	Health and Human Services
 Dear	:

- If you or your children are at risk if your identifying information is released or filed in the public court file, <u>complete</u> the attached form.
- If you or your children are not at risk, <u>do not complete</u> the attached form.

lowa's Child Support Services is sending your case to another state or jurisdiction for establishment, modification, or enforcement of child support.

We must give the case parties' identifying information to the child support agency in the other state or jurisdiction, which must then file documents in the public court file to provide child support services. If you complete the enclosed Affidavit form, we will send your Affidavit to the other state or jurisdiction. Some examples of identifying information are: social security number, address, employer, and phone number at home or work.

ONLY complete and return the enclosed form, *Affidavit In Support of Non-Disclosure of Identifying Information*, if you think you will be at risk and your health, safety or liberty (freedom) or that of your child(ren) would be threatened if your address or other identifying information is filed in a public court file.

If you determine risk exists, please include documentation supporting your claim, such as a protective order, police report, or other official report or statement. If you have such documentation, please send a **<u>copy</u>** along with the signed *Affidavit In Support of Non-Disclosure of Identifying Information*.

If you complete the enclosed Affidavit form, your signature must be notarized. **WAIT** to sign the Affidavit until you are before a notary. Notary services are free at most banks or you may stop by our office between 8:00 a.m. and 4:30 p.m. to have the form notarized. If you choose to complete the Affidavit, return the Affidavit and any supporting documents to us within \Box 15 \Box 10 days from the date at the top of this letter.

If you change your mind about releasing your address or other identifying information after you've signed and submitted the enclosed Affidavit, please call your local office at the number listed below.

Sincerely,

CHILD SUPPORT SERVICES

Case # _____

- If you or your children are at risk if your identifying information is released or filed in the public court file, <u>complete</u> this form.
- If you or your children are not at risk, do not complete this form.

My Name:	
Other Party Name:	
Child(ren):	

Affidavit In Support of Non-Disclosure of Identifying Information

Attach additional page if necessary.

Take this document to a Notary Public BEFORE you sign it.

I freely approve this affidavit.

Signature

Print or Type Name

Date

Subscribed and sworn to before me

Notary Public, State of Iowa

My commission expires: _____

Case # _____