



REQUEST TO CONTINUE REVIEW (252H)

To: _____

Date: _____

Child Support Recovery Unit: _____

Telephone: _____

Case Number: _____
Court Order #: _____
County: _____
Payee: _____
Payor: _____
Third Party: _____

A notice advised you of the Child Support Recovery Unit's (CSRU) intent to review the court order listed above for possible adjustment. CSRU took this action at the request of one of the parties subject to the court order. at the request of the child support recovery agency for the state of _____. This agency is providing enforcement services for the order and is authorized by federal law to request a review.

Since the notice was issued, the following has happened:

- The original requesting party has asked to withdraw the request to review the support order.
- The child support agency of the other state requested that we stop our review of this order.

As a result, CSRU will **stop** the review process **unless** one of the persons subject to the court order requests that the review continue.

If you want the review to continue, you must complete the enclosed form asking that the review continue. You must return this form within 10 days from the date of this notice. If one of the parties sends in a request to continue, we will send all parties a notice advising that the review will continue. The party who asks for the review to continue may be required to pay costs of the review and adjustment process unless that party is on public assistance. If we do not receive a written request to continue the review, we will end the process and take no further action.

If you have questions regarding this notice or the review and adjustment process, please contact the office listed on the first page of this notice.

Policy Regarding Discrimination, Harassment, Affirmative Action and Equal Employment Opportunity

The Iowa Department of Human Services (DHS) policy on non-discrimination, harassment, affirmative action, and equal employment can be viewed on the DHS website at the bottom of the page at: dhs.iowa.gov.

Sent to:

REQUEST TO CONTINUE REVIEW

_____ I, the undersigned, request that CSRU **continue** the administrative review and adjustment process. I understand that the original requesting party has asked to withdraw the request, but I would like the process to continue. I understand that I will then be considered the requestor and, unless I am on public assistance, may be required to pay any costs associated with the review and adjustment process.

_____ I would like CSRU to **continue** the administrative review and adjustment process. I understand that the state of _____ originally requested the review and has withdrawn its request. I want the process to continue. I understand that I will then be considered the requestor and, unless I am on public assistance, I may be required to pay any costs associated with the review and adjustment process.

_____ I would like CSRU to **stop** the review and adjustment process. I understand that this action means that I will be barred from requesting a review for a period of two years.

Signature: _____ Date: _____

Relationship to child(ren): _____

Check the one that applies: _____ Payor
_____ Payee
_____ Third Party

Signed and Sworn to before me this _____ day of _____, 20__.

Notary Public In and For the State of _____