

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY

<p>_____  _____  _____  _____  _____  Petitioner,    vs.  _____  _____  Respondent.</p>	<p>NO. _____    ORIGINAL NOTICE OF APPLICATION FOR  REINSTATEMENT OF SUPPORT</p>
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To: \_\_\_\_\_

You are hereby notified that there is now on file in the office of the clerk of the above court, an Application for Reinstatement of Support in the above entitled action, a copy of which Application is attached hereto. The attorney who represents the State of Iowa is \_\_\_\_\_, whose address is:

Child Support Recovery Unit

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

You are further notified that unless, *within ten (10) days after* service of this original notice upon you, you serve, and within a reasonable time thereafter file, a motion or answer in the Iowa District Court for \_\_\_\_\_ County at the county courthouse in \_\_\_\_\_, Iowa, \_\_\_\_\_, judgment by default will be rendered against you for the relief demanded in the Application for Reinstatement.

(SEAL)

\_\_\_\_\_  
Clerk of District Court for \_\_\_\_\_ County

\_\_\_\_\_  
County Courthouse

\_\_\_\_\_, Iowa

NOTE: The attorney who is expected to represent the above named person should be promptly advised by that person of the service of this notice.