

IN THE IOWA DISTRICT COURT IN AND FOR \_\_\_\_\_ COUNTY

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Petitioner,

vs.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Respondent.

No. \_\_\_\_\_

**NOTICE OF INTENT TO FILE WRITTEN  
APPLICATION FOR DEFAULT  
DETERMINING CONTROLLING ORDER  
AND FOR RECONCILIATION OF  
ARREARS**

TO: \_\_\_\_\_

DATE OF NOTICE: \_\_\_\_\_

**IMPORTANT NOTICE**

YOU ARE IN DEFAULT BECAUSE YOU HAVE FAILED TO TAKE ACTION REQUIRED OF YOU IN THIS CASE. UNLESS YOU ACT WITHIN TEN DAYS FROM THE DATE OF THIS NOTICE, A DEFAULT JUDGMENT WILL BE ENTERED AGAINST YOU WITHOUT A HEARING AND YOU MAY LOSE YOUR PROPERTY OR OTHER IMPORTANT RIGHTS. YOU SHOULD SEEK LEGAL ADVICE AT ONCE.

\_\_\_\_\_  
\_\_\_\_\_  
Attorney, State of Iowa  
Child Support Recovery Unit  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PROOF OF MAILING**

The undersigned certifies that this Notice was mailed to the last known address of each of the individuals identified below, on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ by U.S. Mail.

\_\_\_\_\_  
\_\_\_\_\_

_____ Obligor	_____ Obligee
<input type="checkbox"/> _____ <input type="checkbox"/> Caretaker	

**DO NOT FILE THIS PAGE IN COURT FILE – FILE IN CSRU FILES ONLY**

Date: «Date»  
Obligor: «obligor\_name»  
Obligee: «obligee\_name»  
CSC#: «csc\_num»

Form 470-3672, the Notice of Intent to File Written Application for Default – Determining Controlling Order and For Reconciliation of Arrears was mailed on «date\_mailed» to the following addresses:

«obligor\_name»  
«obligor\_add1»  
«obligor\_add2»  
«obligor\_citystatezip»

«obligee\_name»  
«obligee\_add1 »  
«obligee\_add2»  
«obligee\_citystatezip»

«caretaker\_name»  
«ct\_add1»  
«ct\_add2»  
«ct\_citystatezip»