



Health and
Human Services

Notification of Money Due the State

Date : _____
Case Number: _____

Dear _____:

According to the records of Child Support Services (CSS) and Collection Services Center (CSC) you recently received a support payment or payments that you now need to repay to the State of Iowa.

The payment or payments you received on case _____ total \$ _____. It is necessary for you to repay this:

_____ because the amount you received was refunded to the non-custodial parent by CSS.
_____ because the amount you received was incorrectly applied to your account.

CSS is offering you the option to set up a repayment agreement in which you allow CSC to withhold money from your future support payments until the money is repaid. If you do not choose this repayment agreement the balance must still be repaid, and we will send you a monthly notice detailing the amount due until the money is repaid.

We very much appreciate your cooperation in the repayment of these amounts.

If you wish to choose the repayment option, here are your choices:

- A set amount from each payment until the total amount is repaid. You determine the amount. For example, you could say CSC may withhold \$30.00 of each of your payments until the money due the state is paid in full.
- The full amount of each payment until the total amount is repaid.

On the last page of this letter, mark the repayment agreement you wish to make with CSC. Return the signed form to the address listed on the repayment agreement.

Note: The amount of your debt was calculated as of the date on this notice. In the future, if you receive other support payments that were incorrectly sent to you, those amounts will be added to any unpaid balance. If you agree to have CSC withhold part of your support to repay the above debt, CSC will also withhold for future debts at this rate until the total is paid.

You may change this agreement at any time. To change the amount withheld or to end this agreement, send your request in writing to CSC. Include your name, your case number, your new instructions, and sign your request. Mail your request to the address listed on the repayment agreement.

If you have any questions about this letter, call your local office. If you need assistance finding the local office phone number, call the child support automated information line at 1-888-229-9223 (toll free nationwide) or visit www.childsupport.ia.gov.

**Policy Regarding Discrimination, Harassment,
Affirmative Action and Equal Employment Opportunity**

The Iowa Department of Health and Human Services (HHS) policy on non-discrimination, harassment, affirmative action, and equal employment can be viewed on the HHS website at the bottom of the page at: <https://hhs.iowa.gov>

Repayment Option Agreement

Name: _____

Case Number: _____

Date Generated: _____

I agree to allow CSC to withhold a portion of any support CSC receives on my behalf for the repayment of a debt I owe to the State of Iowa.

_____ Withhold \$ _____ from each future support payment until the amount that I owe to the State of Iowa is paid in full.

_____ Withhold the full amount of each payment until the amount that I owe to the State of Iowa is paid in full.

In the future, if I receive support payments that are not owed to me, I agree to allow CSC to continue to withhold the payment amount I marked above until the total of the debts is paid in full.

Note: You may change this agreement at any time. To change the amount withheld or to end this agreement, send your request in writing to CSC. Include your name, your case number, and your new instructions. You must sign your request. Mail your request to the address shown below.

Your Signature (Required):

Date of agreement: _____

Return this portion of the letter to:

Collection Services Center
PO Box 9243
Des Moines, IA 50306-9243