

Iowa Department of Human Services

APPLICATION FOR REINSTATEMENT OF SUPPORT - COVER LETTER

Date: _____
Child Support Recovery Unit

Telephone _____
Case Number: _____
Worker Name: _____

Enclosed is an Application for Reinstatement of Support, form 470-3084, requesting that the court reinstate the previously suspended provisions for support under the order identified in the Application.

All parties affected by the suspended support order have been sent a copy of the Application. Any affected party, or the party's attorney, can file an objection with the clerk of court in the county indicated in the Application within ten days of service of the application.

If an objection is filed, the clerk of court will set the matter for hearing and advise all parties of the hearing date, time, and location.

If you have any questions about this action, you may contact this office.