ATTENTION

The Child Support Recovery Unit is beginning an action to establish paternity for the child(ren) named in the attached notice. This action may also include establishment of an order for child support and medical support. You have been named as a respondent in this action. It is important that you read all of the attached documents very carefully to find out when and how you should respond to this legal action.

If you do not think the person named as the father in the notice is the father of the child(ren), you may want to ask for genetic testing. Either parent may ask for genetic testing. If the person named as the father asks for genetic testing, he will pay the costs of genetic testing only if he is found to be the father of the child(ren). If you have any questions about these documents, call the child support office listed below. If you have questions about your legal rights or obligations in this action, you should immediately contact a private attorney.

ATENCIÓN

La Unidad de Recuperación de Manutención Infantil (Child Support Recovery Unit) está iniciando una acción legal para establecer la paternidad del/los niño/s que se menciona/n en el aviso adjunto. Esta acción también puede incluir el establecimiento de una orden de manutención y manutención médica. Se le ha nombrado a usted como demandado en esta acción. Es muy importante que lea todos los documentos adjuntos muy cuidadosamente para saber cuándo y cómo debe responder a esta acción legal.

Si usted no considera que la persona mencionada como el padre en el aviso es el padre del/os niño/s, puede pedir un análisis genético. Tanto el padre como la madre pueden pedir un análisis genético. Si la persona que se menciona como el padre pide un análisis genético, éste deberá pagar los costos de dicho análisis sólo en caso de que se descubra que esta persona es el padre del/os niño/s. Si tiene alguna pregunta sobre estos documentos, llame a la oficina de manutención que se menciona debajo. Si tiene alguna pregunta sobre sus derechos u obligaciones legales en esta acción, debe contactarse inmediatamente con un abogado particular.

CHÚ Ý

Đơn Vị Phục Hồi Hỗ Trợ Trẻ Em (Child Support Recovery Unit) đang bắt đầu thực hiện thủ tục thiết lập quyền làm cha cho (các) em có tên trong thông báo đính kèm. Thủ tục này cũng gồm có việc đưa ra lệnh hỗ trợ trẻ em và hỗ trợ y tế. Quý vị đã được ghi tên với tư cách đương sự trong thủ tục này. Điều quan trọng là quý vị phải đọc thật cẩn thận tất cả tài liệu đính kèm để tìm hiểu thời điểm và cách thức quý vị phải hành động theo thủ tục pháp lý này.

Nếu quý vị không cho rằng người có tên với tư cách người cha trong thông báo là cha của (các) em này, quý vị có thể yêu cầu xét nghiệm di truyền. Cha hoặc mẹ đều có thể yêu cầu xét nghiệm di truyền. Nếu người có tên với tư cách là người cha yêu cầu xét nghiệm di truyền, ông ta sẽ phải thanh toán chi phí xét nghiệm di truyền chỉ khi ông ta được phát hiện là cha của (các) em đó. Nếu quý vị có bất kỳ thắc mắc nào về những tài liệu này, hãy gọi cho phòng hỗ trợ trẻ ghi ở bên dưới. Nếu quý vị có thắc mắc về các quyền lợi hợp pháp hoặc trách nhiệm trong thủ tục này, quý vị phải liên hệ ngay với luật sư riêng.

Case Number:	:
--------------	---



COVER LETTER

		er requiring to pay child support and either or ild or children named in this notice.
		GENETIC TESTING WITHIN 20 DAYS AFTER YOU RECEIVE THESE tion about genetic testing and an explanation of your rights.
		equesting genetic testing, □or if you are the mother and you do ed packet of information for an explanation of your rights.
Complete the enclose these papers.	ed financial statement and retu	urn it to the office listed below within 10 days after you receive
	Request	t For Genetic Testing
☐ I am not sure that I☐ I am the mother an telephone number is	d I am not sure that	enetic testing. My telephone number is is the father. I am requesting genetic testing. My
Put an "X" in the box	to indicate the children for who	om you are requesting genetic testing.
Child's Name:		
		
		
Signature		Date
If you want to ask for Child Support Recove		form and return it within 20 days to:
☐ Fax:		

