person or entity identified for payment or (2) payee, if none identified	252K.506(2)
Notice of registration and determination of controlling order	None specified	Requestor of registration	Each party whose rights may be affected	252K.602(5)
Notice of registration	When order is registered	Registering tribunal	Nonregistering party	252K.605(1)
Notice of right to determination of controlling order	Timely manner	Registration Requestor	Nonrequesting party	252K.605(2)
Notice of income withholding	Upon tribunal registration of income withholding order for enforcement	Registering tribunal	Employer	252K.605(4)
Notice of contest to validity or assert any defense to an allegation or contest the remedies being sought or the amount of arrears.	Within 20 days after date of mailing or personal service of registration notice	Nonregistering party	Registering tribunal	252K.605(2) and 606(1)
Notice of the date, time, and place of hearing to contest registration	None specified	Registering tribunal	Parties	252K.606(3)

Notice Requirements in UIFSA				
Type of Notice	Time Frame	Initiator	Recipient	Legal Basis
Certified copy of modified order	Within 30 days after issuance of modified order	Party obtaining modification	Issuing tribunal which had CEJ and every tribunal where registered	252K.614
Copy of order: establishment	None specified	Not specified	"Responsible person", i.e., payor	252C.3(5)
Copy of order: modification	Within 14 days	Not specified	Each parent at last known address or, if applicable, parent's attorney	252H.9(7)



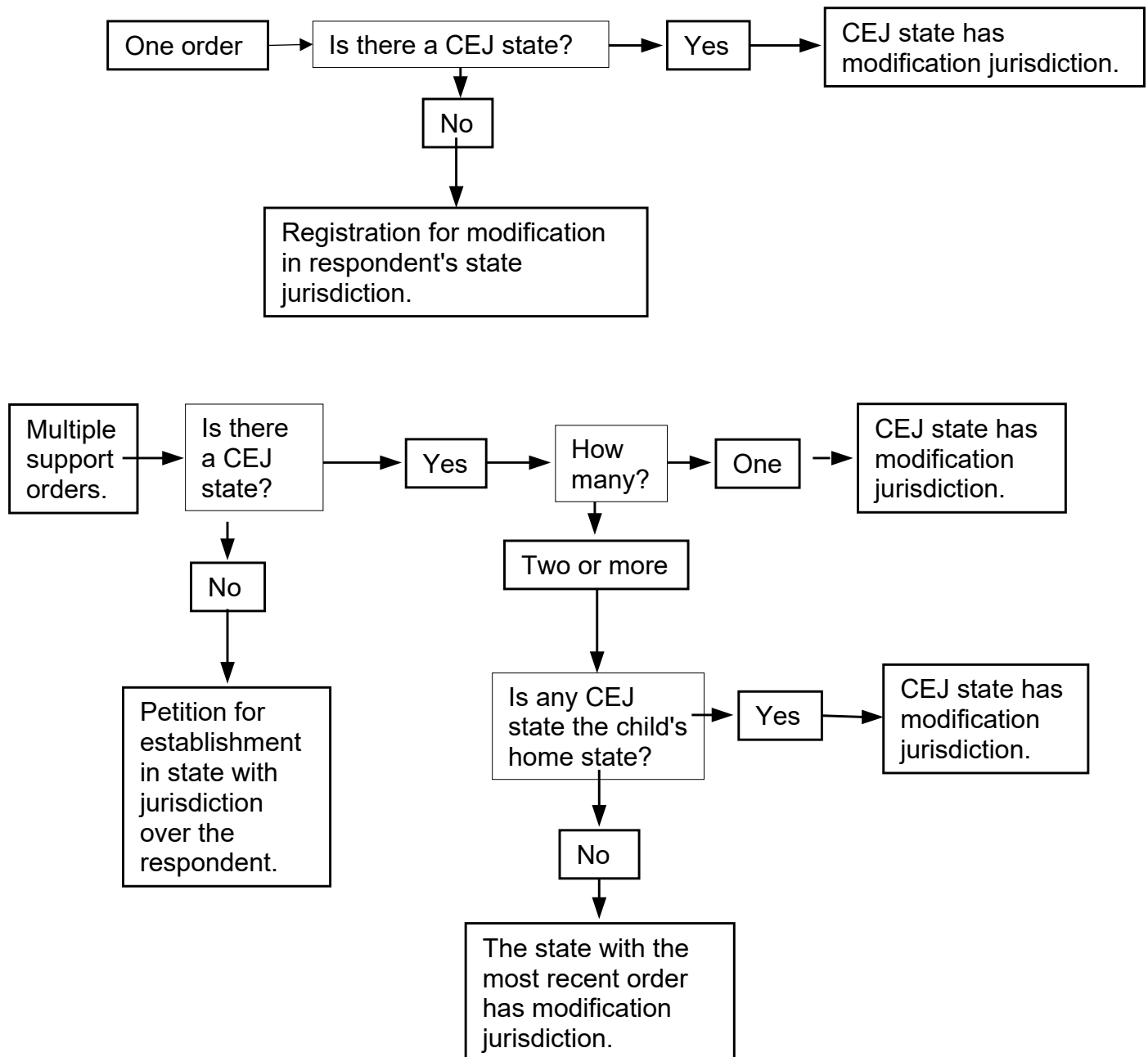
## **Determining the Controlling Order**

(Absent the written agreement of the parties.)



## **Modification Jurisdiction**

This chart helps you decide which state has jurisdiction to modify the support order. (Absent written consent of the parties.)



## Circumstances Requiring a DCO\*

This chart lists specific events that may or may not require you to determine the controlling order for the case. This chart applies only to cases that have two or more ongoing child support orders that were entered or last modified in different states.

Event	DCO		Comment
	Yes	No	
Stand-alone DCO	<b>X</b>		Begun upon request of a party (including the Unit or another state). Adjudicate arrears.
Post-DCO: an improper <i>de novo</i> order was entered (time for challenge has passed)	<b>X</b>		Commence a second DCO, if notice not given to all parties, e.g., a caretaker.
Prior DCO overlooked** ongoing order (notice <b>not</b> given to all parties, e.g. a caretaker)	<b>X</b>		Upon discovery, do another DCO. Consider all orders considered in the original DCO, plus the overlooked order. Use current residences for all parties. The overlooked order's arrears continue to accrue until the date a subsequent DCO order is entered.
Prior DCO overlooked** ongoing order (notice given to all parties)		<b>X</b>	Entry of a DCO order cuts off accumulation of arrears on all non-controlling orders, if a controlling order is identified. Therefore, no arrears accrued under the overlooked order after the DCO order was entered.
Past-due only order(s)***		<b>X</b>	Registered upon occurrence of registration event.

\* Any time Iowa could assume CEJ and a DCO concludes that there is **no** controlling order because none of the parties or children live in any of the states that entered orders. The DCO order should declare that there is no controlling order, order the establishment of a new obligation, and declare that all current support orders run until a new obligation is established.

\*\* Overlooked at the time of a prior DCO.

\*\*\* DCO is never triggered by the presence of a past-due only order, because the orders have no current support obligation. However, you will need to consider past-due only orders in any reconciliation of arrears.

## **Circumstances Requiring Registration and DCO**

This chart lists specific events that may or may not require you to register the orders in addition to doing a determination of controlling order.

Event	DCO		Comment	
	Yes	No		
Contest* to an administrative action, including an MTQ	<b>X</b>		Register all non-Iowa orders, regardless of whether controlling order is an Iowa order or entered by another tribunal.	
Potential problem**	<b>X</b>		Register all non-Iowa orders regardless of whether controlling order is an Iowa order or entered by another tribunal.	
			<b>If controlling order is not an Iowa order</b>	<b>If controlling order is Iowa...</b>
Judicial modification	<b>X</b>		Register all.	Do <b>not</b> register. Exception: If potential problem, register all.
Review & adjustment or administrative modification can be completed***	<b>X</b>		Register all.	Do <b>not</b> register. Exception: If potential problem, register all.
Review & adjustment or administrative modification <b>cannot</b> be completed****		<b>X</b>		
Judicial enforcement, e.g., contempt, garnishment and bond	<b>X</b>		Register all.	Do <b>not</b> register. Exception: If potential problem, register all.

\* i.e., the action has been certified to a court or an administrative law judge (e.g., tax, debtor offset).

\*\* e.g., low support obligation, arrears adjudication request, spotty payment record, large arrears, history of contempt and other enforcement actions, file shows frequent or serious litigation.

\*\*\* Initial CSRU analysis accepts review and adjustment or administrative modification request and process ends with an order or a second notice of decision that no change is required, **or** A modification is begun in a multiple order case, there is no CEJ state, and Iowa has personal jurisdiction over all necessary parties. While the Unit establishes an order with the administrative establishment process, begin a separate registration to set the arrears. The registration event is the commencement of the modification, even though in an establishment action finishes the process, **or** the process begins as a modification,

with the consent of the parties, another jurisdiction's order controls, Iowa could assume CEJ (by consent), but no adjustment is appropriate.

\*\*\*\* Initial CSRU analysis denies a review and adjustment or administrative modification request with the first NOD. **OR** Iowa lacks personal jurisdiction over at least one party. **OR** A controlling order could be determined, but Iowa cannot assert CEJ. Refer the request to another jurisdiction.

## **Counting Orders Criteria Checklist**

This checklist is provided to help you decide which child support orders you must consider when doing a determination of controlling order.

A determination of controlling order (DCO) is necessary if a DCO event has occurred and the case contains ongoing support orders from more than one state. Each ongoing support order is a DCO candidate.

The purpose of counting orders is to discover whether there is more than one ongoing support order. Compare each order in the case with this checklist. Begin at the top of the checklist and continue until you find a matching category for each order in the case. Follow the counting directions for that category of order.

After you have compared all orders in the case with this checklist, apply the UIFSA and FFCCSOA controlling order rules only to the orders that "count."

**NOTE:** This checklist is based on Iowa law. However, the law of another state may determine whether a particular non-Iowa order counts. Consult the [9-K, Interstate Case Processing](#) manual or the online **Intergovernmental Reference Guide** for details.

Prior DCO was done:

- This order was considered in a prior DCO but was not determined to be the controlling order. **Do not count this order.**
- This order was considered in a prior DCO and was determined to be the controlling order. It has not been modified since the DCO. **Count this order.**
- This order specifically modifies an order previously determined to be controlling, in full compliance with UIFSA and FFCCSOA. **Count this order.**
- This order has been permanently suspended or terminated by court order, and no current support is billing. **Do not count this order.** (If there is a 252B.20 suspension and the 6 month period to reinstate the order has not passed, consult your attorney.)
- Entry of this new (de novo), ongoing support order after a prior DCO was done did not comply with UIFSA or FFCCSOA. However, it was not timely appealed and it has not been modified by the words of a later order. **Count this order.**

- This order modifies an order previously determined to be controlling. Entry of this modification order did not comply with UIFSA or FFCCSOA. However, it was not timely appealed and it has not been further modified by the words of a later order. **Count this order.**
- This ongoing support order existed at the time of a prior DCO. However, it was overlooked and not considered during that DCO. For the purpose of the current DCO, the Unit's standard/default position is to accept the prior DCO as being valid and to not count the overlooked order (do not do another or corrective DCO solely because of an overlooked order). **Do not count this order.**

**NOTE:** An **exception** to the standard position can be made if the "overlooked order" becomes an issue, upon consultation with the Unit supervisor and Unit attorney. If an "exception" is considered, the following points provide some direction, dependent upon notice to the parties:

- All necessary parties received notice of the prior DCO. Do NOT count this overlooked order (do not do another or corrective DCO).
- At least one necessary party did NOT receive notice of the prior DCO. Count/include this overlooked order and do another DCO or corrective DCO. NOTE: arrears accrue under the overlooked order until a corrective DCO is entered.

A DCO has not previously been done:

- This is an income withholding order. **Do not count this order.**
- This is an arrears only order. **Do not count this order.**
- This is an accrued support only (reimbursement) order with no ongoing support obligation. **Do not count this order.**
- This is an ongoing medical support only order. It has not been modified by the words of a later order. **Count this order.** (If the order was involved in a registration, see the [Registration](#) section below.)
- This ongoing support order has not been modified by the words of a later order. **Count this order.** (If the order was involved in a registration, see the [Registration](#) section below.)
- This ongoing support order has been modified by the words of a later order. **Do not count this order.**
- This is a conforming order. It mirrors but does not modify the ongoing support obligation of a prior order entered by another state. The other state's order is identified in the conforming order. **Do not count the conforming order.**

- This ongoing child support obligation in an Iowa divorce order has ended because the payor and payee have re-married. **Do not count this order.**
- This ongoing Iowa support order was entered before the first marriage of the payor and payee. No court order has ended this support obligation. **Count this order.**
- Entry of this new (de novo), ongoing support order did not comply with UIFSA or FFCCSOA. However, it was not timely appealed and it has not been modified by the words of a later order. **Count this order.**
- Billing under the Iowa order has been suspended on ICAR because the child(ren) have started receiving SSD dependent's benefits (although no suspension or "Hilmo" order has been entered) or because a Hilmo order has been entered and the dependent's benefits fully satisfy the recalculated amount of child support. **Count this order.** (Iowa's Hilmo rules on SSD benefits do not automatically apply to out-of-state orders and if the case involves an out-of-state order, consult your attorney.)
- This order has been permanently suspended or terminated by court order and no current support is billing. **Do not count this order.** (If there is a 252B.20 suspension and the 6 month period to reinstate the order has not passed, consult your attorney.)

