

APPLICATION FOR REINSTATEMENT OF SUPPORT (page 2)

8. This application is being made at the initiative of the Child Support Recovery Unit because the children named herein are presently receiving public assistance benefits and the obligor is not considered to be part of the public assistance household. at the request of one of the parties affected by the suspended order. because it appears that the obligor and obligee named herein requested and agreed to the suspension under false pretenses as evidenced by

_____.

WHEREFORE, the State of Iowa requests that the Court enter an order reinstating the support obligation(s) previously suspended as identified in paragraph four (4) of this application. The State further requests that, pursuant to Iowa Code section 252B.20, this reinstatement of support be effective the date the children began receiving public assistance benefits and the obligor was not part of the public assistance household. the date all parties are provided notice of this application.

Attorney for the State of Iowa

Child Support Recovery Unit

Telephone (_____) _____

VERIFICATION

STATE OF IOWA

COUNTY OF _____

ss.

I, _____, being first duly sworn on oath, depose and state that I am an employee of or under contract with the Iowa Department of Human Services, Child Support Recovery Unit, that I have read the foregoing Application for Reinstatement of Suspended Support Order, and that the contents thereof are true and correct to the best of my information and belief.

Child Support Recovery Unit

SUBSCRIBED AND SWORN TO before me this _____ day of _____, _____.

NOTARY PUBLIC IN AND FOR THE STATE OF IOWA

My Commission expires _____, _____.

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