

**Waiver of Personal Service of the Review
and Adjustment Notice and Consent to
Jurisdiction**

**Child Support Recovery Unit
Iowa Department of Human Services**

Payor: _____
Payee/Caretaker: _____
 Third Party: _____
Child(ren)'s Initials: _____

Date Prepared: _____

Docket Number: _____

Case Number: _____

I, _____, accept service of the attached *Notice of Intent to Review and Adjust a Child Support Obligation* *Notice of Decision to Review and Adjust a Child Support Obligation* and verify that I got a copy on the date below.

I waive formal service as may be required by Iowa Code and the Iowa Rules of Civil Procedure. I agree to the personal jurisdiction of the State of Iowa for this action.

I understand that the Child Support Recovery Unit will present any support order resulting from this action to the Iowa court for approval. I also know that the Iowa court will hold a hearing if any party asks for one.

By signing this form, I agree to the following:

- The Child Support Recovery Unit (CSRU) will mail all future papers by first class mail to the address I give you.
- I will accept service of all future papers.
- I will tell you if I move, as required by Iowa law [Iowa Code section 598.22B].

Dated this _____ day of _____, year _____.

Signed

State of _____
County of _____

Signed (or attested) before me on _____ (Date)

By the signing of _____ (Name of Individual)

Notary Public in and for the State of _____

NOTICE: Tell your attorney (if you have one) right away that you signed this form. There are time frames that affect this action. If you do nothing, the child support may be changed, based on Iowa Code chapter 252H.

