

**Waiver of Pre-Review Waiting Period  
For Review and Adjustment**

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

Payor: \_\_\_\_\_  
Payee/Caretaker: \_\_\_\_\_  
 Third Party: \_\_\_\_\_  
Child(ren): \_\_\_\_\_  
\_\_\_\_\_  
Date Prepared: \_\_\_\_\_

Docket Number:  
\_\_\_\_\_  
\_\_\_\_\_  
Case Number:  
\_\_\_\_\_

This is to request a waiver of the pre-review waiting period for the review and adjustment process. If the persons subject to the order agree to waive the pre-review waiting period and the order under review is adjusted, this waiver will be filed in the court record with the order adjusting the support obligation.

I, \_\_\_\_\_, understand that the Child Support Recovery Unit (Unit) may review my support obligation and issue a *Notice of Decision to Review and Adjust a Child Support Obligation* before the 15-day pre-review waiting period has passed.

By my signature below, I waive the pre-review waiting period for the review and adjustment of a child support or medical support obligation, provided for in Iowa Code section 252H.7.

I request that the Unit complete the review and issue its notice of decision. I agree to promptly notify the Unit of any change in my address.

**I certify under penalty of perjury (punishment for lying) and under the laws of the State of Iowa that the above is true and correct.**

Dated this \_\_\_\_\_ day of \_\_\_\_\_, year \_\_\_\_\_

Signed by \_\_\_\_\_

