



# LICENSE SANCTION PAYMENT AGREEMENT

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date: \_\_\_\_\_  
Case Number: \_\_\_\_\_  
Worker ID: \_\_\_\_\_  
Child Support Recovery Unit  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This payment agreement is the result of a license sanction conference held \_\_\_\_\_ with the Child Support Recovery Unit (Unit).

I, \_\_\_\_\_, agree to pay \$\_\_\_\_\_ beginning \_\_\_\_\_ and continuing for 12 months unless this agreement is modified or ended sooner. The first payment of \$\_\_\_\_\_ and the signed license sanction payment agreement must be returned by \_\_\_\_\_.

I understand that payments may be made by any of these options:

- Send my case number with my check or money order to:  
Collection Services Center  
PO Box 9125  
Des Moines, IA 50306-9125
- Set up auto-withdrawal from my bank account or use the payments by web/phone option.
- Make payments (including cash) at any CSRU office.

I also understand that:

- ◆ This agreement is only for the license sanction process and does **not** change my court ordered support amount.
- ◆ If my court ordered support amount is higher than the amount in this agreement and I only pay the amount shown in this agreement, my delinquent (past due) balance will increase each month.
- ◆ This agreement does not erase any delinquent (past due) balances.
- ◆ This agreement expires in 12 months. At the end of 12 months, I must pay the support amount that is written in my court order.
- ◆ If I get a job, I will notify the Unit and pay my support through income withholding. The income withholding amount is based on the court order and may not be the amount stated in this agreement. If my income withholding payments stop, I will make payments according to this agreement.
- ◆ This agreement remains in effect during a review or a modification process. If my court order is changed, this agreement ends and I must pay the new court ordered support amount.

- ◆ I must continue to make payments on any other cases I have, even if those cases have not been discussed in this license sanction conference or included in this payment agreement.
- ◆ This agreement does **not** prevent the Unit from taking other enforcement or collection actions if I owe delinquent (past due) support.
- ◆ If I miss a payment or if I do not make a full payment, the Unit will issue a Certificate of Noncompliance to all appropriate licensing agencies. This means the licensing agencies will suspend, revoke, or refuse to issue or renew my licenses and registrations. If this happens, I can:
  - Send a written request to ask for a conference with the Unit.
  - File a request for a hearing with the district court in the county where my court order is filed. This request for hearing must be filed within 30 days from the date on the licensing agency's notice. I must also send a copy of that request for a hearing to the Unit.

**To enter into this agreement, this form must be signed, dated, and returned with the first payment by \_\_\_\_\_.** After the Unit receives this form with your signature and first payment, a representative from the Unit will sign and date the form and send you a copy.

**NOTE: This written agreement must be signed by you and a representative of the Unit to be valid and in effect.**

\_\_\_\_\_  
Name

\_\_\_\_\_  
Date

\_\_\_\_\_  
Child Support Recovery Unit  
Tel. \_\_\_\_\_

\_\_\_\_\_  
Date

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***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](http://dhs.iowa.gov).

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