

IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY

Petitioner,

vs.

Respondent

NO. _____

PROOF OF SERVICE OF
NOTICE OF MEDICAL ENFORCEMENT

IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY

Petitioner,

vs.

Respondent

NO. _____

PROOF OF SERVICE OF
NOTICE OF MEDICAL ENFORCEMENT

IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY

Petitioner,

vs.

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NO. _____

PROOF OF SERVICE OF
NOTICE OF MEDICAL ENFORCEMENT

PROOF OF SERVICE OF NOTICE OF MEDICAL ENFORCEMENT (page 2)

IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY

IN THE INTEREST OF

A CHILD

NO. _____

PROOF OF SERVICE OF
NOTICE OF MEDICAL ENFORCEMENT

The undersigned certifies that:

1. On the _____ day of _____, _____, an obligation to provide medical support was established and filed with the Clerk of Court.

2. On the _____ day of _____, _____, the National Medical Support Notice and the Employer Medical Support Information form were served upon the following employer or income provider by depositing a copy thereof in the U.S. mail, postage prepaid, in an envelope addressed to:

Child Support Recovery Unit

Telephone: _____

Date: _____

Sent copies to: _____