**NOTE:** There are certain orders that will not be counted for purposes of the DCO that must still be considered for the reconciliation of arrears. For example, Iowa Code section 252C.9 previously provided that Iowa administrative orders commenced during the period 7/1/84 through 6/30/93 would be superseded by a judicial order entered in any state. Iowa administrative orders prior to 6/30/93 should not still have current support due and would not be considered for purposes of the DCO, but this rule may affect the calculation of arrears. As Iowa Code section 252C.9 was repealed effective 7/1/93, it does not affect Iowa administrative orders commenced after that date.

**Registration:**

- This is the underlying foreign order for current support, which was registered in Iowa at **any** time for any reason (e.g., registered for enforcement before or after 10/24/94). The order has not been modified by the words of a later order. **Count this order.**
- This is an ongoing Iowa order for current support resulting from the registration of a non-Iowa order before 10/24/94. (You may need to verify the correct end date or emancipation date has been used for the obligation to ensure current support is still due.) It has not been modified by the words of a later order. **Count this as an Iowa order** even if you counted the underlying non-Iowa order above.

- This is an ongoing order for current support, which was registered in Iowa for enforcement **on or after 10/24/94. Do not count this as an Iowa order.** (You have already counted it as the underlying non-Iowa order.)

## **Reconciliation of Arrears Checklist**

This checklist is provided to help you decide which support orders you must consider when doing a reconciliation of arrears.

**NOTE:** This checklist is based on Iowa law. However, the law of another state may dictate how to count their orders. Consult [9-K, Interstate Case Processing](#) or the on-line **Intergovernmental Reference Guide** for details.

### **All Reconciliation of Arrears**

Do NOT include the following arrears in a Reconciliation of Arrears, as arrears are included in the original underlying order.

- Contempt Order
- IWO order

Include the following arrears in all Reconciliation of Arrears:

- Arrears Only Order
- Temporary Order
- Cash Medical Only Order
- Alimony Order (if child support is being enforced)

See your office attorney and supervisor if you have additional orders or if you have an order that satisfies the underlying order or adjudicates the arrears.

Prior Determination of Controlling Order (DCO) included reconciliation of arrears:

Follow the steps below to determine the amount of arrears.

1. Use the arrears amount determined in the prior DCOs.
2. Add any arrears that may have accrued after that DCO was entered.

**NOTE:** If there were orders affecting the arrears clearly not considered or that were overlooked at the time of the last reconciliation of arrears, consult your office attorney about the legal effect of the prior reconciliation order, and your office supervisor about any action to be taken.



**Prior DCO Did Not Include Reconciliation of Arrears**

- This order was considered in a prior DCO but was not determined to be the controlling order. **Include only arrears that may have accrued before entry of the DCO because the DCO stops accrual of current support on non-controlling orders.**
- This order was considered in a prior DCO and was determined to be the controlling order. It has not been modified since the DCO. **Include these arrears.**
- This order specifically modifies an order previously determined to be controlling in full compliance with UIFSA and FFCCSOA. **Include arrears on original order and arrears accrued since the order was modified.**
- This order has been permanently suspended or terminated by court order and no current support is billing. **Include arrears that accrued before the order was suspended.**  
**Note:** During the period of suspension, arrears do not accumulate.
- Entry of this new (*de novo*) ongoing support order after a prior DCO was done did not comply with UIFSA or FFCCSOA. However, it was not timely appealed and it has not been modified by the words of a later order. **Include arrears that billed under this order.**
- This order modifies an order previously determined to be controlling. Entry of this modification order did not comply with UIFSA or FFCCSOA. However, it was not timely appealed and it has not been further modified by the words of a later order. **Include the arrears that have accrued since entry of the modification order as well as those under the original order.**
- This ongoing support order existed at the time of a prior DCO. However, it was overlooked and not considered during that DCO. For the purpose of the current reconciliation of arrears, **only include arrears that may have accrued prior to the date the initial DCO was done.** Note: If there are special circumstances, consult your office attorney and supervisor. (One example of a special circumstance might be where at least one necessary party did not receive notice of the prior DCO.)

### **A DCO Was Not Completed**

- This ongoing support order has not been modified by the words of a later order. **Include these arrears.** (If the order was involved in a registration, see the [Registration](#) section below.)
- This ongoing support order has been modified by the words of a later order. **Include any arrears that accrued before the date the modification order was entered.**
- This is a conforming order. It mirrors but does not modify the ongoing support obligation of a prior order entered by another state. The other state's order is identified in the conforming order. **Do not count the conforming order.**

Note: Check the emancipation language in the conforming order. If the conforming order is longer, begin billing this order and count any arrears that accrued after the original order ended.

- This ongoing child support obligation in an Iowa divorce order has ended because the payor and payee have re-married. **Count the arrears.**
- This ongoing Iowa support order was entered before the first marriage of the payor and payee. No court order has ended this support obligation. **Include these arrears.**
- Entry of this new (*de novo*) ongoing support order did not comply with UIFSA or FFCCSOA. However, it was not timely appealed and it has not been modified by the words of a later order. **Include the arrears that accrued under this order.**
- Billing under this Iowa order has been suspended on ICAR because the child(ren) have started receiving SSD dependent's benefits (although no suspension or "*Hilmo*" order has been entered) or because a *Hilmo* order has been entered and the dependent's benefits fully satisfy the recalculated amount of child support. **Include any arrears due prior to the SSD suspension.** (Iowa's *Hilmo* rules on SSD benefits do not automatically apply to out-of-state orders and if the case involves an out-of-state order, review policy information or consult your attorney.)

Note: A lump sum SSD payment back to date of eligibility may have satisfied some or all of the arrears.

- This order has been permanently suspended or terminated by court order and no current support is billing. **Include any arrears that accrued before the order was suspended.** (If there is a 252B.20 suspension and 6 months have not yet passed to reinstate the order consult your attorney.)

**NOTE:** There are certain orders that will not be counted for purposes of the DCO that must still be considered for the reconciliation of arrears. For example, Iowa Code section 252C.9 previously provided that Iowa administrative orders commenced during the period from 7/1/84 through 6/30/93 would be superseded by a judicial order entered in any state. Iowa administrative orders from prior to 6/30/93 should not still have current support due because the children have aged out, so the order would not be considered for purposes of the DCO but it may be needed for the calculation of arrears. As Iowa Code section 252C.9 was repealed effective 7/1/93, it does not affect Iowa administrative orders commenced after that date.

Registration:

- This is the underlying non-Iowa order for current support, which was registered in Iowa at **any** time for any reason (e.g.: registered for enforcement before or after 10/24/94). The order has not been modified by the words of a later order. **Include these arrears.**
- This is an ongoing Iowa order for current support resulting from the registration of a non-Iowa order before 10/24/94. (You may need to verify the correct end date or emancipation date has been used for the obligation to ensure current support is still due.) It has not been modified by the words of a later order. **Include these arrears.**
- This is an ongoing order for current support, which was registered in Iowa for enforcement on or after 10/24/94. (You have already counted it as the underlying non-Iowa order.) **The arrears accumulate under the original non-Iowa order. Do not include arrears under this order.**

## UIFSA Worksheet

This worksheet helps you decide which state has continuing, exclusive jurisdiction (CEJ). A state must have CEJ to be considered the controlling order state.

**NOTE:** This worksheet will work for the majority of your cases. It will not provide an answer in the case of multiple home states where there are multiple support orders involving the same payor and children. However, UIFSA does not provide direction in such cases, either. The tribunal will likely make a determination based on the facts of the case before it.

1. Is there only one order in the case? \_\_\_\_\_ or

Has there been a determination under UIFSA or FFCCSOA about controlling order?

\_\_\_\_\_

If so, this order is controlling and is enforceable, even if everyone has left the issuing jurisdiction.

Modification:

- If there is still an individual party or child living in the issuing jurisdiction, that jurisdiction has CEJ and modification occurs there, absent a written consent by the parties for another jurisdiction to assume CEJ.
- If there is not an individual party or child residing there, the order is still enforceable. However, the party seeking modification must register the order for modification in the non-requestor's jurisdiction. The party seeking modification cannot register the order in that party's own state, unless everyone now lives in the petitioner's state.

If there has not been a determination of controlling order, proceed to #2.

2. What jurisdictions have issued support orders for this payor and children?

\_\_\_\_\_

3. In what jurisdiction do the parties and child live?

Custodial parent: \_\_\_\_\_

Child: \_\_\_\_\_

Noncustodial parent: \_\_\_\_\_

4. Which jurisdictions have a party or child (from #3) and an order (from #2)?

\_\_\_\_\_

5. In what jurisdiction have the children lived for the previous consecutive six months (from the date the petition is filed)? Under UIFSA, this jurisdiction is known as the child's home state.

\_\_\_\_\_

If there is only one CEJ jurisdiction listed in #4, the order issued by that jurisdiction is the controlling order for prospective enforcement of current support and that jurisdiction can modify.

If there are two or more CEJ jurisdictions listed in #4, and one of those jurisdictions is also listed in #5, the order issued by that jurisdiction in #5 is the controlling order for prospective enforcement of current support and that jurisdiction can modify.

If there are two or more jurisdictions listed in #4, and none of those jurisdictions are also listed in #5, the most recent order issued by the jurisdiction in #4 is the controlling order for prospective enforcement of current support and that jurisdiction can modify.

6. If there is more than one jurisdiction with an order listed in # 2, but no jurisdiction listed in #4, then there is no controlling order and no jurisdiction with CEJ.

The payee should seek establishment as well as enforcement of arrears. Pursuant to UIFSA, the responding jurisdiction in which enforcement is sought must issue a new support order, assuming it has personal jurisdiction over the parties. Once issued, that order becomes the controlling order in the case and that jurisdiction assumes CEJ for modification purposes.

If the petitioner is seeking modification rather than enforcement, since there is no controlling order and no jurisdiction with CEJ, the petitioner must seek:

- Establishment of a new order in a tribunal with jurisdiction over the respondent (this order will become the controlling order) and
- Registration of the existing orders for enforcement of any arrears.

### **Intergovernmental Forms Matrix**

The following matrix provides a list of the federal forms that must be included with your referral packet. The forms vary depending on the type of action you are requesting of the other jurisdiction. Cases with Hague Convention countries require the use of Hague Convention forms. Foreign reciprocating countries (FRCs) may also require the use of different forms.

<b>Action Requested</b>	<b>Send the following forms:</b>
Establish parentage and establish and enforce a support order for <ul style="list-style-type: none"> <li>▪ Current support</li> <li>▪ Retroactive child support</li> <li>▪ Medical support only</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>470-3469, Child Support Enforcement Transmittal #1 - Initial Request</b> (Check action 1; also check 2.A and/or B or C.)</li> <li>▪ <b>470-5469, Child Support Agency Confidential Information Form</b></li> <li>▪ <b>470-3472, Uniform Support Petition</b></li> <li>▪ <b>470-5471, Personal Information Form for UIFSA § 311</b></li> <li>▪ <b>470-3474, Declaration in Support of Establishing Parentage</b> (separate affidavit for each child for whom paternity is sought)</li> <li>▪ <b>470-3473, General Testimony</b></li> <li>▪ One Certified copy of all court orders that exist</li> <li>▪ Copies of any supporting documentation</li> </ul>
Establish and enforce a support order for <ul style="list-style-type: none"> <li>▪ Current support</li> <li>▪ Retroactive child support</li> <li>▪ Medical support only</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>470-3469, Child Support Enforcement Transmittal #1 - Initial Request</b> (Check action 2.A and/or B or C.)</li> <li>▪ <b>470-5469, Child Support Agency Confidential Information Form</b></li> <li>▪ <b>470-3472, Uniform Support Petition</b></li> <li>▪ <b>470-3473, General Testimony</b></li> </ul>

