

IN THE IOWA DISTRICT COURT FOR

COUNTY

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

Petitioner,

vs.

\_\_\_\_\_  
\_\_\_\_\_  
Respondent.

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

AFFIDAVIT OF

FIP EXPENDED

FOSTER CARE EXPENDED

Name of  Obligor  Alleged Father: (Child Support Only)

Date: \_\_\_\_\_

ICAR Case #: \_\_\_\_\_

\_\_\_\_\_  
Obligee Name: (Child Support Only)

\_\_\_\_\_  
Children: (Foster Care Only)

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

YEAR					
<i>Jan.</i>					
<i>Feb.</i>					
<i>Mar.</i>					
<i>Apr.</i>					
<i>May</i>					
<i>Jun.</i>					
<i>Jul.</i>					
<i>Aug.</i>					
<i>Sep.</i>					
<i>Oct.</i>					
<i>Nov.</i>					
<i>Dec.</i>					
<i>Sub-Total</i>					
<i>Total</i>	\$				

Child Support

I, \_\_\_\_\_, am employed by or under contract with the Department of Human Services, being first duly sworn on oath, state that on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, I reviewed the Family Investment Plan (FIP) records for the named recipient and the information contained in this affidavit. From the information in those records, this FIP payment record was compiled, which is prorated to reflect the amount disbursed on behalf of the child(ren) involved in this case.

\_\_\_\_\_  
DEPARTMENT OF HUMAN SERVICES

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC IN AND FOR THE STATE OF IOWA

Foster Care

I, \_\_\_\_\_, Establishment Specialist for the State of Iowa, Department of Human Services, Foster Care Recovery Unit, being duly sworn on oath, state that on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, I reviewed the Foster Care case file for the named child(ren) and the information contained in this affidavit. From the information in that file, this record of foster care expenses was compiled.

\_\_\_\_\_  
ESTABLISHMENT SPECIALIST  
FOSTER CARE RECOVERY UNIT

SUBSCRIBED AND SWORN TO before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
NOTARY PUBLIC IN AND FOR THE STATE OF IOWA