



## Affidavit Requesting Suspension of Support Based on Payor's Request – Cover Letter

Date: \_\_\_\_\_

CSC Number: \_\_\_\_\_

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The Child Support Recovery Unit (CSRU) has received your request to suspend support. To suspend support, you must sign the enclosed form 470-5349, *Affidavit Requesting Suspension of Support Based on the Payor's Request*, in front of a notary.

A notary is an official witness who verifies that you signed the form in his/her presence. A notary is available at any local Unit office. Do not sign the affidavit until you are in front of a notary. Take your photo ID to show the notary.

Child Support Recovery Unit

Worker Name: \_\_\_\_\_, \_\_\_\_\_

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Telephone: \_\_\_\_\_

**AFFIDAVIT REQUESTING SUSPENSION OF SUPPORT BASED ON PAYOR'S REQUEST**

**Child Support Recovery Unit  
Iowa Department of Human Services**

Responsible Parent/Payor: \_\_\_\_\_ Docket No. \_\_\_\_\_  
 Payee/Caretaker: \_\_\_\_\_ CSC No. \_\_\_\_\_  
 Other Parent/Caretaker: \_\_\_\_\_ Date Prepared: \_\_\_\_\_  
 Dependents: \_\_\_\_\_

I, \_\_\_\_\_, state that I have asked the Child Support Recovery Unit (CSRU) to suspend ongoing support as set in court order number \_\_\_\_\_ in \_\_\_\_\_ County, Iowa, in accordance with Iowa Code section 252B.20A.

I request the suspension of the following support provisions of the support order:

Ongoing child support ordered against either parent in the docket listed above for the following children:

\_\_\_\_ (CCYY), \_\_\_\_ (CCYY), \_\_\_\_ (CCYY), \_\_\_\_ (CCYY), \_\_\_\_ (CCYY).

Ongoing medical support ordered against either parent in the docket listed above for the following children:

\_\_\_\_ (CCYY), \_\_\_\_ (CCYY), \_\_\_\_ (CCYY), \_\_\_\_ (CCYY), \_\_\_\_ (CCYY).

In regard to the support order(s) identified above, I attest to the following:

- As of the date I sign this affidavit, all the following criteria are true and can be verified:

Initial each criteria (a) through (d) to attest to each one.	
_____	(a) The children are currently living with <input type="checkbox"/> me <input type="checkbox"/> a caretaker, who does not want CSRU services, and have been for more than sixty consecutive days.
_____	(b) There is no order in effect regarding legal custody, physical care, visitation, or other parenting time for the children.
_____	(c) The children are reasonably expected to continue to live in that household for no less than six months.
_____	(d) The children for whom ongoing support is being suspended are not receiving public assistance pursuant to chapter 239B or 249A; or, if they are receiving public assistance, I am considered to be a member of the same household as the children, for the purposes of public assistance eligibility.

- I understand that if I do not meet all the above criteria, my request will be denied.
- I agree to accept a copy of the *Notice of Intent to Payee to Suspend a Child Support Obligation Based on Payor's Request* (NOI) by regular mail.

4. I understand that if the payee cannot be served with notice of this action, or objects to any criteria set forth in 1(a) – (d), my request will be denied.
5. I understand the eligibility criteria and the effect of the suspension process, including being barred for two years before requesting a new suspension, and the provisions for reinstatement of the support order that are explained in Comm. 240, *Procedures for Suspending, Satisfying, and Reinstating Child Support Obligations*. I understand and agree that service of the application to reinstate the order may be in person or by first class mail. I understand if no objection is filed, the court may enter an order to reinstate ongoing support without additional notice.
6. I understand that the suspension of this support order has no effect on any arrears still due and owing. I also understand that CSRU will continue to enforce all arrears by any manner allowed by state and federal law.

Signed this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Signature of \_\_\_\_\_

State of \_\_\_\_\_, County of \_\_\_\_\_

Signed and Sworn to before me this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Notary Public in and for the State of \_\_\_\_\_