

**Waiver of Post-Review Waiting Period for
Review and Adjustment (252H)**

**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 ask for a waiver of the waiting period. If all parties waive the waiting period, we may ask the court to enter an order changing support before the 30 15-day waiting period ends. We will file the signed waivers from all parties in the court file with the order changing support.

I, _____, understand that you have reviewed my support amount and recommend that it be changed. I have a right to challenge your decision during the 30 15-day post-review waiting period by contacting you or asking for a court hearing.

By signing below, I waive:

- ◆ The period to challenge the *Notice of Decision to Review and Adjust a Child Support Obligation*, provided for in section 252H.17 of the Iowa Code.
- ◆ The period to ask for a court hearing, provided for in Iowa Code section 252H.8, subsections 1 and 6.

I also agree to tell you if I move, as required by Iowa law [Code section 598.22B].

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 _____

