

Notice Of Decision Regarding The Payor's Request To Suspend Support

Court Order Number	Date Filed	County/State
This is the notice regarding the pa	yor's request to suspen	d the following support orders:
	Telephor	ne: (<u>)</u>
	Child Sup	oport Recovery Unit
	Worker N	lame:
	Worker N	
	Case Number:	
	Date:	

We took the following action regarding this request according to lowa Code section 252B.20A:

- ÿ **Request Returned.** We are returning your request for suspension because:
 - ÿ the form 470-5348, *Request From the Payor to Suspend Support*, did not contain necessary information. The form is being returned to you:
 - ÿ to Complete Part 1, *Necessary Party Information.* We need the payee's address or employer information.
 - ÿ to Complete Part 2, *Court Order Information.* Enter all orders affecting the same legal parents and their children.
 - ÿ to Complete Part 3, *Children Whose Support Should be Suspended.* List the names and dates of birth of the children for whom you want support to be suspended as well as the dates the children moved into your home.
 - ÿ to sign this form as required.

We cannot process your request until you return the signed Request From the Payor to Suspend Support. Please sign the request and return it to the office listed on the first page of this notice as soon as possible so that we can process your request.

- ÿ the form 470-5349, *Affidavit Requesting Suspension of Support Based on Payor's Request* is incomplete. The form is being returned to you because:
- ÿ the affidavit is not signed. Please sign the affidavit in front of a notary.
- ÿ You did not initial each criterion. Please complete the enclosed new *Affidavit* and sign it in front of a notary.

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We cannot process your request for suspension services until you return the signed and notarized affidavit. Please sign the affidavit in front of a notary and return it to the office listed on the first page of this notice as soon as possible so that we can process your request.

- ÿ the form 470-5352, *Payee's Affidavit Objecting to Suspension of Support*, is incomplete. The form is being returned to you because:
- ÿ The affidavit is not signed. Please sign the affidavit in front of a notary and return it to the office listed on the first page of this notice as soon as possible so that we can process your objection. The fact that we had to return the affidavit to you does not extend the time period for you to submit a timely objection.
- ÿ You did not indicate which criteria you object to. Please complete the enclosed new *Affidavit* and sign it in front of a notary.

We cannot process your objection to suspension until you return the signed and notarized affidavit. You have twenty (20) days from the date you are served to return the affidavit. Please sign the affidavit in front of a notary and return it to the office listed on the first page of this notice as soon as possible so that we can process your objection. The fact that we had to send the affidavit to you again does not extend the time period for you to submit a timely objection. If we do not receive a timely objection, we will suspend the support obligation.

ÿ You do not qualify for the suspension process because we are not providing enforcement services for the order(s) to be suspended. We are returning the request form to you along with an application for services. For us to help with the suspension process, you must fill out and return the form 470-0188, *Application for Non-Assistance Support Services*, with the required fee. You must also return the completed form 470-5348, *Request From the Payor to Suspend Support*.

We cannot process your request until you return the application for services and the signed Request From the Payor to Suspend Support. Please fill out the application for services, include the required fee, sign the request and return the documents to the office listed on the first page of this notice as soon as possible so that we can process your request.

ÿ Request pending. Your request for suspension is pending. Our records indicate the children for whom you have requested support be suspended are currently receiving public assistance benefits. Under state law, we may provide suspension services for people receiving public assistance only if the parent ordered to pay support is considered part of the public assistance household.

If you receive public assistance and you have not already done so, you must report any change in your household's membership to your local Department of Human Services (DHS) office within 10 days of the change. Once the local DHS office confirms the parent ordered to pay support is considered part of the public assistance household, we will act on your request.

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- ÿ **Request denied**. We denied the request for suspension because:
 - ÿ It has been less than 24 months since the last complete suspension request on this order.
 - ÿ The person requesting the suspension is not eligible to request.
 - ÿ Iowa doesn't have the legal authority to suspend the order.
 - ÿ The request for suspension is for fewer than all of the children, and there is no step change in the order.
 - ÿ The basis for suspension is not expected to last at least six months.
 - ÿ No current obligation is due.
 - ÿ The child is receiving public assistance and the parties did not report the household change.
 - ÿ The request doesn't meet the suspension requirements because _____. (Additional narrative entry required.)
 - ÿ The child is not currently living with the payor or a caretaker who does not want CSRU services.
 - ÿ The child has not been living with the payor or a caretaker who does not want CSRU services for more than sixty consecutive days.
 - ÿ There is an order in effect regarding legal custody, physical care, visitation, or other parenting time for the child.
 - ÿ The requestor has not signed and submitted a notarized affidavit to the unit.
 - ÿ The requestor has not attested to all the required suspension criteria.
 - ÿ The payee could not be served.
 - ÿ The payee objected to the request.
 - ÿ The order is already suspended.

This denial is not subject to contested case proceedings or further review pursuant to lowa Code chapter 17A. This denial *does not* affect the right of any party to petition the court directly to end a support obligation, or to contact a private attorney about this.

ÿ Barred Status.

- ÿ You are barred from requesting a new suspension for two years from _____.
- ÿ You are not barred from requesting a new suspension.

If you have questions regarding this notice or the suspension process, please contact the Unit listed on the first page of this notice.

POLICY REGARDING DISCRIMINATION, HARASSMENT, AFFIRMATIVE ACTION, AND EQUAL EMPLOYMENT OPPORTUNITY

The lowa Department of Human Services (DHS) policy on non-discrimination, harassment, affirmative action, and equal employment can be viewed on the DHS website at the bottom of the page at: <u>http://dhs.iowa.gov</u>.