Action Requested	Send the following forms:
<p>Establish and enforce a support order for</p> <ul style="list-style-type: none"> <li>▪ Current support</li> <li>▪ Retroactive child support</li> <li>▪ Medical support only</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>470-5471, Personal Information Form for UIFSA § 311</b></li> <li>▪ One copy and one certified copy of all court orders that exist</li> <li>▪ Copies of any supporting documentation</li> </ul>
<p>For cases with existing responding tribunal orders:</p> <ul style="list-style-type: none"> <li>▪ Modify and enforce</li> <li>▪ Modify then close the intergovernmental IV-D case</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>470-3469, Child Support Enforcement Transmittal #1 - Initial Request</b> (Check action 3.B or C.)</li> <li>▪ <b>470-5469, Child Support Agency Confidential Information Form</b></li> <li>▪ <b>470-3472, Uniform Support Petition</b></li> <li>▪ <b>470-3473, General Testimony</b></li> <li>▪ <b>470-5471, Personal Information Form for UIFSA § 311</b></li> <li>▪ Copies of any supporting documentation</li> </ul>
<p>For cases with existing orders from another jurisdiction (not the responding state):</p> <ul style="list-style-type: none"> <li>▪ Register, modify, and enforce</li> <li>▪ Register, modify, then close the intergovernmental IV-D case</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>470-3469, Child Support Enforcement Transmittal #1 - Initial Request</b> (Check action 4.B or C.)</li> <li>▪ <b>470-5469, Child Support Agency Confidential Information Form</b></li> <li>▪ <b>470-3472, Uniform Support Petition</b></li> <li>▪ <b>470-3473, General Testimony</b></li> <li>▪ <b>470-5471, Personal Information Form for UIFSA § 311</b></li> <li>▪ <b>470-3477, Letter of Transmittal Requesting Registration</b></li> <li>▪ One copy and one certified copy of all court orders that exist</li> <li>▪ Copies of any supporting documentation</li> </ul>
<p>For cases with existing responding tribunal orders:</p> <ul style="list-style-type: none"> <li>▪ Enforce</li> <li>▪ Enforce arrears only</li> <li>▪ Change person/entity entitled to receive funds and enforce</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>470-3469, Child Support Enforcement Transmittal #1 - Initial Request</b> (Check action 3.A, D, or E.)</li> <li>▪ <b>470-5469, Child Support Agency Confidential Information Form</b></li> <li>▪ Copies of any supporting documentation</li> </ul>

Action Requested	Send the following forms:
<p>Enforcement of an existing order that the responding state did not issue</p> <ul style="list-style-type: none"> <li>▪ Register and enforce</li> <li>▪ Register and enforce arrears only.</li> </ul>	<ul style="list-style-type: none"> <li>▪ <b>470-3469, Child Support Enforcement Transmittal #1 - Initial Request</b> (Check action 4. A or D.)</li> <li>▪ <b>470-3477, Letter of Transmittal Requesting Registration</b></li> <li>▪ <b>470-5469, Child Support Agency Confidential Information Form</b></li> <li>▪ One copy and one certified copy of all court orders that exist</li> <li>▪ Copies of pay records or arrearage affidavit</li> <li>▪ Copies of any supporting documentation</li> </ul>
<p>Case inquiry or update on previously-referred case</p>	<ul style="list-style-type: none"> <li>▪ <b>470-3470, Child Support Enforcement Transmittal #2 - Subsequent Actions</b></li> <li>▪ <b>470-5469, Child Support Agency Confidential Information Form</b> (if you do not have the other state's case number)</li> </ul>
<p>Assistance or discovery on a local case</p>	<ul style="list-style-type: none"> <li>▪ <b>470-3471, Child Support Enforcement Transmittal #3 - Request for Assistance/Discovery</b></li> <li>▪ <b>470-5469, Child Support Agency Confidential Information Form</b> (if you do not have the other state's case number)</li> </ul>

Depending on the case circumstances and responding jurisdiction's requirements, the forms required may differ from those listed in the table above. Other documents, such as copies of orders may also be required. Consult the **Intergovernmental Reference Guide** for state-specific requirements.

### Administrative Subpoena, Form 470-3758

Purpose	Use form <b>470-3758, Administrative Subpoena</b> across state lines to obtain books, papers, and other information needed to establish, modify, or enforce a support order.
Source	To generate this form from the FORMOSEL screen, enter the case number and appropriate code (ADMIN, ADMOD, ADPAT, ENF, LISAN, or REV). Press either F9 (numerical list) or F10 (alphabetical list) to display the forms for the process you indicated. Tab to 470-3758, enter "X" to select the form and press ENTER.
Completion	Complete the form to request documents from an agency outside of Iowa. The worker should clearly, completely, and specifically describe all records or documents that you are requesting the individual receiving the subpoena provide.
Distribution	Send the subpoena by first-class mail to the person or company to request documents.
Data	<p>ICAR enters the following information (you must enter this information when you generate the form through FORMLIST):</p> <ul style="list-style-type: none"><li>▪ ICAR case number</li><li>▪ Payor name, date of birth, and SSN</li><li>▪ Unit address</li></ul> <p>The worker enters the following information:</p> <ul style="list-style-type: none"><li>▪ Docket number</li><li>▪ Name and address of person served with subpoena</li><li>▪ Payor alias</li><li>▪ Date information due (MM/DD/CCYY)</li><li>▪ Unit worker's name, fax, phone, and e-mail address</li><li>▪ Current date (MM/DD/CCYY)</li></ul>



**Affidavit and Application for Default Judgment Determining Controlling Order and Reconciliation of Arrears, Form 470-3673**

Purpose	Use form 470-3673 to ask the court for a default judgment regarding the determination of controlling order and reconciliation of arrears.
Source	<p>To generate this form, enter a “Y” in the GEN DEFAULT FORMS field on the DCO2 screen.</p> <p>To generate this form from the FORMLIST screen, enter the appropriate process code (DCO or UIFSA). Press either PF1 (numerical list) or PF5 (alphabetical list) to display the forms for the process you indicated. Tab to 470-3673, enter “X” to select the form, and press ENTER.</p>
Completion	Complete this form when requesting that the court enter a default judgment regarding the determination of controlling order and reconciliation of arrears.
Distribution	File this form along with 470-3672, Notice of Intent to File Written Application for Default Determining Controlling Order and Reconciliation of Arrears with the clerk of court at least ten days after sending form <b>470-3476, Notice of Determination of Controlling Order</b> to all parties.
Data	<p>ICAR enters the following information (you must enter this information for manually generated forms):</p> <ul style="list-style-type: none"><li>▪ County where the court order is filed</li><li>▪ Petitioner</li><li>▪ Respondent</li><li>▪ Docket number</li><li>▪ Payor name</li><li>▪ Payee name</li></ul> <p>The worker enters the following information:</p> <ul style="list-style-type: none"><li>▪ Name of the Unit’s attorney</li><li>▪ Third party name if appropriate</li><li>▪ Unit’s address</li><li>▪ Unit’s worker’s title</li><li>▪ Date petition is filed (MM/DD/CCYY)</li><li>▪ Service member information</li><li>▪ ICAR case number</li></ul>

**Affidavit of Service by Certified Mail, Form 470-4209**

Purpose	Use form <b>470-4209, Affidavit of Service by Certified Mail</b> when you serve a party by certified mail. 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	<p>To generate this form from the REGIST screen, enter a “G” in the SERVED: CP, RP, TP fields for the appropriate party and enter the date of service.</p> <p>To generate this form from the DCO2 screen, enter a “G” in the SERVED: CP, RP, TP fields for the appropriate party and enter the date of service.</p> <p>To generate this form from the FORMLIST screen, enter the appropriate code (DCO or REGST). Press either F1 (numerical list) or F5 (alphabetical list) to display the forms for the process you indicated. Tab to 470-4209, enter “X” to select the form and press ENTER.</p>
Completion	Complete this form when a party is successfully served the NOI packet by certified mail.
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 (you must enter this information when you generate the form through FORMLIST):</p> <ul style="list-style-type: none"><li>▪ County of filing of first order</li><li>▪ Docket number of first order</li><li>▪ Petitioner of first order</li><li>▪ Respondent of first order</li><li>▪ Second and third court order county, docket, petitioner, or respondent, if appropriate</li><li>▪ Unit worker name</li></ul>

- Date certified mail packet sent (MM/DD/CCYY)
- Date packet was delivered (MM/DD/CCYY)
- Name of the party served (ICAR enters the names for the CP and RP. Type in the name of the third party.)
- ICAR case number

The worker enters the following information:

- Enter an "X" to indicate the process (DCO & Arrears Determination, Registration, Registration & review or Registration & administrative modification)
- Type of certified mail
- Who pre-paid postage
- Total cost of postage
- If addressee signed for certified mail
- If authorized agent signed for certified mail
- If no USPS signature page and customer returns COVID certified mail acknowledgement

**Affidavit in Support of Non-Disclosure of Identifying Information, Form 470-5327**

Purpose	Use form <b>470-5327, Affidavit in Support of Non-Disclosure of Identifying Information</b> to allow the party the opportunity to attest whether the health, safety, or liberty of the party would be at risk by disclosing identifying information to the other jurisdiction and possibly the other case party.
Source	<p>To generate this form from the UIFSA2 screen, enter a “Y” in the PRINT column next to the NONDISCLOSURE AFFIDAVIT – PAYOR/AF or NONDISCLOSURE AFFIDAVIT – PAYEE field on the UIFSA2 screen.</p> <p>To generate this form from the UIFSA screen, enter a “Y” in the NONDISC AFF field beside the PAYEE or PAYOR field and press F9.</p> <p>To generate this form from the FORMLIST screen, enter the appropriate process code (UIFSA or INTER). Press either F1 (numerical list) or F5 (alphabetical list) to display the forms for the process you indicated. Tab to 470-5327, enter “X” to select the form, and press ENTER.</p>
Completion	Complete this form at the beginning of the UIFSA process, before you send the referral to the responding jurisdiction. If the possible risk of disclosing information is unknown, generate this form and send it to the requestor of services.
Distribution	Send this form to the party by first-class mail.
Data	<p>ICAR enters the following information (you must enter this information for manually generated forms):</p> <ul style="list-style-type: none"><li>▪ Current date (MM/DD/CCYY)</li><li>▪ Party’s address</li><li>▪ Name of person claiming risk</li><li>▪ Other party’s name</li><li>▪ Worker’s name and address</li><li>▪ Child’s name (up to 4 children)</li><li>▪ ICAR case number</li></ul> <p>The worker enters the following information:</p> <ul style="list-style-type: none"><li>▪ If the person lives outside of Iowa.</li></ul>

**Application for Order Relating to Telephonic Testimony, Form 470-3467**

Purpose	Use form <b>470-3467, Application for Order Relating to Telephonic Testimony</b> to obtain an order for one of the parties to present testimony over the telephone.
Source	<p>ICAR generates this form when you enter a “Y” in the TESTIMONY IND field on the INTERST4 screen.</p> <p>To generate this form from the FORMLIST screen, enter the appropriate process code (INTER or UIFSA). Press either PF1 (numerical list) or PF5 (alphabetical list) to display the forms for the process you indicated. Tab to 470-3467, enter “X” to select the form, and press ENTER.</p>
Completion	Complete this form only when you have scheduled a hearing and one of the parties asks to testify by telephone instead of in person.
Distribution	Take this form along with form <b>470-3468, Order Relating to Telephonic Testimony</b> to the attorney in your office. The attorney files this form with the court requesting permission for the party to appear at the hearing by telephone. Serve this form by regular mail, sheriff, or process server on all parties. Place a copy in the imaged case file.
Data	<p>ICAR enters the following information (you must enter this information for manually generated forms):</p> <ul style="list-style-type: none"><li>▪ Petitioner</li><li>▪ Respondent</li><li>▪ Docket number</li><li>▪ Month, day, and year telephonic testimony is scheduled to take place</li><li>▪ Name of the person giving testimony</li><li>▪ State of residence of person giving testimony</li><li>▪ Month and year of the form.</li><li>▪ Unit’s address and telephone number</li><li>▪ Name of payee</li><li>▪ Name of payor</li></ul>

The worker enters the following information:

- County name
- Name and personal identification number (PIN) of Unit's attorney
- Name and address of payor's attorney
- Name and address of payee's attorney
- Number of days prior to hearing to file documents
- Whether this form will be e-filed

**Certification of Child Support Worker, Form 470-2936**

Purpose	Use form <b>470-2936, Certification of Child Support Worker</b> to provide the other jurisdiction a certification of the amount of support due on the court order.
Source	To generate this form from the FORMLIST screen, enter the appropriate process code (CASE). Press either PF1 (numerical list) or PF5 (alphabetical list) to display the forms for the process you indicated. Tab to 470-2936, enter "X" to select the form, and press ENTER.
Completion	Complete this form as supporting documentation when asking another jurisdiction to enforce an existing order or when another jurisdiction requests an affidavit of arrears.
Distribution	Mail a copy of this form to the other jurisdiction.
Data	<p>ICAR enters the following information (you must enter this information for manually generated forms):</p> <ul style="list-style-type: none"><li>▪ Iowa worker name</li></ul> <p>The worker enters the following information:</p> <ul style="list-style-type: none"><li>▪ County that issued the order</li><li>▪ Petitioner</li><li>▪ Respondent</li><li>▪ Docket number</li><li>▪ Delinquency amount, and date (MM/DD/CCYY)</li></ul>

