

Iowa Department of Human Services
OUT OF STATE DIRECTIONS FOR SERVICE

CSC#: _____

Court Order #: _____

DATE: _____

EXPIRATION DATE: _____

TO: _____

STATE OF _____

PLEASE SERVE THE ATTACHED:
UPON: _____

- PERSONAL SERVICE REQUIRED
- SERVICE ON ANY ADULT IN HOUSEHOLD PERMITTED

EMPLOYER: _____

DESCRIPTION: SOC SEC#: _____ DOB: _____ SEX: _____
RACE: _____ HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____

OTHER INFORMATION RELATING TO SERVICE:

- DO NOT SUB-SERVE _____. THIS IS THE OTHER PARTY IN THIS ACTION.
- _____

IF THE INDIVIDUAL WAS SERVED AT A SHELTER (CRIME VICTIM CENTER), WE NEED YOUR HELP TO KEEP THE SHELTER LOCATION CONFIDENTIAL. IF NECESSARY, ADDITIONAL INSTRUCTIONS FOR COMPLETING THE RETURN OF SERVICE AND AN AFFIDAVIT WILL BE ATTACHED OR CAN BE OBTAINED BY CALLING CSRU.

PERSON REQUESTING SERVICE: _____

NOTE:

Please serve the attached notice in accordance with Iowa Rules of Civil Procedure 1.305 and the accompanying §915.20A Affidavit Regarding Return of Service completed in accordance with Iowa Rules of Civil Procedure 1.308(1) (if required). Forward the Return of Service and the §915.20A Affidavit Regarding Return of Service (if required) with your bill to this office for payment.

UNDER IOWA LAW, ALL RETURNS OF SERVICE SUBMITTED BY PROCESS SERVERS OR OUT-OF-STATE SHERIFFS AND DEPUTIES MUST BE NOTARIZED OR THE RETURN WILL NOT BE VALID, AS DESCRIBED IN RULE 1.308 OF THE IOWA RULES OF CIVIL PROCEDURE. THANK YOU FOR YOUR COOPERATION. PLEASE CALL IF YOU HAVE QUESTIONS OR CONCERNS ABOUT THIS REQUIREMENT.



Iowa Department of Human Services
OUT OF STATE RETURN OF SERVICE

CSC#: _____
Court Order #: _____

State of _____) Date Notice Received: _____
_____ County)ss

Documents served:

- Original Notice and Petition
- Order to Show Cause
- Notice of Intent to Modify / Review and Adjust
- Other [list all other documents served] _____
- Notice of Child Support Debt
- Notice of Intent to Establish Paternity and Support, and a written statement alleging paternity

Person being served: _____

I certify that I served the above documents upon _____ by:

- Personally delivering a copy to him/her. The place, date and time of service are indicated below.
- Delivering a copy to _____, who is:
(Name and relationship)
 - A person at least 18 years of age who resides at _____'s usual place of abode. Service was made at the place of abode, address indicated below.
 - The manager/proprietor of the rooming house, hotel, club or apartment building which is _____'s usual place of abode.
 - _____'s spouse, who is believed to be residing with him/her; however, service was made away from the usual place of abode.

Service was made at: _____
(Address)* (City, State)

on _____, _____, @ _____ a.m./p.m.
(Date) (Time)

Diligent Search: Person was not served. List addresses and dates service was attempted in the notes section below.

Notes: _____

* If service was obtained at a shelter, put the words "crime victim center within the State of ____ (state center located in)" in the address section. Iowa Code § 915.20A(2) states that "Under no circumstances shall the location of a crime victim center or the identity of the victim counselor be disclosed in any civil or criminal proceeding." Do not list the specific name or location of the shelter on this form. If needed, additional instructions and explanations for service of process procedures involving a crime victim center will be on an enclosed information sheet or can be obtained by calling CSRU.

Fees:

Service: _____
Mileage: _____
Copy: _____
TOTAL: _____

(Signature and Official Title) **(Document must be notarized for those signing other than an Iowa Sheriff or Deputy Sheriff)**
SUBSCRIBED TO AND SWORN TO before
me this _____ day of _____.

NOTARY PUBLIC IN AND FOR THE STATE
OF _____.

