

Iowa Department of Human Services
for _____ County

<p>_____ _____ Petitioner</p> <p>vs</p> <p>_____ _____ Respondent</p>	<p>No. _____</p> <p>PROOF OF SERVICE OF ADMINISTRATIVE LEVY</p>
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The undersigned certifies that:

1. On the _____ day of _____, _____, an Administrative Levy Notice to Financial Institution was served upon the financial institution.
2. On the _____ day of _____, _____, an Administrative Levy Notice to Obligor was served upon the obligor, and joint owner if applicable.
3. The notices were served upon the above-named parties by depositing copies thereof in the U.S. mail, postage prepaid, to the last addresses known to the Child Support Recovery Unit.

Obligor:

Financial Institution:

Joint Owner(s):

Case Numbers:

CHILD SUPPORT RECOVERY UNIT

Tel. _____

