

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

Petitioner,

vs.

Respondent

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

NO. \_\_\_\_\_

**REQUEST FOR HEARING TO DETERMINE  
SUPPORT OBLIGATION**

Comes now, the undersigned attorney and states, according to Iowa Code section 252C.4 the necessary parties were served with a notice informing them of the Child Support Recovery Unit's(the Unit) intent to establish a child support obligation. A request for a court hearing to determine the support obligation has been received from  the Payor  the Unit  the Payee. The Unit requests that the Court set a time for hearing and provide written notice by mail to each Respondent's last known address.

- Foster Care Recovery Unit
- Child Support Recovery Unit

By: \_\_\_\_\_  
Phone: \_\_\_\_\_  
Fax: \_\_\_\_\_  
E-mail: \_\_\_\_\_

**Affidavit of Certification of Matter to District Court by  
the Unit**

STATE OF IOWA ) SS.  
COUNTY OF \_\_\_\_\_ )

I, being first duly sworn, depose and state that I am an employee of the Iowa Department of Human Services, and I certify to the best of my knowledge and belief that a true and accurate copy of the applicable documents specified in Iowa Code section 252C.4(2) are now on file with the clerk of court or are attached to this document.

- Establishment Specialist
- Support Recovery Specialist

CSC#: \_\_\_\_\_

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
Notary Public in and for the State of Iowa  
My Commission expires \_\_\_\_\_, \_\_\_\_\_

Copy to: