

IN THE IOWA DISTRICT COURT FOR _____ COUNTY

<p>_____ _____ _____ _____ _____ _____ Petitioner, vs. _____ _____ Respondent.</p>	<p>No. _____</p> <p>PATERNITY DISESTABLISHMENT SATISFACTION OF JUDGMENT ASSIGNED TO THE IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES</p>
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The State of Iowa, Iowa Department of Health and Human Services, Child Support Services (CSS) , hereby states:

1. The judgment herein has been assigned pursuant to Iowa Code sections **239B.6, 234.39, and/or 252E.11.**

2. Paternity has been disestablished pursuant to Iowa law under docket number _____ in _____ County on _____, _____, and _____ has been relieved of all future support obligations owed on behalf of the child(ren),

_____.

3. The judgment for the child(ren)

_____, to the extent assigned to the State of Iowa, Department of Health and Human Services, is now deemed fully satisfied. This Satisfaction of Judgment pertains only to the State of Iowa, Department of Health and Human Services, as the assignee of the judgment herein. Specifically, to the extent that the accrued delinquency in this case may exceed the amount owed to the State of Iowa, the judgment accrues to the benefit of the assignor, not to the assignee.

I certify under penalty of perjury and pursuant to the laws of the state of Iowa that the preceding is true and correct.

STATE OF IOWA
DEPARTMENT OF HEALTH AND
HUMAN SERVICES

By: _____

Child Support Services

SATISFACTION OF JUDGMENT ASSIGNED TO THE IOWA DEPARTMENT OF HEALTH AND HUMAN SERVICES (PAGE 2)

ACKNOWLEDGMENT OF OBLIGEE/ASSIGNOR

I, _____ acknowledge that I am the obligee/assignor of the judgment(s) referenced in this document. I acknowledge that I have no right to the support that was assigned and owed the State of Iowa, Department of Health and Human Services. I waive notice of hearing on a subsequent order approving the State's Satisfaction. I acknowledge that if I do not sign this document that CSS is not prevented from satisfying amounts due the Department. I further state that this document does NOT satisfy any judgment due me in excess of the judgment which is owed to the State of Iowa, Department of Health and Human Services.

Obligee/Assignor

Date Signed