**Certified Mail Receipt Acknowledgment, Form 470-4242**

Purpose	Use form <b>470-4242, Certified Mail Receipt Acknowledgment</b> when you requested restricted mail and someone other than the person being served signed for the documents.
Source	Generate this form from the FORMLIST screen. Enter the appropriate process code (DCO, or REGST). Press either F1 (numerical list) or F5 (alphabetical list) to display the forms for the process you indicated. Tab to 470-4242, enter an "X" to select the form and press ENTER.
Completion	Send the form by first-class mail to the party you are serving. Request that the party sign the Certified Mail Receipt Acknowledgment to verify that they received the certified mail packet. File the acknowledgment with form 470-4209, Affidavit of Service by Certified Mail.
Distribution	File the original Certified Mail Receipt Acknowledgment with the clerk of court in the county you are filing the DCO or registration action.
Data	<p>The worker enters the following information:</p> <ul style="list-style-type: none"><li>▪ Current date (MM/DD/CCYY)</li><li>▪ ICAR case number</li><li>▪ Name of the party served</li><li>▪ Party's address</li><li>▪ Enter an "X" to indicate the process (DCO &amp; arrears determination, Registration, Registration &amp; review or Registration &amp; administrative modification)</li><li>▪ Date the authorized agent signed for delivery (MM/DD/CCYY)</li><li>▪ Worker's name, address, and telephone number</li></ul>



**Child Support Agency Confidential Information Form, Form 470-5469**

Purpose	Use form <b>470-5469, Child Support Agency Confidential Information Form</b> to provide another child support jurisdiction with confidential information about the case parties. This form is not filed in a court or provided to another case party. The information on this form may only be disclosed as authorized by law.
Source	<p>To generate this form from the UIFSA2 screen, enter a “Y” in the PRINT column next to CHILD SUPPORT CONFIDENTIAL INFO FORM and press F3 twice to update.</p> <p>To generate this form from the INTERST3 screen, enter a “Y” in the GEN CONF INFO field and press F3 twice to update.</p> <p>To generate this form from the FORMLIST screen, enter the appropriate process code (INTER or UIFSA). Press either F1 (numerical list) or F5 (alphabetical list) to display the forms for the process you indicated. Tab to 470-5469, enter “X” to select the form, and press ENTER.</p>
Completion	<p>Complete this form to provide another jurisdiction with confidential information when a referral is sent for establishment, enforcement, modification or limited services.</p> <p>Send this form with form <b>470-3469, Child Support Agency Transmittal # 1 – Initial Request</b> or form <b>470-3477, Letter of Transmittal Requesting Registration</b>. Also send this form with form 470-3471, Child Support Agency Transmittal # 3 - Request for Assistance/Discovery, if you do not have the other jurisdiction’s case number.</p>
Distribution	Send this form to the other jurisdiction along with all required forms (see <a href="#">Intergovernmental Forms Matrix</a> ). Place a copy in the imaged case file.
Data	<p>ICAR enters the following information (you must enter this information for manually generated forms):</p> <ul style="list-style-type: none"><li>▪ Name, IV-D case number, and docket number of initiating jurisdiction</li><li>▪ Name, IV-D case number, and docket number of responding jurisdiction</li></ul>

- If payee is a caretaker
- Payee's relationship to children
- Payee's name, gender, date of birth, and SSN
- Payee's cell, home, and work phone numbers
- Payee's home and mailing address
- Payee's employer name, FEIN, and address
- Whether payee is incarcerated and inmate number
- Payor's name, gender, date of birth, and SSN
- Payor's cell, home, and work phone number
- Payor's home and mailing address
- Payor's employer name, FEIN, and address
- Whether payor is incarcerated and inmate number
- Caretaker name, gender, date of birth, and SSN
- Caretaker relationship to children
- Caretaker's home, work, and cell phone number
- Caretaker's home and mailing address
- Child's home address, (up to 3 children)
- Child's name, SSN, date of birth, place of birth, and gender (up to 3 children)
- Child's paternity establishment information (up to 3 children)

The worker enters the following information:

- Payee's place of birth
- Date payee, payor, or caretaker's mailing and home address confirmed
- If party is incarcerated, name of facility
- If paternity established by marriage, date of marriage (for all 3 children)
- State that established paternity (for all 3 children)
- Explain how paternity is established (for all 3 children)

### Child Support Enforcement Transmittal #1 - Initial Request, Form 470-3469

Purpose	Use form <b>470-3469, Child Support Enforcement Transmittal #1 - Initial Request</b> as the required cover letter when referring a case to another jurisdiction. Do not use this form for Hague Convention countries. Federal Reciprocating Countries (FRCs) may also require a different form.
Source	<p>To generate this form from the UIFSA2 screen, enter a “Y” in the PRINT column next to CHILD SUPPORT ENF TRANSMITTAL #1 and press F3 twice to update.</p> <p>To generate this form from the FORMLIST screen, enter the appropriate process code (INTER or UIFSA). Press either PF1 (numerical list) or PF5 (alphabetical list) to display the forms for the process you indicated. Tab to 470-3469, enter “X” to select the form, and press ENTER.</p>
Completion	Complete this form to ask the other jurisdiction to take administrative or legal action on the case.
Distribution	Send form <b>470-5469, Child Support Agency Confidential Information Form</b> and other required forms to the other jurisdiction. If the other jurisdiction is a state, send it to the state’s Central Registry. (See <a href="#">Intergovernmental Forms Matrix</a> ) Place a copy in the imaged case file.
Data	<p>ICAR enters the following information (you must enter this information for manually generated forms):</p> <ul style="list-style-type: none"><li>▪ Case type (ex., TANF, IV-E foster care, Medicaid only, former assistance, or never assistance,)</li><li>▪ Name, address, FIPS code, IV-D case number, and docket number of responding jurisdiction</li><li>▪ Address, FIPS code, ICAR case number, and docket number in Iowa</li><li>▪ Iowa worker’s name, telephone number, fax number, and email address.</li><li>▪ Actions you want the other jurisdiction to take (based on entries you made on the UIFSA screen)</li></ul>

- Date of the first order (MM/DD/CCYY)
- Whether enforcing current support or arrears only
- Payee name and whether is a parent or caretaker
- Payor name
- Caretaker relationship, if appropriate
- Children's legal name
- Current date (MM/DD/CCYY)

The worker completes the following information:

- Petitioner and respondent names and tribal affiliation
- State, county, tribe, or country that issued order
- Support amount and frequency
- Whether the caretaker has legal custody
- Whether the information was sent via CSENet
- Whether including a non-disclosure finding (such as a non-disclosure order) or affidavit (470-5327, Affidavit in Support of Non-Disclosure of Identifying Information).

The worker enters the remaining information by pressing the **FILL FORM** button before printing the form. The information a worker enters at this point will depend on the specific case circumstances, but may include adding or revising text in section "VI. Other Pertinent Information" or identifying attachments to the form.

**Child Support Enforcement Transmittal #1 - Initial Request - Acknowledgement, Form 470-3761**

Purpose	Use form <b>470-3761, Child Support Enforcement Transmittal #1 – Initial Request - Acknowledgement</b> to acknowledge a referral from another state or to request additional information or documents to complete a referral.
Source	<p>Enter an “A” or “M” in the ACKNOWLEDGE field on the Incoming Interstate Referral (REFERRAL) screen to generate this form.</p> <p>If you enter an “M” to generate this form, you must also indicate the missing information or documents on the Acknowledgement (ACK) screen.</p>
Completion	Complete this form when you receive a referral from another jurisdiction.
Distribution	Send this form to the initiating jurisdiction and place a copy in the imaged case file.
Data	<p>ICAR enters the following information (you must enter this information for manually generated forms):</p> <ul style="list-style-type: none"><li>▪ Petitioner and respondent name</li><li>▪ Name and address of initiating jurisdiction</li><li>▪ Iowa FIPS code and ICAR case number</li><li>▪ Iowa worker’s address</li></ul> <p>Other jurisdiction’s FIPS code and case number</p> <ul style="list-style-type: none"><li>▪ Whether additional information is needed</li><li>▪ If more information is needed, what documentation Iowa is requesting</li><li>▪ If additional information is needed, the text entered on the MORE INFORMATION SCREEN pulls into this form.</li><li>▪ If case is forwarded to another jurisdiction, who the case was forwarded to with the address, FIPS code, phone number, fax number, and email address</li><li>▪ Current date (MM/DD/CCYY)</li></ul>

- Name, phone number, fax number, and email address of the person completing the form

The worker enters the following information:

- Petitioner and respondent tribal affiliation

The worker enters the remaining information by pressing the **FILL FORM** button before printing the form. Review the form to determine if you need to add or revise anything before printing.

**Child Support Enforcement Transmittal #2 – Notice of Case Forwarding, Form 470-3702**

Purpose	Use form <b>470-3702, Child Support Enforcement Transmittal #2 – Notice of Case Forwarding</b> to forward a referral mistakenly sent to Iowa.
Source	<p>Enter an “R” in the ACKNOWLEDGE field and a non-Iowa FIPS code in the REFER TO field on the REFERRAL screen to generate two copies of this form.</p> <p>Enter an “L” or “C” and the date in the NOTICE CASE FRWD field and the state abbreviation where you are forwarding the case in the CASE FRWD ST field on the INTERST2 screen.</p> <p>To generate this form from the FORMLIST screen, enter the appropriate process code (INTER or UIFSA). Press either PF1 (numerical list) or PF5 (alphabetical list) to display the forms for the process you indicated. Tab to 470-3702 enter “X” to select the form, and press ENTER.</p>
Completion	Complete this form when you need to forward a referral to another state.
Distribution	<p>Send the original referral packet and this form to the forwarding state. ICAR electronically sends an equivalent CSENet forwarding transaction if the state receives this type of CSENet transaction.</p> <p>Send a copy of this form to the initiating state.</p>
Data	<p>ICAR enters the following information (you must enter this information for manually generated forms):</p> <ul style="list-style-type: none"><li>▪ Petitioner and respondent names</li><li>▪ Case type (ex., TANF, IV-E foster care, Medicaid only, former assistance, and never assistance)</li><li>▪ Name, address, FIPS code, IV-D case number, and docket number of other agency</li><li>▪ Address, FIPS code, ICAR case number, and docket number in Iowa</li></ul>

- Iowa worker's name, fax number, e-mail address and telephone number
- Current date (MM/DD/CCYY)
- Text entered in the appropriate narrative or on the CSENET TEXT MESSAGE screen
- Information sent via CSENet

The worker enters the following information:

- If including form 470-5469, Child Support Agency Confidential Information Form. Only include this form if you do not have the other jurisdiction's case number.
- Petitioner and respondent tribal affiliations
- If including a non-disclosure finding (such as a non-disclosure order) or affidavit (**470-5327, Affidavit in Support of Non-Disclosure of Identifying Information**).

The worker enters the remaining information by pressing the FILL FORM button before printing the form. Review the form to determine if you need to add or revise anything before printing.



## Child Support Enforcement Transmittal #2 - Subsequent Actions, Form 470-3470

Purpose	<p>Both the initiating and responding jurisdictions use the <b>Child Support Enforcement Transmittal #2 - Subsequent Actions</b> to request or provide additional information or services in previously referred cases. Hague Convention countries and FRCs may require use of a different form.</p> <p>Do <b>not</b> use 470-3470 for making initial referrals, only for subsequent requests and communication.</p>
Source	<p>To generate this form, enter a "C" or "L" in the REQ/NTC SENT column on the INTERST2 screen next to the description of the information you are requesting or sending.</p> <ul style="list-style-type: none"><li>▪ Enter a "C" to send the form to the other state's Central Registry. (This option is not available for tribal or international cases.)</li><li>▪ Enter an "L" to send the form to the local office address listed on the INTERST4 screen. (Use this option for state, tribal, and international cases.)</li></ul> <p>You can also generate this form by entering a date in the RESPONSE PROVIDED column beside the following options on the INTERST2 screen:</p> <ul style="list-style-type: none"><li>▪ STATUS UPDATE</li><li>▪ ARREARS CALC</li><li>▪ PAYMENT HISTORY</li><li>▪ ARREARS BAL/INT</li><li>▪ OTHER</li></ul> <p>To generate this form from the FORMLIST screen, enter the appropriate process code (INTER or UIFSA). Press either PF1 (numerical list) or PF5 (alphabetical list) to display the forms for the process you indicated. Tab to 470-3470, enter "X" to select the form, and press ENTER.</p>
Completion	<p>Complete this only to request additional information on a previously referred case.</p>

Distribution	Send this form to the local office in the other jurisdiction working the case (rather than to the state's central registry) unless you do not know the local office information. Place a copy in the imaged case file, if appropriate.
Data	<p>ICAR enters the following information (you must enter this information for manually generated forms):</p> <ul style="list-style-type: none"><li>▪ Petitioner and respondent names</li><li>▪ Case type (ex., TANF, IV-E foster care, Medicaid only, former assistance, and never assistance)</li><li>▪ Name, address, FIPS code, IV-D case number, and docket number of other agency</li><li>▪ Address, FIPS code, ICAR case number, and docket number in Iowa</li><li>▪ Iowa worker's name, fax number, e-mail address and telephone number</li><li>▪ Information we are requesting or providing (based on entries made on the INTERST2 screen)</li><li>▪ Current date (MM/DD/CCYY)</li><li>▪ Text entered in the appropriate narrative or on the CSENET TEXT MESSAGE screen</li><li>▪ Information sent via CSENet</li></ul> <p>The worker enters the following information.</p> <ul style="list-style-type: none"><li>▪ If including form 470-5469, Child Support Agency Confidential Information Form. Only include this form if you do not have the other jurisdiction's case number.</li><li>▪ Petitioner and respondent tribal affiliations</li><li>▪ If including a non-disclosure finding (such as a non-disclosure order) or affidavit (<b>470-5327, Affidavit in Support of Non-Disclosure of Identifying Information</b>)</li><li>▪ Case closure information (if requesting case closure)</li></ul> <p>The worker enters the remaining information by pressing the FILL FORM button before printing the form. The information a worker enters at this point will depend on the specific case circumstances and may include adding or revising text in "Section III. Other Pertinent Information."</p>

