



Iowa Department of Human Services
Child Support

Tracking Fees and Costs Billing Statement

Date of statement:

Statement for:

Payment due: ← pay this amount

Account number:
Debt type:

Amount past due:

Amount paid: _____

Services C. Collection (workerID)
P.O. Box 9243
Des Moines IA 50206

If address is incorrect, enter correct address

Converted to monthly statement for billing only.
Make payment as ordered or agreed.

Detach at perforation and return with payment.

PAYMENT SUMMARY – SINCE LAST STATEMENT		
Date Applied	Type	Amount

Do not send cash.

Return top portion with your payments to:

Bureau of Collections
Debt Recovery Unit
P.O. Box 9243
Des Moines, IA 50306-9243

Payments received after (date) will be recorded on your next statement.

If you have questions concerning your statement, contact child support recovery unit (name of unit)

Phone:

Please write your account number on your check.

Account No:

Remarks: (Comments)