#### Iowa Department of Human Services

## **REQUEST AND AFFIDAVIT TO SATISFY DELINQUENT CHILD SUPPORT – ATTACHMENT A**

## □ (If Obligee Only)

This affidavit serves as my request for satisfaction. I understand that any unpaid support satisfied through this process is considered permanently paid. This is true even if the court later reinstates the suspended order under which it accrued.

	AFFIDAVIT OF SATISFACTION
STATE OF IOWA	)
COUNTY OF	) SS )
I,	, state the following is true and correct:
1. I, Attachment A.	, was entitled to receive support in this matter for the child(ren) named in
,	

2. The following court orders may be eligible for satisfaction and are further identified in Attachment A:

### **Court Order Number**

3. I have been advised of my right to have legal counsel of my choice and to consult my own attorney at my own expense. I also acknowledge that the attorney for the state is NOT acting as my counsel in this matter.

4. I choose the following: (mark only one)

- □ I forever waive, release, and satisfy any and all of the support obligation owed to me personally in this matter.
- □ I forever waive, release, and satisfy any and all of the support obligation owed to me personally in this matter except for \$\_\_\_\_\_\_. (I acknowledge that the Unit provided me with the amount of support arrearages owed to me on the above order(s) as of \_\_\_\_\_\_ and that I have been informed that the arrearages balance can change daily.)

5. I acknowledge that any support obligation which is satisfied upon entry of the order confirming the satisfaction is **permanently and forever waived and released by me** regardless of whether the reason for suspending the order continues and regardless of whether the support order is later reinstated under Iowa Code section 252B.20.

6. I approve this affidavit and request that an order confirming it be entered by the court. I freely and voluntarily waive any further notice prior to the court entering an order confirming the satisfaction.

7. I do not object to any other party in this matter satisfying arrearage monies due to them personally.

Notice: If you do not complete and return this affidavit or if you want to object to other persons satisfying the support due to them personally, you must immediately notify the court and the Unit of your objections in writing. If you don't make written objections, the court may confirm the satisfactions of other persons without further notice to you.

Signed this	_ day of		in the year	
Signature of	·····			
Subscribed and Sworn to before n	ne this	day of		in the year
Notary Public in and for the State	of Iowa			
Commission expires:				
			Date:	
Attorney for				
	(Optional)			

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□ (If Obligee and Assignee on a This affidavit serves as our requ considered paid. This is true ev	est for satisfaction. We und en if the court later reinstates			process is
STATE OF IOWA	) ) SS			
COUNTY OF	)			
We,	and	,	state the following is true and	correct:
1. I, Attachment A and I, named in Attachment A.				
2. The following court orders n	ay be eligible for satisfactio	n and are further identified	in Attachment A:	
Court Order Number:				
<ol> <li>We have been advised of our expense. We also acknowledge</li> <li>We choose the following: (m)</li> </ol>	that the attorney for the state			at our own
□ I, any and all of the support obliga	, and I,		, forever waive, release, ar	nd satisfy
any and all of the support obliga	tion owed to us personally in	n this matter.		-
	provided us with the amount we been informed that the ar	of support arrearages owed rearages balance can chang	to us on the above order(s) as one daily.)	of
waived and released by us reg support order is later reinstated	ardless of whether the reason	n for suspending the order c		
6. We approve the affidavit and any further notice prior to entry			the court. We freely and volunt	tarily waive
Signed this	day of	Signed this	day of	in
in the year		the year		
Signature of		Signature of		
Subscribed and Sworn to before	me this	Subscribed and Sw	orn to before me this	
day of in the		day of	in the year	
Notary Public in and for the Sta	te of	Notary Public in an	d for the State of	
Commission Expires:		Commission Expire	es:	

Notary Public in and for the State of \_\_\_\_\_ Commission Expires: 

Attorney for \_\_\_\_\_ (Optional)

Attorney for \_\_\_\_\_ (Optional)

\_\_\_\_

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# The following court order(s) may be eligible for satisfaction: 1) \_\_\_\_\_:

Iowa County	Date Filed	Child(ren) Affected by Order	Obligor in Order

## 2) \_\_\_\_\_:

Iowa County	Date Filed	Child(ren) Affected by Order	Obligor in Order

## 3) \_\_\_\_\_:

Iowa County	Date Filed	Child(ren) Affected by Order	Obligor in Order

# 4) \_\_\_\_\_:

Iowa County	Date Filed	Child(ren) Affected by Order	Obligor in Order

## 5) \_\_\_\_\_:

Iowa County	Date Filed	Child(ren) Affected by Order	Obligor in Order