

Date: _____

Iowa Department of Human Services License Sanction Physician Statement

		Case Number:
		Worker ID:
_		Child Support Recovery Unit
_		·
_		
		Tel
	to you because you claim to be temporarily ill or disabled and exemption from the License Sanction process with the Child S	you are requesting a temporary Support Recovery Unit (Unit).
	To see if you qualify for a temporary exemption from the License Sanction process, you must have your treating physician complete and sign the enclosed Physician's Statement.	
	Enclosed is a Physician's Statement (form 470-3158). This Physician's Statement is being sent to you because you are requesting a temporary exemption from the License Sanction process with the Child Support Recovery Unit (Unit). You claim that you are required to provide physical care for a member of your household who is temporarily ill or disabled and that requires you be in your home at all times to care for that person.	
	To see if you qualify for a temporary exemption from the Licer who is treating the member of your household must complete Statement.	
The contice	completed Physician's Statement must be returned to the Unit we.	ithin 20 days from the date of this
exemp	n the completed Physician's Statement is returned to the Unit it uption is approved on this case, it is only for the License Sanction orary exemption	
•	Keeps your license from being suspended for this case (only Does not change the amount of your court ordered support	during the exemption timeframe)
•	Does not end your court ordered support or stop your court or	dered support from billing
•	Does not erase any delinquent (past due) support Does not stop the Unit from taking other enforcement or colle (past due) support	ction actions if you owe delinquent
If you	ı have questions regarding this letter you may contact your licen at	se sanction worker