**Child Support Enforcement Transmittal #3 - Request for Assistance/Discovery, Form 470-3471**

Purpose	Use form <b>470-3471, Child Support Enforcement Transmittal #3 - Request for Assistance</b> to request assistance when you are working a case locally (e.g., by long-arm jurisdiction). Hague Convention countries and FRCs are not required to accept this form.
Source	<p>To generate this form, enter a “C” or “L” in the RQST SENT column on the INTERST3 screen next to the description of the requested action.</p> <ul style="list-style-type: none"><li>▪ Enter a “C” to send the form to the other state’s Central Registry. Do not use this option for international or tribal cases.</li><li>▪ Enter an “L” to send the form to the local office address listed on the INTERST4 screen. Use this option for state, international, and tribal cases.</li></ul> <p>To generate this form from the FORMLIST screen, enter the appropriate process code (INTER or UIFSA). Press either PF1 (numerical list) or PF5 (alphabetical list) to display the forms for the process you indicated. Tab to 470-3471, enter “X” to select the form, and press ENTER.</p>
Completion	Complete this form when you need limited assistance from the other jurisdiction, but you do not want the other jurisdiction to open a IV-D case.
Distribution	Send the form to the other jurisdiction. Place a copy in the imaged case file.
Data	<p>ICAR enters the following information (you must enter this information for manually generated forms):</p> <ul style="list-style-type: none"><li>▪ Petitioner and respondent names</li><li>▪ Legal name of all children (up to 4)</li><li>▪ Case type (ex., TANF, IV-E foster care, Medicaid only, former assistance, and never assistance)</li><li>▪ Name, address, FIPS code, IV-D case number, and docket number of other agency</li></ul>

- Address, FIPS code, ICAR case number, and docket number in Iowa
- Iowa worker's name, e-mail address, fax and telephone number
- Information we are requesting or providing (as selected on the INTERST3 screen).
- Current date (MM/DD/CCYY)

The worker enters the following information:

- If form 470-5469, Child Support Agency Confidential Information Form, is included
- Petitioner and respondent tribal affiliation
- If including a non-disclosure finding (such as a non-disclosure order) or affidavit (470-5327, Affidavit in Support of Non-Disclosure of Identifying Information).
- If information was sent by CSENet
- Date the other jurisdiction should respond (MM/DD/CCYY)

The worker enters the remaining information by pressing the FILL FORM button before printing the form. The information a worker enters at this point will depend on the specific case circumstances but may include adding or revising text in "Section II. Other Pertinent Information."

**Child Support Enforcement Transmittal #3 - Request for Assistance/Discovery - Acknowledgment, Form 470-3688**

Purpose	Use form 470- <b>3688</b> , <b>Child Support Enforcement Transmittal #3 - Request for Assistance/Discovery - Acknowledgment</b> to reply to another jurisdiction's request for limited services.
Source	<p>To generate this form, enter the date in any of the fields under the RESP PRVD column on the INTERST3 screen.</p> <p>To generate this form from the FORMLIST screen, enter the appropriate process code (INTER or UIFSA). Press either F1 (numerical list) or F5 (alphabetical list) to display the forms for the process you indicated. Tab to 470-3688, enter "X" to select the form, and press ENTER.</p>
Completion	Complete this form when another jurisdiction sends us a Child Support Enforcement Transmittal #3 - Request for Assistance/Discovery asking for limited assistance in working one of its cases.
Distribution	Send the completed form and any other necessary information to the other jurisdiction.
Data	<p>ICAR enters the following information (you must enter this information for manually generated forms):</p> <ul style="list-style-type: none"><li>▪ Petitioner name</li><li>▪ Respondent name</li><li>▪ Name and address of the responding/assisting state's agency</li><li>▪ Name and address of the initiating/requesting state's agency</li><li>▪ FIPS code of responding/assisting state</li><li>▪ IV-D case number of responding/assisting state</li><li>▪ Responding/assisting state's docket number</li><li>▪ Initiating/requesting state's docket number</li><li>▪ FIPS code of initiating/requesting state</li><li>▪ ICAR case number of initiating/requesting state</li></ul>

- Current date (MM/DD/CCYY)
- Unit worker name, e-mail address, phone number, and fax number
- Case type (ex., TANF, IV-E foster care, Medicaid only, former assistance, and never assistance)

The worker enters the following information:

- Respondent and petitioner tribal affiliation
- If including a non-disclosure finding (such as a non-disclosure order) or affidavit (**470-5327, Affidavit in Support of Non-Disclosure of Identifying Information**)
- If request is sent through CSENet
- If providing additional remarks and additional remarks
- If an “A” is entered on the REFERRAL screen, ICAR selects “Request Received and No Additional Information is Necessary” on this form.

### **Declaration in Support of Establishing Parentage, Form 470-3474**

Purpose	Use form <b>470-3474, Declaration in Support of Establishing Parentage</b> , to summarize evidence to establish paternity. Do not use this form for Hague Convention countries. FRCs may also require the use of a different form.
Source	<p>To generate this form, enter a "Y" in the PRINT column next to the DECLARATION IN SUP OF EST PARENTAGE field on the UIFSA2 screen.</p> <p>To generate this form from the FORMLIST screen, enter the appropriate process code (INTER or UIFSA). Press either PF1 (numerical list) or PF5 (alphabetical list) to display the forms for the process you indicated. Tab to 470-3474, enter "X" to select the form, and press ENTER.</p>
Completion	The payee completes this form when asking the responding jurisdiction to establish paternity. Send a separate declaration for each child needing paternity establishment.
Distribution	Send the form to the responding jurisdiction along with form <b>470-5471, Personal Information Form</b> for UIFSA§311, and place a copy in the imaged case file.
Data	<p>When you generate the form from the UIFSA2 screen, ICAR enters the following information (you must enter this information for manually generated forms):</p> <ul style="list-style-type: none"><li>▪ Case type (ex., TANF, IV-E foster care, Medicaid only, former assistance, and never assistance)</li><li>▪ ICAR case number and docket number in Iowa</li><li>▪ IV-D case number and docket number from the other jurisdiction</li></ul> <p>The worker enters the following information:</p> <ul style="list-style-type: none"><li>▪ If including a non-disclosure finding (such as a non-disclosure order) or affidavit (<b>470-5327, Affidavit in Support of Non-Disclosure of Identifying Information</b>).</li></ul> <p>Send this form to the payee to complete. The payee returns the form to the Unit. The worker then includes the completed form in the intergovernmental referral packet.</p>

**Directions for Service and Return of Service, Form 470-3181**

Purpose	<p>Use form <b>470-3181, Directions for Service and Return of Service</b> 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><b>NOTE:</b> Form 470-3325 provides information for out-of-state service.</p>
Source	<p>To generate this form from the REGIST screen, enter a “Y” in the GEN SVC: CP, RP, TP field and an “I” in the I/O field.</p> <p>To generate this from the DCO2 screen, enter a “Y” in the GEN SVC: CP, RP, TP field and an “I” in the I/O field.</p> <p>To generate this form from the FORMLIST screen, enter the appropriate process code (REGST or DCO). Press either PF1 (numerical list) or PF5 (alphabetical list) to display the forms for the process you indicated. Tab to 470-3181, enter “X” to select the form, and press ENTER.</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 the Unit.</p>
Distribution	<p>Send this form along with the necessary information for each party to the appropriate in-state sheriff or private process server through normal office procedures.</p> <p>Place a copy in the imaged case file. File the Return of Service with the court if this method of service is successful.</p>



Data	<p>ICAR enters the following information (you must enter this information for manually generated forms):</p> <ul style="list-style-type: none"><li>▪ ICAR case number</li><li>▪ Court order number</li><li>▪ Date (MM/DD/CCYY)</li><li>▪ Item to be served as attached</li><li>▪ Name and address of person to be served</li><li>▪ Employer name and address</li><li>▪ Social security number and date of birth of person to be served</li><li>▪ 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</li><li>▪ Iowa worker name, title or ID, address, and telephone number</li></ul> <p>The worker enters the following information:</p> <ul style="list-style-type: none"><li>▪ Expiration date (MM/DD/CCYY) of service request</li><li>▪ County where requesting service request</li><li>▪ Name and address of sheriff or process server</li><li>▪ Whether personal service is required or service may be to any adult in the household</li><li>▪ Other information relating to service</li><li>▪ Office (i.e. Sioux City CSRU)</li><li>▪ Where to send bill and return of service</li><li>▪ Other directions (if applicable)</li></ul>
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### General Testimony. Form 470-3473

Purpose	Use form <b>470-3473, General Testimony</b> to provide the detailed information and evidence necessary to support the action requested in form <b>470-3469, Child Support Enforcement Transmittal # 1 - Initial Request</b> . Do not use this form for Hague Convention countries. FRCs may also require the use of a different form.
Source	<p>To generate this form, enter a “Y” in the PRINT column next to the GENERAL TESTIMONY field on the UIFSA screen.</p> <p>To generate this form from the FORMLIST screen, enter the appropriate process code (INTER or UIFSA). Press either PF1 (numerical list) or PF5 (alphabetical list) to display the forms for the process you indicated. Tab to 470-3473, enter “X” to select the form, and press ENTER.</p>
Completion	Complete this form when you are asking the responding jurisdiction to establish paternity or support, or modify an existing support order. You must include the instructions when sending this form to the petitioner to complete.
Distribution	Send the form and form <b>470-5471, Personal Information Form</b> for UIFSA 311, to the other jurisdiction. Place a copy in the imaged case file.
Data	<p>ICAR enters the following information (you must enter this information for manually generated forms):</p> <ul style="list-style-type: none"><li>▪ Case type (ex., TANF, IV-E foster care, Medicaid only, former assistance, and never assistance)</li><li>▪ IV-D case number and docket number of responding jurisdiction</li><li>▪ ICAR case number and docket number in Iowa</li></ul> <p>The worker completes the following information:</p> <ul style="list-style-type: none"><li>▪ Petitioner and respondent names, roles (payee or payor), and tribal affiliation</li></ul> <p>Forward the form to the petitioner to complete. The petitioner returns the form to the Unit. The worker then includes the completed form in the intergovernmental referral packet.</p>

**Letter of Transmittal Requesting Registration, 470-3477**

Purpose	Use form <b>470-3477, Letter of Transmittal Requesting Registration</b> to request registration of an existing order for enforcement or modification in IV-D cases.
Source	<p>To generate this form, enter a “Y” in the PRINT column next to the LETTER OF TRAN REQUESTING REG field on the UIFSA2 screen.</p> <p>To generate this form from the FORMLIST screen, enter the appropriate process code (REGIST, INTER or UIFSA). Press either PF1 (numerical list) or PF5 (alphabetical list) to display the forms for the process you indicated. Tab to 470-3477, enter “X” to select the form, and press ENTER.</p>
Completion	Complete a separate Letter of Transmittal Requesting Registration for each order being registered.
Distribution	Send the form to the other jurisdiction along with one certified copy of all orders to be registered, including any modified order and payment records or a certification of arrears. Also send form <b>470-5469, Child Support Agency Confidential Information Form</b> . Place a copy in the imaged case file.
Data	<p>ICAR enters the following information (you must enter this information for manually generated forms):</p> <ul style="list-style-type: none"><li>▪ IV-D case number, and docket number of responding jurisdiction</li><li>▪ ICAR case number, and docket number in Iowa</li><li>▪ The type of registration you are asking the other jurisdiction to take:<ul style="list-style-type: none"><li>• Enforcement</li><li>• Enforcement for arrears only</li><li>• Modification only</li><li>• Enforcement and modification</li></ul></li><li>▪ Order date of the first order, and whether that order is either controlling or presumed controlling</li><li>▪ Payee name</li><li>▪ Payor name</li></ul>

The worker completes the following information:

- Type of arrears included in registration (assigned or non-assigned)
- Issuing jurisdiction, date and docket number of order
- Current, medical, spousal and other support amount, frequency, and arrears
- Total arrears amount
- If only requesting registration for assigned arrears only
- If payee is a parent or a caretaker
- Payee's and payor's address (only complete if required by responding jurisdiction)
- Caretaker relationship to child(ren)
- Payor's SSN, employer name and address (only complete if required by responding jurisdiction)
- Jurisdiction that issued all orders
- Sworn, certified statement or determination of arrears attached
- Other documents included
- If location of property is included

The worker enters the remaining information after the form appears in Microsoft Word by pressing the **FILL FORM** button before printing it. Review the information on the form to determine if you need to add or revise anything before printing.