☐ AMENDEDNotice of Intent to Establish Paternity☐ and Support	Child Support Recovery Unit lowa Department of Human Services
Alleged Father: Mother: Payee/Caretaker: Dependents:	Docket No County: CSC No
Date Prepared:	
To: and, it is important that you read the respondent, you have certain rights to contest and challenge this action. It is important that you read the respondent, you have been named by	
Statement Alleging Paternity ¹ as the possible biological father of the follow	
Child's Name	Date of Birth
The Child Support Recovery Unit is starting an action to establish paternity give the Iowa courts authority to establish orders for □ paternity, child suppersonal jurisdiction over you. ³ Entry of a paternity □ and support order in 1738B. ⁴	port, and medical support.2 lowa has
☐ If is determined to be the child(ren)'s legal father, we paternity and support. We intend to establish a support order requiring the	
☐ Child Support We intend to create an order requiring	to pay ongoing monthly child support. to pay accrued support. der lowa Code chapter 252E ⁵ . Either or

How is Child Support Figured? The amount of support is based on the Child Support Guidelines under Iowa Code sections 598.21B and 252B.7A. *The Request for Financial Statement*, sent with this notice, explains how we determine your income. If you do not send in your financial statement or proof of income, an order will be entered without your input. The entry of this support order does not stop us or any caretaker from seeking current, accrued, and/or medical support by any legal method, without showing a substantial change of circumstances. You will also be asked to pay a percentage of uncovered medical expenses if current or medical support is ordered.

470-3309 (Rev.10/18)

3

How is Medical Support Set? Medical support is either health care coverage or cash medical support. Health care coverage includes private health insurance plans (obtained through an employer or purchased privately) and public coverage (like Title 19 or *hawk-i*). We review each parent's financial information to determine what medical support to include in the order. There are several steps to identify the appropriate type of medical support. The requirement to include medical support in orders and the steps we use to determine the appropriate medical support are outlined in lowa Code chapter 252E.

The law defines an accessible plan as one with no service area limitations, or if it has limitations, the dependent lives within 30 miles or 30 minutes of a network primary care provider. Both parents may consent to a plan if it doesn't meet the definition of accessible. The law defines reasonable cost as 5% or less of gross income. The parent ordered may consent to provide a plan that costs more.

Requesting a Conference A conference is an informal meeting in which you may ask questions or share information about this action. You have 10 days from the date you were served with this notice to request a conference. To ask for a conference, send a written request to the office listed below. If you are contesting paternity, tell us that in your written request. In that case, we will schedule genetic testing first. You will have another chance to ask for a conference after we mail you the genetic test results.

☐ You must fill out the enclosed Financial Statement. Send it to the address listed below within 10 days of the

When we get your request for a conference, we tell you of the date, time, and location of the conference. What should you bring?

• A completed financial statement

date you were served with this notice9.

- Proof of your income, and
- Any information about health benefit plans available to you and the named child(ren). We need to know:
 - o If the plans are accessible to the children;
 - The cost of available plans (prices for single, family, employee + one);
 - o The people included in the plan (self, spouse, number of children).

After the conference, we send all parties a new written notice. This new notice tells you the results of the conference. It also includes changes that may have occurred. That notice is called the *Second Notice of Intent to Establish Paternity (and Support)*.

If you ask for a conference but you don't like the results of the conference, you may ask for a court hearing. You must request a court hearing *within 10 days* after we issue the second notice.

Requesting a Court Hearing You may ask for a court hearing by sending a written request to the office listed below by the latest of the following dates:

- Within 20 days from the date of service of this notice; or
- Within 10 days from the date of the conference, if you request one; or
- Within 10 days from the date we issue the Second Notice of Intent to Establish Paternity (and Support); or
- Within 20 days from the date we mail you the genetic test results, if genetic tests were conducted.

☐ If you do not contest paternity or ask for a conference, but you do want a court hearing about support, send a written request for a court hearing about support to the office listed below *within 20 days* of the date you were served with this notice.

After genetic tests are done and you do not challenge the test results or contest paternity but you object to child and/or medical support, send a written request for a court hearing to the office listed below *within 20 days* of the date the genetic test results were mailed to you. In your written request, you must state that you want a court hearing about support.

To request a court hearing send a written request to the office listed below, include any objections you have to the allegation of paternity against _____ and support debt. We will schedule a hearing after receiving your request. However, if you contest paternity, we will **not** schedule a court hearing until genetic tests have been done.

NOTICES

If You Take No Action in Response to this Notice If you do not reshearing, or contesting paternity within the time limits listed above, to be the father of the child(ren) named above.	we will enter an order finding
to pay support and either or both parents to provide medical support or send you a worksheet showing how the amount of support was to provide medical support.	
☐ If the court approves an administrative order findingrequiring him to pay support, we may try to collect support through:	to be the father of the child(ren) and

- income withholding,
- garnishment,

470-3309 (Rev.10/18)

- attachment of a lien,
- · administrative levy of accounts,
- income tax setoff,
- and any other collection action allowed by law.

It is your responsibility to tell the office listed below of any change in your address or employment.

Cost of Action If ______ is the father of the above children he may be required to pay the cost of this action, including the cost of genetic tests and service costs.

If you have any questions, you may visit or telephone us or talk to a private attorney¹⁰.

Waiver of Rights You may waive your rights to request a conference and court hearing. If you wish to give up these rights, contact us. You may sign the order to show that you were served with this notice and gave up your rights to request a conference and court hearing.

5

	ort Recovery Unit		- - -		
² The autho ³ □ Notice requiremen □ Iowa ha	ority is further defining this child supports of lowa Code so is jurisdiction because	ned in 28 USC 1738 ort action was persor section 252F.3lives in Iowa.	B, Iowa Code chanally served on th	ein lov	and 441 IAC 95, 98, 99. va and fulfilled all
thro	ough oecause	lived in lowa fror l and provided	n approximately prenatal expens	om approximatelyes or support for the chiva through the following	through ld(ren).
	ecause		ourse in Iowa wit	h the other parent which	n may have resulted in the
Child		Time Period of Possible Conception			
				through	
reg by l □ t tha	istry maintained to completing a pate pecause	by the Iowa Departments ernity affidavit accord submitted to Iov fect of waiving any c	ent of Public Hea ing to Iowa Code va jurisdiction by ontest to persona	Ith according to Iowa Co section 252A.3A. consent in a record, or I	e declaration of paternity ode section 144.12A, or by providing a document ich are:



470-3309 (Rev.10/18)

⁴ □ We are not awa	re of any other pending action for child sur	pport, affecting □you □either parent and the
child(ren) in this act	on in Iowa or another state.	
☐ A separate action	for child support involving □you □both p	arents and the same child(ren) is pending under
Docket #	in the State of	,County. We may
continue, however,	because this action complies with 28 USC	section 1738B or Iowa Code chapter 252K.
5 Based on Iowa Co	de chapter 252E, either or both parents m	ay be ordered to get health care coverage for the
child(ren). It has to	be available when the order is entered, or	in some limited circumstances, become available
later. If there is no l	nealth care coverage available, the alleged	d father may be ordered to pay cash medical support
There are exception	s to providing cash medical support as list	ted in Iowa Code chapter 252E:

- Due to the amount of the alleged father's net monthly income, a minimum order amount applies under the medical support table (see the child support guidelines);
- No health benefit plan is available and there is no income subject to income withholding;
- You have asked us to change the obligation through a cost-of-living alteration;
- The alleged father receives Family Investment Plan (FIP) assistance or Title 19 or lives with a child receiving FIP, Title 19 or *hawk-i*.

470-3309 (Rev.10/18) 7

⁶ The Department of Human Services must approve this class. You must send us proof that you went to the class within 90 days after the order is entered. If you do not send proof, your support amount may be changed. After 90 days, we may also ask you to send proof that you continue to go to class as ordered by the court.

⁸ The original copy of the genetic test results will be filed with the clerk of court.

⁹ Even if you are contesting paternity, you must return the financial statement.

¹⁰ If you choose to have an attorney, it will be at your own expense.