

Iowa Department of Human Services  
REINSTATEMENT REQUEST

I would like to request reinstatement of an ongoing support obligation.

Name (Please Print): \_\_\_\_\_ CSC Number: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

I want support reinstated because:

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

These are the orders I want reinstated which affect the same obligor, obligee, and children:

Court Order Number	Date Filed	County	Includes Spousal Support (alimony)?	
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes	<input type="checkbox"/> No

These are the parties to the suspension order:

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

These are the names of all children for whom the basis for suspension no longer applies:

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signed