



Payee's Affidavit Objecting to Suspension of Support – Cover Letter

Date: _____

CSC Number: _____

The Child Support Recovery Unit (CSRU) has received a request from the payor to suspend support. To object to suspending support, you must sign the enclosed form 470-5352, *Payee's Affidavit Objecting to Suspension of Support*, in front of a notary or provide your own notarized statement explaining why you object (see Notice of Intent). If you object to suspension, you are not required to use this form. However, any response you submit to CSRU must identify which assertion you object to and must be notarized.

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.

You must submit your notarized objections to CSRU within **twenty (20) days** of the date you are served. See Comm 240 for time frames.

If you do not object, you do not need to return this form to CSRU.

Child Support Recovery Unit

Worker Name: _____, _____

Telephone: _____

Payee's Affidavit Objecting to Suspension of Support

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

Responsible Parent/Payor: _____
 Payee: _____
 Other Parent/Caretaker: _____
 Dependents: _____

Docket No. _____
 CSC No. _____
 Date Prepared: _____

I, _____, state that I received the *Notice of Intent to Payee to Suspend a Child Support Obligation Based on Payor's Request* from the Child Support Recovery Unit (CSRU) regarding suspending ongoing support as set in court order number _____ in _____ County, Iowa, in accordance with Iowa Code section 252B.20A.

The payor has made the following statements. I object to one or more of these statements, as indicated below by checking each applicable box.

Payor's Statements	My Objection(s)
The children are currently living with the payor (or a caretaker who does not want CSRU services) and have been for more than sixty consecutive days.	<input type="checkbox"/> I object to this assertion.
There is no order in effect regarding legal custody, physical care, visitation, or other parenting time for the children.	<input type="checkbox"/> I object to this assertion.
The children are reasonably expected to continue to live in that household for no less than six months.	<input type="checkbox"/> I object to this assertion.
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, the payor is considered to be a member of the same household as the children, for the purposes of public assistance eligibility.	<input type="checkbox"/> I object to this assertion.

Additional Details (if any): _____

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 _____