



**Consent to Jurisdiction
COVER LETTER**

Date: _____

Case Number: _____

Docket Number: _____

County: _____

Payee: _____

Payor: _____

Assignee: _____

We received a request to review and, if appropriate, adjust the amount of your child support order(s). Usually, if there is an Iowa support order and all parties and children reside outside of Iowa, we lack the ability to modify the order in Iowa. However, there is an exception that allows the parties to agree in writing to have the order modified in Iowa, even if all parties reside outside of Iowa.

If you agree to have your support order(s) modified in Iowa, you may complete the attached form. If we do not receive the attached form by _____, _____, we will forward the request to the appropriate state for modification of the Iowa order.

Note that consent may not be required if a party or child returns to Iowa before the action is started. After this action is complete, Iowa may be able to proceed with future actions if one of the parties or children returns to Iowa.

If you have questions regarding the legal consequences of signing this form, you should consult your attorney.

- Foster Care Recovery
- Child Support Recovery Unit

Telephone: _____



IN THE IOWA DISTRICT COURT FOR _____ COUNTY

Petitioner,

vs.

Respondent.

NO. _____

CONSENT TO
JURISDICTION

1. I, _____, the payee the payor an individual assignee, acknowledge that there is an ongoing Iowa support order in this matter and none of the individual parties or children reside in Iowa. I further acknowledge that because none of the individual parties or children reside in Iowa, under State and Federal law the order may not be modified in Iowa unless the parties consent in a record or in open court that Iowa may continue to exercise jurisdiction to modify its order.

2. Pursuant to 28 U.S.C. § 1738B(d) and Iowa Code § 252K.205(1), I knowingly and voluntarily consent to having the State of Iowa decide whether the child support order, in the above captioned action, should be modified and, if so, changed accordingly.

3. I affirm, to the best of my knowledge, _____ is the individual assignee for child support, who has a right to receive child support payments in the place of the payee named in the above captioned order. _____ and _____ are the individual assignees for child support, who have a right to receive child support payments in the place of the payee named in the above captioned order.



4. I affirm, to the best of my knowledge, the following are all of the orders that affect the payor named in the order, _____ and the child(ren).

State of Original Order	Docket Number	Date Original Order Was Filed
Iowa	_____	_____
	Initials of Child(ren)	Year of Birth
	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____
	<input type="checkbox"/> _____	<input type="checkbox"/> _____

5. I understand that by signing this consent form I am voluntarily giving up certain rights, including but not limited to the ability to have the modification proceeding filed in the state that would otherwise be appropriate under the 28 U.S.C. § 1738B and Iowa Code chapter 252K. I understand that this consent is only for the current modification process, applies to the entire proceeding and any related appeals, and, once given, cannot be revoked. I have been notified to address questions regarding the effect of this consent with my attorney prior to signing.

Payee Payor Individual Assignee's Signature:

Subscribed and sworn to before me, this _____ day of _____, _____

_____ (Notary)

