

Iowa Department of Human Services
Emancipation Verification

Date:
Case Number:

Dear Parent of _____ :

We are writing to confirm when support for your child should end. A letter is also being mailed to the other parent. Currently our files show that child support for _____ may end as of _____ 's 18th birthday.

Your court order says when the child's support and health insurance may end. The order may list conditions that allow support to continue after age 18. We need your help to determine if _____ meets the conditions to end support.

Please answer the questions on the following page about _____ .
By answering these questions, you give us the information we need to determine when the obligation ends.

Within 10 days, please complete and return page two to the address listed below.

If you have questions about this letter, please call either:
1-888-229-9223 (within the United States)
1-515-242-5530 (within the Des Moines Metro Area or outside the United States)

Child Support Recovery

Case Number:

Child Name:

1. Has your child completed high school?

If **yes**, list the date.

If **no**, when will your child complete high school?

List the name of the high school.

List the phone number of the high school.

List the address of the high school.

Yes No

Month _____ Day _____ Year _____

Month _____ Day _____ Year _____

2. Did your child leave high school without finishing?

If **yes**, list the date.

List the name of the high school.

List the phone number of the high school.

List the address of the high school.

Yes No

Month _____ Day _____ Year _____

3. Is your child being home-schooled?

If **yes**, when will your child complete high school?

List the name of the certified teacher.

List the address of the high school.

List the phone number of the certified teacher.

Yes No

Month _____ Day _____ Year _____

4. Has your child married?

If **yes**, when was the ceremony?

List the city and state where the ceremony took place.

Yes No

Month _____ Day _____ Year _____

5. Did your child leave school and join the military?

If **yes**, list the date.

Yes No

Month _____ Day _____ Year _____

6. Has your child been accepted into a college, university or vocational program?

List the name of the college, university, or vocational program.

List the address of the college, university, or vocational program.

Yes No

7. Is your child a full-time student at a college, university, or vocational program?

List the name of the college, university, or vocational program.

List the address of the college, university, or vocational program.

Yes No

I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the preceding is true and correct.

Signature: _____ Date: _____