**Notice of Determination of Controlling Order, 470-3476**

Purpose	Use form <b>470-3476, Notice of Determination of Controlling Order</b> to notify the parties and other tribunals or agencies when a tribunal in Iowa issues a determination regarding which order is the controlling order.
Source	<p>To generate this form, enter a “Y” in the GEN FINAL FORMS field on the DCO2 screen.</p> <p>To generate this form from the FORMLIST screen, enter the appropriate process code (DCO, INTER or UIFSA). Press either PF1 (numerical list) or PF5 (alphabetical list) to display the forms for the process you indicated. Tab to 470-3476, enter “X” to select the form, and press ENTER.</p> <p>When you generate this form from the DCO2 screen, ICAR automatically prepares a copy for each state represented on an INTERSTA screen, in addition to any other state that either issued or modified an order listed on the DCO2 screen.</p>
Completion	Complete this form when a tribunal in Iowa determines the controlling order.
Distribution	Send this form to all states that either currently have or have had an interstate case with Iowa. In addition, send this form to any other states that registered, issued, or modified orders the tribunal considered during the determination of controlling order. Place a copy in the imaged case file.
Data	<p>ICAR enters the following information (you must enter this information for manually generated forms):</p> <ul style="list-style-type: none"><li>▪ Current date (MM/DD/CCYY)</li><li>▪ Payor and payee name</li><li>▪ Unit’s address and FIPS code</li><li>▪ ICAR case number and docket number</li><li>▪ Case type (ex., TANF, IV-E foster care, Medicaid only, former assistance, and never assistance)</li><li>▪ Name, address, FIPS code, and case number of the agency to whom you are sending this form</li></ul>

- State and county name, docket number, effective date, type of order, and IV-D case number of up to three orders considered during the DCO
- Docket number and state of the controlling order
- Amount and frequency of current support
- Date the determination was finalized (MM/DD/CCYY)
- Iowa county in which the controlling order was determined
- Name of state that issued controlling order.
- If no controlling order and Iowa is entering a new order.

The worker enters the following information:

- If the controlling order is a new order
- Amount of arrears and date of arrears reconciliation (MM/DD/CCYY)
- Who notice was sent to and the entities address

The worker enters the remaining information after the form appears in Microsoft Word by pressing the FILL FORM button before printing it. Review the information on the form to determine if you need to add or revise anything before printing.

**Notice of Intent to File Written Application for Default Determining Controlling Order and for Reconciliation of Arrears, Form 470-3672**

Purpose	Use form <b>470-3672, Notice of Intent to File Written Application for Default Determining Controlling Order and for Reconciliation of Arrears</b> to tell the parties of the Unit's intent to enter a default order regarding the determination of controlling order and reconciliation of arrears.
Source	<p>To generate this form, enter a "Y" in the GEN DEFAULT FORMS field on the DCO2 screen.</p> <p>To generate this form from the FORMLIST screen, enter the appropriate process code (DCO or UIFSA). Press either F1 (numerical list) or F5 (alphabetical list) to display the forms for the process you indicated. Tab to 470-3672, enter "X" to select the form, and press ENTER.</p>
Completion	Complete this form if you don't hear from any of the parties within 20 days after service of form <b>470-3636, Original Notice of Petition for Determination of Controlling Order and Reconciliation of Arrears</b> .
Distribution	After you generate this form, the Unit's attorney signs it and sends it to all parties. File first two pages in the court file. Place the third page in the imaged case file.
Data	<p>ICAR enters the following information (you must enter this information for manually generated forms):</p> <ul style="list-style-type: none"><li>▪ County where the court order is filed</li><li>▪ Petitioner</li><li>▪ Respondent</li><li>▪ Docket number</li><li>▪ Payor name</li><li>▪ Payee name</li><li>▪ Payor's address</li><li>▪ Payee's address</li></ul>

The worker enters the following information:

- Current date (MM/DD/CCYY)
- Name of the Unit attorney handling the case
- Unit's address
- Iowa worker's name
- Caretaker's name and address (if other than payee or payor)
- Person who is in default
- Date that the notice was mailed (MM/DD/CCYY)
- ICAR case number



**Notice of Registration of Support Order(s), Form 470-3463**

Purpose	Use form <b>470-3463, Notice of Registration of Support Order(s)</b> , to notify both the requesting and non-requesting party of the registration. If registering an order issued by a Hague Convention country, use form <b>470-5558, Notice of Registration of Support Order(s) or Foreign Support Agreement(s)</b> instead.
Source	<p>To generate this form, enter “Y” in the NTC OF REG field on the REGIST screen, and press F3 twice.</p> <p>To generate this form from the FORMLIST screen, enter the appropriate process code (CASE, REGST or INTER). Press either PF1 (numerical list) or PF5 (alphabetical list) to display the forms for the process you indicated. Tab to 470-3463, enter “X” to select the form, and press ENTER.</p>
Completion	Complete this form to initiate the registration process and notify the parties of the action.
Distribution	File this form with the court. Send a filed copy with all orders, to the requestor by first-class mail. Serve this form on the non-requestor by certified mail, sheriff, or process server. Place a copy in the imaged case file.
Data	<p>ICAR enters the following information (you must enter this information for manually generated forms):</p> <ul style="list-style-type: none"><li>▪ Petitioner</li><li>▪ Respondent</li><li>▪ Type of registration (enforcement, modification, or both)</li><li>▪ ICAR case number</li></ul> <p>The worker enters the following information:</p> <ul style="list-style-type: none"><li>▪ Docket number and county</li><li>▪ Name of registering party</li><li>▪ Name of non-registering party</li><li>▪ If arrears are ordered and the amount of the arrears</li><li>▪ Date arrears were determined and if the arrears include interest</li><li>▪ Anything reserved and the reason the support was reserved.</li><li>▪ If international order, currency conversion of current child support, cash medical, and arrears</li></ul>

**Notice of Registration of Support Order(s) or Foreign Support Agreement(s), Form 470-5558**

Purpose	Use form <b>470-5558, Notice of Registration of Support Order(s) or Foreign Support Agreement(s)</b> , to notify both the requesting and non-requesting party of the registration when the registration was requested by a Hague Convention country.
Source	To generate this form from the FORMLIST screen, enter the appropriate process code (REGST). Press either F1 (numerical list) or F5 (alphabetical list) to display the forms for the process you indicated. Tab to 470-3463, enter "X" to select the form, and press ENTER.
Completion	Complete this form to initiate the registration process and notify the parties of the action.
Distribution	File this form with the courts. Send a filed copy with all orders, to the requestor by first-class mail. Serve this form on the non-requestor by certified mail, sheriff, or process server. Place a copy in the imaged case file.
Data	<p>The worker enters the following information:</p> <ul style="list-style-type: none"><li>▪ Docket number and county</li><li>▪ Petitioner</li><li>▪ Respondent</li><li>▪ Name of registering and non-registering party</li><li>▪ If arrears are ordered and the amount of the arrears</li><li>▪ Date arrears were determined and if the arrears include interest</li><li>▪ What if anything is reserved</li><li>▪ If international order, currency conversion of current child support, cash medical support, and arrears</li><li>▪ Type of registration (enforcement, modification, or both)</li><li>▪ ICAR case number</li><li>▪ Whether the non-requestor lives in the United States or outside of the United States</li></ul>

**Order Approving Stipulation on Registration, Form 470-5560**

Purpose	Use form <b>470-5560, Order Approving Stipulation on Registration</b> to file the parties' stipulation to the registration. Use this form when the registration is for any jurisdiction, including Hague Convention countries.
Source	To generate this form from the FORMLIST screen, enter the appropriate process code (REGST). Press either F1 (numerical list) or F5 (alphabetical list) to display the forms for the process you indicated. Tab to 470-3463, enter "X" to select the form, and press ENTER.
Completion	Complete this form after the parties sign form <b>470-5559, Stipulation on Registration of Support Order(s) or Foreign Support Agreement(s)</b> .
Distribution	File this form with the courts. Send a filed copy to all parties. Place a copy in the imaged case file.
Data	<p>The worker enters the following information:</p> <ul style="list-style-type: none"><li>▪ Docket number and county</li><li>▪ ICAR Case number</li><li>▪ Petitioner</li><li>▪ Respondent</li><li>▪ Unit attorney name</li><li>▪ Payee name</li><li>▪ Payor name</li><li>▪ How the parties appeared (pro se, did not appear, or by an attorney)</li><li>▪ Which parties agreed to the stipulation</li><li>▪ If any parties failed to appear</li></ul>

**Order Confirming Registration of Support Order(s) or Foreign Support Agreement(s),  
Form 470-3462**

Purpose	Use form <b>470-3462, Order Confirming Registration of Support Order(s) or Foreign Support Agreement(s)</b> to register one or more orders issued by another state, country, or tribe. Use this form for both Hague Convention registrations and non-Hague Convention registrations.
Source	<p>To generate this form, enter a "Y" in the GEN ORDER field on the REGIST screen when no date appears in the DATE CONTESTED field.</p> <p>To generate this form from the FORMLIST screen, enter the appropriate process code (CASE, REGST, or INTER). Press either PF1 (numerical list) or PF5 (alphabetical list) to display the forms for the process you indicated. Tab to 470-3462, enter "X" to select the form, and press ENTER.</p>
Completion	Complete this form if no parties contest the registration action after receiving form <b>470-3463, Notice of Registration of Support Order(s)</b> or form <b>470-5558, Notice of Registration of Support Order(s) or Foreign Support Agreement(s)</b> .
Distribution	File this form with the court. Send a filed copy to all parties by first-class mail. Place a copy in the imaged case file.
Data	<p>ICAR enters the following information (you must enter this information for manually generated forms):</p> <ul style="list-style-type: none"><li>▪ Petitioner</li><li>▪ Respondent</li><li>▪ Payor name</li><li>▪ Payee name</li><li>▪ Payor's place of residence</li><li>▪ Payee's place of residence</li><li>▪ Initials of each child (up to 4 children)</li><li>▪ Place of residence of each child (up to 4 children)</li><li>▪ Docket number of first order being registered</li><li>▪ ICAR case number</li></ul>

The worker enters the following information:

If the registration is a Hague Convention registration

Docket number and county name

- Name of the Unit's attorney
- If the order is a state, tribe, or non-Hague order
- If the order is a Hague Convention order, does the non-requestor live in the United States or out of the United States.
- Iowa jurisdiction information for the payee and payor
- Jurisdiction of order, docket number, effective date, order amount, frequency of payments, and amount of arrears for each order
- Total amount of arrears, the date arrears were determined, and if arrears include interest
- If any support or past interest is reserved
- If international order, currency conversion of current child support, cash medical, and arrears
- If the action is reserved, the reason it was reserved is listed.
- Payee and payor's attorney's name and address

**Order for Determination of Controlling Order and Reconciliation of Arrears, Form 470-3455**

Purpose	Use form <b>470-3455, Order for Determination of Controlling Order and Reconciliation of Arrears</b> , to formally identify the controlling order and preserve the amount of arrears due.
Source	<p>To generate this form, enter a “Y” in the GEN ORDER field on the DCO2 screen.</p> <p>To generate this form from the FORMLIST screen, enter the appropriate process code (DCO, or UIFSA). Press either PF1 (numerical list) or PF5 (alphabetical list) to display the forms for the process you indicated. Tab to 470-3455, enter “X” to select the form, and press ENTER.</p>
Completion	Complete this form at the end of the formal DCO process. Take this form, along with supporting documentation, to court. A judge must sign it to make it effective.
Distribution	Send a copy of the signed <b>Order for Determination of Controlling Order and Reconciliation of Arrears</b> along with form <b>470-3476, Notice of Determination of Controlling Order</b> to each state that either issued or registered one of the orders considered. Place a copy in the imaged case file.
Data	<p>ICAR enters the following information (you must enter this information for manually generated forms):</p> <ul style="list-style-type: none"><li>▪ County where the court order is filed</li><li>▪ Petitioner</li><li>▪ Respondent</li><li>▪ Docket number</li><li>▪ Date form generated (MM/DD/CCYY)</li><li>▪ Payor name</li><li>▪ Payee name</li><li>▪ Payee’s state of residence</li><li>▪ Payor’s state of residence</li><li>▪ Initials of each child (up to five children)</li><li>▪ State of residence of each child (up to five children)</li><li>▪ Date child lived in each state (up to five children)</li><li>▪ Home state information of each child (up to five children)</li><li>▪ Court order information, including issuing state, docket number, and date of order (up to 5 orders)</li></ul>

The worker enters the following information:

- Name of the Unit attorney
- How payor appeared or if payor did not appear
- Name and address of payor's attorney
- If payor provided financial statement
- How payee appeared, or if payee did not appear
- Name and address of payee's attorney
- If payee provides financial statement
- Name of third party, state of residence, and how appeared, if appropriate
- Name of third party attorney
- If parties consented to agreement
- If any parties failed to file
- If any parties failed to appear
- How Iowa has jurisdiction over each party
- Additional parties needing notification of actions
- If home state is required
- Amount of current support on each order
- County that issued each order
- Controlling order and CEJ information
- Amount and date (MM/DD/CCYY) of arrears reconciliation
- The person designated to pay court costs
- Judicial district number
- Name of person ordered to pay costs of action
- If proof of service language included
- If the form is e-filed

