



REQUEST FOR INFORMATION

Date: ____/____/____

IMPORTANT: Please complete all sections of this form so that Child Support Services (CSS) can process your request.

I (please print), _____, swear or attest my statements contained on this form are true.

I am an authorized person to receive information under Iowa Code 252B.9A because I am:

- [] A resident parent requesting information about the other parent of our child(ren).
• The child(ren)'s usual place of residence is with me, and
• The child(ren) is not receiving assistance in the form of FIP or TANF payments from the state, and
• I am not under a court order to pay current, on-going support for the child(ren) named below.
[] The guardian of the child(ren) named below, as shown in the attached court order.
[] The agent of the child(ren) named below, as shown in the attached documentation.
[] The attorney of the child(ren) named below, as shown in the attached documentation.
[] The attorney of the child(ren)'s resident parent, as shown in the attached documentation.

I am requesting information about (please print the person's full name):

Two horizontal lines for name entry

Information requested (please be specific):

Four horizontal lines for information requested

Please fill in the following information, if known, about the person whose information you are requesting:

Social security number: _____ - _____ - _____ Date of birth: ____/____/____

City and state of birth: _____

Relationship to the child(ren) listed below: _____

Person's father's full name: _____

Person's mother's full maiden name: _____

Full name(s) of the child(ren): _____

I understand the requested information is confidential and I attest I will use the confidential information **only** for the purpose of:

Establishing, enforcing or modifying an order for child support.

Establishing paternity.

Disestablishing paternity, including for the adoption of a child.

Iowa Code section 252B.9A(2)(a)(3) requires CSS to notify the person, whose information you want, about your request. CSS will send a notice to the person about whom you have made a request and state the purpose of your request, but will provide no other information about you. The person has 20 days to respond to the CSS notice. After 30 days, CSS will either disclose the requested information to you or deny your request in writing.

Please fill in the following information about yourself. CSS will use the information to identify you, communicate with you, and update CSS records, if necessary. CSS will not send your information to the person whose information you have requested.

My name: _____

My street address: _____

City: _____ State: _____ Zip code: _____

My telephone numbers, including area code:

Home: _____ Cell: _____ Business: _____

My social security number **or** CSS case number: _____

Per Iowa Code section 622.1, I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the preceding is true and correct.

Signature of requester

Date of signature

Return this completed form to:

Child Support Services
Attn: Non-IVD Locate Unit
400 SW 8th St, Ste H
Des Moines, IA 50309-4633