

□ _____ □ the Unit • the _____ IV-D agency. The Unit requests that the Court set a time for hearing and provide written notice by mail to the necessary parties' last known addresses.

NOTICE: Parties should review all forms previously sent to them in preparation for hearing.

□ The hearing may include a reconciliation of arrears (see Exhibit A).

- Foster Care Recovery Unit
- Child Support Recovery Unit

By: _____

Phone: _____

Fax: _____

Certification of Matter to District Court by the Unit

I state that I am an employee of the Iowa Department of Human Services, and I certify to the best of my knowledge and belief that a true and accurate copy of the applicable documents specified in Iowa Code section 252H.8 are now on file with the clerk of court or are attached to this document. I certify under penalty of perjury and pursuant to the laws of the state of Iowa that the preceding is true and correct.

- _____
- Establishment Specialist
 - Support Recovery Specialist

Date: _____

CSC#: _____

Copy to:

_____	_____	□ _____
_____	_____	_____
_____	_____	_____
_____	_____	_____