



Iowa Department of Human Services

## OFFICIAL NOTICE OF POTENTIAL LICENSE SANCTION

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

Tel. \_\_\_\_\_

### **Your licenses may be sanctioned**

Our records show you owe three months' worth of support or more. Iowa Code Chapter 252J allows the Child Support Recovery Unit (Unit) to sanction your professional, recreational, and driver's licenses and motor vehicle registrations when you are behind in your support payments.

### **How can you stop this?**

To stop this action, you must respond within 20 days and:

- ◆ Pay all past-due support, **or**
- ◆ Provide us with your employer information, **or**
- ◆ Request a conference for a payment agreement (request must be in writing), **or**
- ◆ Request an exemption if:
  - You are receiving money from Social Security, Supplemental Security Income (SSI), the Family Investment Program (FIP), or certain types of county assistance;
  - You have a temporary illness or disability that keeps you from working, or someone in your household has an illness or disability that keeps you from working because you are needed in the home to care for that person;
  - You are in jail or prison;
  - You receive food assistance **and** are in a job-training program with Iowa Workforce;
  - You participate in an accredited chemical dependency treatment program which keeps you from working; or
  - You are involved in a contempt of court action about support.

### **If you do not respond**

**In 20 days** from the date of this notice, we will send a notice (Certificate of Noncompliance) to all licensing agencies listed below. The licensing agencies must suspend, revoke, or refuse to issue or renew your licenses and/or motor vehicle registrations. **This will also stop you from getting a new license and/or registering a motor vehicle in the future.** You must pay any fees or fines due to the suspension or revocation of your licenses and/or motor vehicle registrations.

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### **Contact the Unit**

- ◆ To provide your employer information or to claim an exemption
- ◆ To request a conference, complete the License Sanction Request for Conference section on page 3 and send it to the Unit's address listed at the bottom of page 3. The Unit will send a notice with the date and time of the conference, and what documents you need to provide for the conference.
  - If you do not attend the conference, a Certificate of Noncompliance will issue to the licensing agencies.
  - The only issues that can be discussed at the conference are: if the Unit made an error in identifying you as the person ordered to pay support, if you owe 3 months' worth of support or more, if you qualify for a payment agreement, or if you qualify for an exemption.
- ◆ To pay all past-due support, send your payment with your case number (see page 1) to:  
Collection Services Center  
PO Box 9125  
Des Moines, IA 50306-9125

**This is a legal notice.** If you have an attorney, immediately tell your attorney that you received this notice.

<p style="text-align: center;"><b>Policy Regarding Discrimination, Harassment, Affirmative Action, and Equal Employment Opportunity</b></p>
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It is the policy of the Iowa Department of Human Services (DHS) to provide equal treatment in employment and provision of services to applicants, employees, and clients without regard to race, color, national origin, sex, sexual orientation, religion, age, disability, political belief, or veteran status.

If you feel DHS has discriminated against or harassed you, send a letter detailing your complaint to:

Iowa Department of Human Services, Office of Human Resources, Hoover Building – 1<sup>st</sup> Floor,  
1305 E. Walnut Street, Des Moines, IA 50319-0114; fax 515-281-4243; or via e-mail:  
[FDHS@hhs.iowa.gov](mailto:FDHS@hhs.iowa.gov).

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

### License Sanction Request for Conference

Worker ID: \_\_\_\_\_  
Case Number: \_\_\_\_\_ Name: \_\_\_\_\_

I want a conference to discuss the sanctioning of my license(s).

You can reach me at this number: (\_\_\_\_) \_\_\_\_\_

Days and times I am **not** available for a conference: \_\_\_\_\_

My employer's name, address, and phone number: \_\_\_\_\_  
\_\_\_\_\_

The Unit will send you an *Acknowledgement of Request for Conference* with the date and time of the conference. The conference day and time depend on the Unit's office hours and the worker's availability. The Unit's office hours are 8:00 AM to 4:30 PM, Monday through Friday.

Sign here to request a license sanction conference: \_\_\_\_\_  
Signature Date

### Waiver of Rights: (Optional)

Iowa Code 252J.4 requires the Unit to wait ten days before holding the conference. By signing below, I agree to give up this ten-day waiting period and agree to an earlier date, which may be the same date that I request the conference.

\_\_\_\_\_  
Signature (Optional) Date

Send this form to: Child Support Recovery Unit

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