

NOTICE THAT ORDER QUALIFIES FOR SATISFACTION OF MEDICAL SUPPORT

Date: _____
Case Number: _____
Payor: _____ Payee: _____
County: _____
Order Number: _____ Request Date: _____

The medical support obligation of «PAYOR OR PAYEE» is satisfied¹ starting «SAT EFF DATE».

_____ asked for this satisfaction and meets one of the conditions below:

- The parent is an inmate of a prison.
- Due to the amount of the parent's net monthly income, a minimum order amount applies under the medical support table (see the child support guidelines).
- The parent gets Family Investment Program (FIP) or Medicaid (Title 19) or programs like these in another state.
- The parent lives with a child that he or she is legally responsible for and that child gets FIP, Title 19, or Healthy and Well Kids in Iowa (*hawk-i*) or programs like these in another state.

The satisfaction continues until CSRU files a notice with the clerk of court to end it.

If you have questions, contact: _____ at _____

Child Support Recovery Unit

_____, _____

Copy to:

_____	_____
_____	_____
_____	_____
_____	_____
_____, _____	_____, _____

¹ Iowa Code 252E.2A