**Order in Proceeding to Register Support Order(s), Form 470-3464**

Purpose	Use form <b>470-3464, Order in Proceeding to Register Support Order(s)</b> to register one or more orders issued by another state, country, or tribe. For Hague Convention countries, use form <b>470-5556, Order in Proceeding to Register Support Order(s) or Foreign Support Agreement(s)</b> instead.
Source	<p>To generate this form, enter a “Y” in the GEN ORDER field on the REGIST screen when a date appears in the DATE CONTESTED field.</p> <p>To generate this form from the FORMLIST screen, enter the appropriate process code (CASE, REGST or INTER). Press either PF1 (numerical list) or F5 (alphabetical list) to display the forms for the process you indicated. Tab to 470-3464, enter “X” to select the form, and press ENTER.</p>
Completion	Complete this form when a party contests the registration action after receiving form <b>470-3463, Notice of Registration of Support Order(s)</b> .
Distribution	File this form with the court. Mail a signed copy to all parties by first-class mail. Place a copy in the imaged case file.
Data	<p>ICAR enters the following information (you must enter this information for manually generated forms):</p> <ul style="list-style-type: none"> <li>▪ Petitioner</li> <li>▪ Respondent</li> <li>▪ Payor name</li> <li>▪ Payee name</li> <li>▪ Payor’s place of residence</li> <li>▪ Payee’s place of residence</li> <li>▪ Initials of each child (up to 4 children)</li> <li>▪ Place of residence of each child (up to 4 children)</li> <li>▪ Docket number of first order</li> <li>▪ ICAR case number</li> </ul> <p>The worker enters the following information:</p> <ul style="list-style-type: none"> <li>▪ Docket number and county</li> <li>▪ Name of the Unit’s attorney</li> <li>▪ Who appeared for the hearing and how they appeared</li> <li>▪ Iowa jurisdiction information over the payee and payor</li> </ul>



For each order:

- Issuing jurisdiction of order to be registered
- Docket number
- Effective date of order (MM/DD/CCYY)
- Support amount of order
- Frequency of support
- Amount of arrears

If arrears are due:

- The total amount of the arrears
- Date arrears determined (MM/DD/CCYY)
- Whether arrears include interest
- If reserving support due to insufficient information or if past interest is reserved
- Finding of the hearing
- The type of support to be enforced, the amount, the frequency, and the arrears amount
- The name and address of payee and payor's attorney, if needed
- Who pays the costs of the action, if known
- If international order, currency conversion of current child support, cash medical, and arrears

**Order in Proceeding to Register Support Order(s) or Foreign Support Agreement(s), Form 470-5556**

Purpose	Use form <b>470-5556, Order in Proceeding to Register Support Order(s) or Foreign Support Agreement(s)</b> to register one or more orders when requested to do so by a Hague Convention country.
Source	To generate this form from the FORMLIST screen, enter the appropriate process code (REGST). Press either F1 (numerical list) or F5 (alphabetical list) to display the forms for the process you indicated. Tab to 470-5556, enter "X" to select the form, and press ENTER.
Completion	Complete this form when a party contests the registration action after receiving form <b>470-5558, Notice of Registration of Support Order(s) or Foreign Support Agreement(s)</b> and the registration was requested by a Hague Convention country.
Distribution	File this form with the court. Mail a filed copy to all parties by first-class mail. Place a copy in the imaged case file.
Data	<p>The worker enters the following information:</p> <ul style="list-style-type: none"><li>▪ County name and docket number</li><li>▪ Petitioner</li><li>▪ Respondent</li><li>▪ Unit attorney name</li><li>▪ Payor name</li><li>▪ Payee name</li><li>▪ How parties appeared for hearing (pro se, represented by attorney, or did not appear)</li><li>▪ If the court sent notice of the hearing</li><li>▪ If any parties failed to appear at hearing</li><li>▪ Iowa jurisdiction information over the payee and payor</li><li>▪ Payor's place of residence</li><li>▪ Payee's place of residence</li><li>▪ Initials of each child (up to 4 children)</li></ul>

- Place of residence of each child (up to 4 children)
- Docket number of first order
- For each order:
  - Issuing tribunal of each order to be registered
  - Docket number
  - Effective date of order (MM/DD/CCYY)
  - Support amount of order
  - Frequency of support
- Amount of arrears
- If arrears are due
- The total amount of the arrears
- Date arrears determined (MM/DD/CCYY)
- Whether arrears include interest
- If reserving support due to insufficient information or if past interest is reserved
- Finding of the hearing
- The type of support to be enforced, the amount, the frequency, and the arrears amount
- ICAR case number
- The name and address of payee's and payor's attorneys, if needed
- If international order, currency conversion of current child support, cash medical, and arrears

**Order Relating to Telephonic Testimony, Form 470-3468**

Purpose	Use form <b>470-3468, Order Relating to Telephonic Testimony</b> when signed by a judge, to order that a party can give testimony telephonically for a particular hearing.
Source	<p>ICAR generates this form when you make an entry in the TESTIMONY DATE field on the INTERST4 screen.</p> <p>To generate this form from the FORMLIST screen, enter the appropriate process code (INTER or UIFSA). Press either PF1 (numerical list) or PF5 (alphabetical list) to display the forms for the process you indicated. Tab to 470-3468, enter "X" to select the form, and press ENTER.</p>
Completion	Complete this form only when you have scheduled a hearing and one of the parties asks to testify by telephone instead of in person.
Distribution	Take this form along with form <b>470-3467, Application for Order Relating to Telephonic Testimony</b> to the attorney in your office. The attorney files them with the court to order a party to appear by telephone. Mail a copy of this form to all parties. Place a copy in the imaged case file.
Data	<p>ICAR enters the following information (you must enter this information for manually generated forms):</p> <ul style="list-style-type: none"><li>▪ Petitioner</li><li>▪ Respondent</li><li>▪ Docket number</li><li>▪ Date that testimony is scheduled to be given (MM/DD/CCYY)</li><li>▪ Name of the person scheduled to give testimony</li><li>▪ Telephone number for the teleconference</li><li>▪ Scheduled time for the testimony</li><li>▪ Month and year of form</li><li>▪ Name of payee</li><li>▪ Name of payor</li></ul>

The worker enters the following information:

- County name
- Date of the order (MM/DD/CCYY)
- Name of Unit's attorney
- Name and address of payor's attorney
- Name and address of payee's attorney
- Other state information (if applicable)
- Judicial district
- Date prior to hearing that documents need filed (MM/DD/CCYY)
- Whether form is e-filed.

**Order Setting Hearing on Petition for Determination of Controlling Order and Reconciliation of Arrears, Form 470-3459**

Purpose	Use form <b>470-3459</b> to set the place and time for the hearing to determine the controlling order and to advise the parties of the hearing.
Source	<p>To generate, enter "Y" in the GEN ORDER field on the DCO2 screen.</p> <p>To generate this form from the FORMLIST screen, enter the appropriate process code (DCO or UIFSA). Press either PF1 (numerical list) or PF5 (alphabetical list) to display forms for the process indicated. Tab to 470-3459, enter "X" to select the form, and press ENTER.</p>
Completion	Complete this form to set the hearing as required in the DCO process.
Distribution	File this form with the court. Take this form to the court to obtain a judge's signature. After the judge signs it, personally serve a copy of this form and form <b>470-3457, Petition for Determination of Controlling Order and Reconciliation of Arrears</b> on all parties by certified mail, sheriff or private process server. Place a copy in the imaged case file.
Data	<p>ICAR enters the following information (you must enter this information for manually generated forms):</p> <ul style="list-style-type: none"><li>▪ County where the court order is filed</li><li>▪ Petitioner</li><li>▪ Respondent</li><li>▪ Docket number</li><li>▪ Date form generated (MM/DD/CCYY)</li></ul> <p>The worker enters the following information:</p> <ul style="list-style-type: none"><li>▪ City where the county courthouse is located</li><li>▪ Judicial District for order</li><li>▪ Number of days advance notice of the hearing</li><li>▪ Date and time of hearing (MM/DD/CCYY)</li><li>▪ Americans with Disability Act (ADA) Coordinator's Phone Number</li><li>▪ ICAR case number</li><li>▪ Payor name</li><li>▪ Payee name</li><li>▪ Third party name</li><li>▪ Payor, Payee, and Third Party's attorney name and address</li><li>▪ Whether this form will be e-filed</li></ul>

**Original Notice of Petition for Determination of Controlling Order and Reconciliation of Arrears, 470-3636**

Purpose	Use form <b>470-3636, Original Notice of Petition for Determination of Controlling Order and Reconciliation of Arrears</b> as the official notice that the Unit is beginning the determination of controlling order and reconciliation of arrears process.
Source	<p>To generate, enter “Y” in the GEN INITIAL FORMS field on the DCO2 screen.</p> <p>To generate from the FORMLIST screen, enter the appropriate process code (DCO or UIFSA). Press either F1 (numerical list) or F5 (alphabetical list) to display the forms for the process you indicated. Tab to 470-3636, enter “X” to select the form, and press ENTER.</p>
Completion	Complete this form at the beginning of the determination of controlling order and reconciliation of arrears process.
Distribution	E-file this document and request a signature from the clerk. After obtaining the signature, serve both parties with this form along with form <b>470-3457, Petition for Determination of Controlling Order and Reconciliation of Arrears</b> and form <b>470-3459, Order Setting Hearing on Petition for Determination of Controlling Order and Reconciliation of Arrears</b> using normal services procedures. Place a copy in the imaged case file.
Data	<p>ICAR enters the following information (you must enter this information for manually generated forms):</p> <ul style="list-style-type: none"><li>▪ County where the court order is filed</li><li>▪ Petitioner</li><li>▪ Respondent</li><li>▪ Docket number</li><li>▪ Date form generated (MM/DD/CCYY)</li></ul> <p>The worker enters the following information:</p> <ul style="list-style-type: none"><li>▪ City where the county courthouse is located</li><li>▪ Name of the Unit’s attorney</li><li>▪ Unit’s address and worker’s phone number</li><li>▪ Name of person receiving notice</li><li>▪ Unit’s fax number</li><li>▪ Americans with Disability Act (ADA) Coordinator’s phone number</li><li>▪ If this form is e-filed</li></ul>

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

Purpose	Use form <b>470-3325, Out of State Directions for Service and Out of State Return of Service</b> to provide location and description information necessary for successful service outside the state of Iowa. The form asks the sheriff or private process server to serve the documents and return information about the details of the service.
Source	<p>To generate this form from the REGIST screen, enter a “Y” in the GEN SVC: CP, RP, TP field and an “O” in the I/O field.</p> <p>To generate this form from the DCO2 screen, enter a “Y” in the GEN SVC: CP, RP, TP field and an “O” in the I/O field.</p> <p>To generate this form from the FORMLIST screen, enter the applicable process code (REGST or DCO). Press either PF1 (numerical list) or PF5 (alphabetical list) to display the forms for the process you indicated. Tab to 470-3325, enter “X” to select the form, and press ENTER.</p>
Completion	<p>Complete this form when other methods of service are not successful and you need to service a party living in a state other than Iowa.</p> <p>The sheriff or process server completes, signs, and has the Return of Service page notarized after successful or unsuccessful service attempts and returns it to the Unit.</p>
Distribution	<p>Send this form along with the necessary information to the out-of-state sheriff or process server by first-class mail or through other normal office procedures.</p> <p>Save a copy in the imaged case file. File the Return of Service with the court if this method is successful.</p>
Data	<p>ICAR enters the following information (you must enter this information for manually generated forms):</p> <ul style="list-style-type: none"><li>▪ ICAR case number</li><li>▪ Court order number</li><li>▪ Date (MM/DD/CCYY)</li><li>▪ Item to be served as attached</li><li>▪ Name and address of person to be served</li><li>▪ Employer name and address</li><li>▪ Social Security number of person to be served</li></ul>



- Date of birth of person to be served and other identifying information – (Payor only)
- Iowa worker name, title or ID, address, and telephone number

The worker enters the following information:

- Expiration date (MM/DD/CCYY)
- County of service
- State of service
- Name and address of sheriff or process server
- Date of birth of person to be served and other identifying information (if payee or third party)
- Personal service or serve any adult in household
- Other information relating to service
- Office (i.e. Sioux City CSRU)

