

Iowa Department of Human Services
To Clerk of District Court
In and For «CONAME» County

From: «CSRU»
«CSRUADD1»
«CSRUADD2»
«CSRUCITY»

Date: «DATE»

To: Clerk of District Court
«CLERKADD1»
«CLERKADD2»
«CLERKCITY»

«PET1»
«PET2» Termination of Support Payments
«PET3»
«PET4» Court Order #: «ORDERNO»
«PET5»
«PET6» ICAR Number: «ICARNO»
Petitioner/Payee, IABC Number: «IABCNO»
vs. Payee Name: «OBLIGEE»
«RESP1»
«RESP2»
Respondent/Payor.

(Pursuant to the Code of Iowa, Sections 239B.6 and 252A.13, you are
«XCS» hereby notified that the Assignment of Support Payments previously entered
) herein is TERMINATED effective the «CSDAY» day of «CSMONTH»,
«CSYEAR».

(Pursuant to the Federal Regulations 42 CFR 433.146 and the Iowa
«XMED Administrative Code 441--75.14(4), you are hereby notified that the
») Assignment of Medical Support payments previously entered herein is
TERMINATED effective the «MEDDAY» day of «MEDMONTH»,
«MEDYEAR».

You are further advised that the Iowa Department of Human Services, pursuant to the assignment previously entered, remains entitled to any delinquency which has accrued as of the effective date of this termination and the Department specifically reserves its right to said delinquency.

All correspondence and support payments received by your office, after the receipt of this notice, shall be forwarded with the above ICAR number to the following address:

Collection Services Center
PO Box 9125
Des Moines IA 50306-9125