

<p>_____ _____ _____ _____ _____ _____ Petitioner,</p> <p>vs.</p> <p>_____ _____ Respondent.</p> <p>_____ _____ _____</p>	<p>No. _____</p> <p>Motion to Specify Support Owed by Each Parent</p>
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COMES NOW the State of Iowa, Child Support Services (CSS), by and through the undersigned attorney, and states the following to the Court in support of its motion:

1. The Court has subject matter jurisdiction and jurisdiction of the parties.
2. The _____ order was entered in _____ County on _____. The order gives split / divided physical care of the children to the parties as indicated below:

Child's Initials	Parent's Name
_____	_____
_____	_____
_____	_____
_____	_____

- The _____ order was entered in _____ County on _____. The order gives the parties joint (equally shared) physical care of the following children:

Child's Initials

The court order does not specify child support amounts owed by each party. However, _____, was ordered to pay the amount of \$_____ per month as child support and it appears the Court may have allowed some form of offset in setting the child support amount.

3. _____'s child support has been assigned to the State as FIP or foster care is being provided to the following child(ren):

Child's Initials

See Iowa Code section 239B.6 and 234.39(3). Since the child support is now assigned to the State of Iowa, the State is a party to this action.

The offset payment provision is not appropriate since the child support has been assigned to the State. See *State ex rel., Heidick v. Balch*, 533 N.W.2d 209 (Iowa 1995).

WHEREFORE, the State of Iowa respectfully requests:

1. The Court specify the support amounts owed by each party based on their respective incomes at the time support was previously ordered.
2. The Court enter an order disallowing the offset payment provision.
3. The Court require the parents to pay the child support amounts as determined by the Court without the offset payment provision. After the Court makes a determination, the amounts ordered are due effective on the first date that the next support payment is due according to the terms of the prior support order and continue monthly thereafter.
4. All payments ordered shall be payable to the COLLECTION SERVICES CENTER, P.O. BOX 9125, DES MOINES, IOWA 50306-9125, AND IN NO OTHER MANNER. _____ will pay to CSC# _____ and _____ will pay to CSC# _____. Each payment must identify the parents and/or caretaker. Any payment not sent to Collection Services Center is considered a gift and will not be credited to the support ordered.

Phone: _____
Fax: _____
E-mail: _____

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