**Personal Information Form for UIFSA § 311, Form 470-5471**

Purpose	Use form <b>470-5471, Personal Information Form for UIFSA § 311</b> when sending confidential information that needs to be filed in a court file. File this form with a tribunal, but not in a public access file.
Source	<p>To generate this form from the UIFSA2 screen, enter a “Y” in the PRINT column next to PERSONAL INFORMATION FORM – COURTS and press PF3 twice to update.</p> <p>To generate this form from the FORMLIST screen, enter the appropriate process code (INTER or UIFSA). Press either F1 (numerical list) or F5 (alphabetical list) to display the forms for the process you indicated. Tab to 470-3469, enter “X” to select the form, and press ENTER.</p>
Completion	<p>Complete this form with documents filed in a court file, such as, <b>470-3472, Uniform Support Petition, 470-3473, General Testimony, and 470-3474, Declaration in Support of Establishing Parentage.</b></p> <p>The Unit does not file this form in the court file. Other forms are filed in the court file that provide the necessary information.</p>
Distribution	Send this form to the other state along with all other required forms (see <a href="#">Intergovernmental Forms Matrix</a> ). Place a copy in the imaged case file.
Data	<p>ICAR enters the following information (you must enter this information for manually generated forms):</p> <ul style="list-style-type: none"><li>▪ If including a non-disclosure finding (such as a non-disclosure order) or affidavit (<b>470-5327, Affidavit in Support of Non-Disclosure of Identifying Information</b>).</li><li>▪ ICAR case number and docket number</li><li>▪ Name, case number, and docket number of the responding jurisdiction</li><li>▪ If the payee is a caretaker</li><li>▪ Payee name and SSN (Remove the SSN before generating the form if the payee has a nondisclosure order or submitted form <b>470-5327, Affidavit in Support of Non-Disclosure of Identifying Information</b>.)</li></ul>

- Payee's address (Replace with CSRU office address if the payee has a nondisclosure order or submitted form **470-5327, Affidavit in Support of Non-Disclosure of Identifying Information.**)
- Payor/AF name and SSN
- Payor's address
- Caretaker name and SSN (Remove the SSN before generating the form if the caretaker payee has a nondisclosure order or submitted form **470-5327, Affidavit in Support of Non-Disclosure of Identifying Information.**)
- Caretaker address (Replace with CSRU office address if the caretaker payee has a nondisclosure order or submitted form **470-5327, Affidavit in Support of Non-Disclosure of Identifying Information.**)
- Child's name, address, SSN, date of birth, and gender for up to 3 children (Replace each child's address with CSRU office address if the payee has a nondisclosure order or submitted from **470-5327, Affidavit in Support of Non-Disclosure of Identifying Information.**)

The worker enters the following information:

- Children's state of residence and date of residence
- If there are more than three children, select box that says there are additional children and attach separate document with information on the additional children.

**Petition for Determination of Controlling Order and Reconciliation of Arrears, Form 470-3457**

Purpose	Use form <b>470-3457, Petition for Determination of Controlling Order and Reconciliation of Arrears</b> to petition the court for a hearing to determine the controlling order and confirm the amount of arrears due when multiple orders from multiple states exist for current support.
Source	<p>To generate this form, enter a “Y” in the GEN INITIAL FORMS field on the DCO2 screen.</p> <p>To generate this form from the FORMLIST screen, enter the appropriate process code (DCO or UIFSA). Press either PF1 (numerical list) or PF5 (alphabetical list) to display the forms for the process you indicated. Tab to 470-3457, enter “X” to select the form, and press ENTER.</p>
Completion	Complete this form at the beginning of the DCO process.
Distribution	Serve this form on all parties by certified mail, sheriff or private process server. File this form with the court and place a copy in the imaged case file.
Data	<p>ICAR enters the following information (you must enter this information for manually generated forms):</p> <ul style="list-style-type: none"><li>▪ County where the court order is filed</li><li>▪ Petitioner</li><li>▪ Respondent</li><li>▪ Docket number</li><li>▪ Payee’s state of residence</li><li>▪ Payor’s state of residence</li><li>▪ Initials of each child (up to five children)</li><li>▪ State of residence of each child (up to five children)</li><li>▪ Home state information of each child (up to five children)</li><li>▪ Court order information, including issuing state, docket number, and date of the order (up to five orders)</li></ul> <p>The worker enters the following information:</p> <ul style="list-style-type: none"><li>▪ Payee name</li><li>▪ Payor name</li><li>▪ Name of the Unit’s attorney</li><li>▪ Iowa jurisdiction information</li><li>▪ Name and state of residence of third party</li></ul>

- If child's home state is needed
- County that issued each order
- Support amount, frequency, and arrears amount for all orders
- Arrears amount.
- The controlling order information
- Docket number, county, state and effective date of controlling order
- Name of person responsible for costs of action
- Iowa worker name, address and phone number

**Registration Statement, Form 470-3466**

Purpose	Use form <b>470-3466, Registration Statement</b> to list orders and register another jurisdiction's orders in an Iowa court, along with residency information about the payor and the payee.
Source	<p>To generate the form, enter a "Y" in the NTC OF REG field on the REGIST screen and press F3 twice. To regenerate this form, enter an "R" and press F3 twice.</p> <p>To generate this form from the FORMLIST screen, enter the appropriate process code (CASE, REGST or INTER). Press either PF1 (numerical list) or PF5 (alphabetical list) to display the forms for the process you indicated. Tab to 470-3466, enter "X" to select the form, and press ENTER.</p>
Completion	Complete this form when registering another jurisdiction's order in Iowa courts.
Distribution	File this form with the clerk of court in the county you are registering the orders. Place a copy in the imaged case file.
Data	<p>ICAR enters the following information (you must enter this information for manually generated forms):</p> <ul style="list-style-type: none"><li>▪ Petitioner</li><li>▪ Respondent</li></ul> <p>The worker enters the following information:</p> <ul style="list-style-type: none"><li>▪ County of filing</li><li>▪ Docket number</li><li>▪ Effective date of support order to be registered (MM/DD/CCYY)</li><li>▪ County and jurisdiction that originally issued order</li><li>▪ Other jurisdiction's docket number</li><li>▪ Support amount and frequency</li><li>▪ Date of last payment (MM/DD/CCYY)</li><li>▪ Amount of arrears</li><li>▪ Beginning and ending date of arrears (MM/DD/CCYY)</li></ul>

- Mother's name, place of residence, and role (payee or payor)
- Father's name, place of residence, and role (payee or payor)
- Caretaker name, place of residence, and relationship to the children
- Other jurisdictions in which the order is registered
- Description and location of property not exempt

**Reject an Invalid Incoming Referral, Form 470-3762**

Purpose	Use form <b>470-3762, Reject an Invalid Incoming Referral</b> to notify the initiating state that Iowa's Central Registry rejected the referral and the reason why.
Source	Enter an "R" in the ACKNOWLEDGE field and no entry or an Iowa FIPS code in the REFER TO field on the REFERRAL screen to generate this form.
Completion	Complete this form after determining that Iowa cannot accept the interstate referral.
Distribution	Send one copy of this form to the initiating state.
Data	<p>ICAR enters the following information</p> <ul style="list-style-type: none"><li>▪ Current date (MM/DD/CCYY)</li><li>▪ Central registry number</li><li>▪ ICAR case number, if available</li><li>▪ Payor and payee names</li><li>▪ Other jurisdiction's case number</li><li>▪ Other jurisdiction's name and address</li><li>▪ Other jurisdiction's contact information</li><li>▪ Reason the referral was rejected</li><li>▪ Request to redirect only; however, Iowa does not have a case</li><li>▪ Request received without a Transmittal # 1</li><li>▪ Transmittal # 2 received for an initial request. Other jurisdiction needs to send a Transmittal #1</li><li>▪ Obligation is in the court order stating that the payor owes a percent of income</li><li>▪ Request is for another jurisdiction's non IV-D case</li><li>▪ Other reason and explanation</li></ul>



**Request for Registration of Support Order(s) or Foreign Support Agreement(s), Form 470-3674**

Purpose	Use form 470-3674, Request for Registration of Support Order(s) or Foreign Support Agreement(s), to submit the registration request to the appropriate clerk of court when Iowa is registering another jurisdiction's order. Use this form when the registration is for any jurisdiction, including Hague Convention countries.
Source	<p>To generate this form, enter a "Y" in the NTC OF REG field on the REGIST screen. To regenerate it, enter an "R" and press PF3 twice.</p> <p>To generate this form from the FORMLIST screen, enter the appropriate process code (CASE, REGST or INTER). Press either F1 (numerical list) or PF5 (alphabetical list) to display the forms for the process you indicated. Tab to 470-3674, enter "X" to select the form, and press ENTER.</p>
Completion	Complete this form along with form 470-3463, Notice of Registration of Support Order(s), or form 470-5558, Notice of Registration of Support Order(s) or Foreign Support Agreement(s), and submit it to the clerk of court to begin the registration process.
Distribution	File the Request for Registration of Support Order(s) or Foreign Support Agreement(s) with the clerk of court to begin the registration process. Send a copy of this form, along with a copy of all orders, to the parties. Place a copy in the imaged case file.
Data	<p>ICAR enters the following information (you must enter this information for manually generated forms):</p> <ul style="list-style-type: none"><li>▪ Jurisdiction of order being registered</li><li>▪ Docket number of the order</li><li>▪ Name and personal identification number (PIN) of Unit's attorney</li><li>▪ Unit's address</li></ul> <p>The worker enters the following information:</p> <ul style="list-style-type: none"><li>▪ If the registration is a Hague Convention registration</li><li>▪ County name</li><li>▪ Petitioner</li><li>▪ Respondent</li><li>▪ ICAR case number</li><li>▪ Unit phone, fax, and e-mail address</li></ul>

**Stipulation on Registration of Support Order(s) or Foreign Support Agreement(s), Form 470-5559**

Purpose	Use form 470-5559, Stipulation on Registration of Support Order(s) or Foreign Support Agreement(s), to have both parties sign to agree to the registration. Use this form when the registration is for any jurisdiction, including Hague Convention countries.
Source	To generate this form from the FORMLIST screen, enter the appropriate process code (REGST). Press either F1 (numerical list) or F5 (alphabetical list) to display the forms for the process you indicated. Tab to 470-5559, enter "X" to select the form, and press ENTER.
Completion	Complete this form if the parties want to agree to the registration action.
Distribution	File this form with the courts with form 470-5560, Order Approving Stipulation on Registration. Place a copy in the imaged case file.
Data	<p>The worker enters the following information:</p> <ul style="list-style-type: none"><li>▪ Docket number and county</li><li>▪ Petitioner</li><li>▪ Respondent</li><li>▪ Day, month, and year of order</li><li>▪ Unit attorney name</li><li>▪ Payor name</li><li>▪ Payee name</li><li>▪ How both parties appeared (pro se, represented by attorney, or did not appear)</li><li>▪ Select which parties agreed to the registration</li><li>▪ Iowa's jurisdiction over both parties</li><li>▪ Payee's place of residence</li><li>▪ Payor's place of residence</li><li>▪ Initials of each child (up to 4 children)</li></ul>

- Place of residence of each child (up to 4 children)
- For each order:
  - Issuing tribunal of each order to be registered
  - Docket number
  - Effective date of order (MM/DD/CCYY)
  - Support amount
- If reserving support due to insufficient information or if past interest is reserved
- If arrears are due
- The total amount of the arrears
- Date arrears determined (MM/DD/CCYY)
- Whether arrears include interest
- If non-requestor established a partial defense and the enforcement actions being taken:
  - Current child support amount and frequency
  - Health insurance
  - Cash medical support amount and frequency
  - Arrears amount, payment amount, and frequency
  - Alimony amount and frequency
  - Other payments explanation, amount, and frequency
- ICAR case number

**Uniform Support Petition, Form 470-3472**

Purpose	<p>The responding jurisdiction uses form 470-3472, Uniform Support Petition, as a pleading to:</p> <ul style="list-style-type: none"><li>▪ Establish parentage and/or support</li><li>▪ Modify an order</li></ul> <p>Do not use this form for Hague Convention countries. FRCs may also require a different form.</p>
Source	<p>To generate this form, enter a “Y” in the PRINT column next to the UNIFORM SUPPORT PETITION field on the UIFSA screen.</p> <p>To generate this form from the FORMLIST screen, enter the appropriate process code (INTER or UIFSA). Press either PF1 (numerical list) or PF5 (alphabetical list) to display the forms for the process you indicated. Tab to 470-3472, enter “X” to select the form, and press ENTER.</p>
Completion	<p>Complete this form when Iowa requests paternity establishment, support establishment, or modification of an order the responding jurisdiction didn’t issue. Send this form with 470-5471, Personal Information Form <b>for UIFSA § 311</b>, to the other jurisdiction.</p>
Distribution	<p>Send a copy to the responding jurisdiction and place a copy in the imaged case file.</p>
Data	<p>ICAR enters the following information (you must enter this information for manually generated forms):</p> <ul style="list-style-type: none"><li>▪ Case type (ex., TANF, IV-E foster care, Medicaid only, former assistance, and never assistance)</li><li>▪ ICAR case number and docket number in Iowa</li><li>▪ IV-D case number and docket number from the other jurisdiction.</li><li>▪ Children’s legal name (up to 5)</li><li>▪ Action requested (as selected on the UIFSA screen)</li></ul>

The worker completes the following information:

- Petitioner and respondent names, roles (payee or payor), and tribal affiliations
- If requesting other remedies, describe the other remedies.

The worker enters the remaining information after the form appears in Microsoft Word by pressing the **FILL FORM** button before printing it. The worker will then complete “Section III. Servicemembers Civil Relief Act” to provide information about the respondent’s military service. The worker may also need to add other information depending on case circumstances.