

<p>_____,</p> <p>_____,</p> <p>_____,</p> <p>_____,</p> <p>_____,</p> <p>Petitioner,</p> <p>vs.</p> <p>_____</p> <p>_____</p> <p>Respondent.</p>	<p>_____</p> <p style="text-align: center;"><b>SATISFACTION OF JUDGMENTS ASSIGNED TO THE DEPARTMENT OF HUMAN SERVICES</b></p>
<p>_____</p> <p>_____</p> <p>Second Respondent</p>	

**COMES NOW** the State of Iowa, Department of Human Services, Child Support Recovery Unit, in compliance with Section 624.37 Iowa Code, and, for the Satisfaction of Judgments assigned to the Department of Human Services, states:

1. The judgments herein which have been assigned to the Department of Human Services have been satisfied as of \_\_\_\_\_; to the extent that judgments herein continue or continued to accrue after \_\_\_\_\_, this instrument does NOT satisfy said judgments.

2. This Statement of Satisfaction of Judgments only pertains to the Department of Human Services as the assignee of the judgments herein; specifically, to the extent that the judgments here were not assigned, or that any accruing or accrued delinquency in these matters exceeds the amount of public assistance which has been paid, the judgments accrues or accrued to the benefit of the assignor, not to the assignee.

3. In the event the Department of Human Services, Child Support Recovery Unit, is requested to return all or a portion of the amount received, said amount will become a judgment against the above named support obligor or judgment debtor until paid in full and may be collected in all manners established by law.

**DATED:** \_\_\_\_\_, 20\_\_\_\_,

**STATE OF IOWA  
DEPARTMENT of HUMAN SERVICES**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

STATE OF IOWA )  
 ) ss:  
COUNTY OF POTTAWATTAMIE )

**NOW** on \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_ personally appeared and is known to me to be the identical person named in and who executed the foregoing instrument on behalf of the State of Iowa's Department of Human Services, and, being first duly sworn or upon oath or affirmation, acknowledged that the above-named voluntarily executed the same according to the authority of this office, as the voluntary act and deed of the State of Iowa's Department of Human Services.

\_\_\_\_\_  
Notary Public In and For the State of Iowa  
My Commission expires \_\_\_\_\_, 20\_\_\_\_.