



Child Support  
Tracking Fees and Costs Billing Statement

Date: \_\_\_\_\_  
Payment Due: \_\_\_\_\_ pay this  
Amount paid: \_\_\_\_\_ amount

Statement for: \_\_\_\_\_

Account number: \_\_\_\_\_

Debt Code: Debt Balance:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

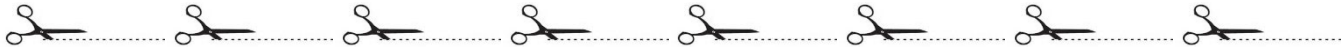
Total past due: \_\_\_\_\_

If address is incorrect, enter correct address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

Return the top portion with your payment.  
Keep the bottom portion for your records.



PAYMENT SUMMARY – SINCE LAST STATEMENT		
Date Applied	Type	Amount
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do not send cash.  
Return top portion with your payment to:

Bureau of Collections  
Debt Recovery Unit  
PO Box 9243  
Des Moines, IA 50306-9243

Payments received after \_\_\_\_\_ will be  
recorded on your next statement.

If you have questions concerning your statement,  
contact Child Support Services.  
Phone: \_\_\_\_\_

Write your account number on your check.  
Account No: \_\_\_\_\_

Total past due: \_\_\_\_\_

Remarks: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_