

Asset Verification Request

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Attention: Account Service Representative

The Child Support Recovery Unit is attempting to collect support from the obligors listed on the attached sheets. Pursuant to 42 USC § 669a and Iowa Code Chapter 252I, no financial institution is liable under any federal or state law for disclosing financial records of an individual to a State child support enforcement agency attempting to establish, modify, or enforce a child support obligation. Therefore, we are asking that you provide us with account information for the obligors who have accounts with you. On the attached sheet, please enter the requested information for each obligor. Details for completing each field are listed below.

<u>ACCOUNT #</u>: Correct the account number if necessary and add the account numbers for any additional accounts held by the individual listed.

OPEN Y/N: Enter Y if the account is open or N if the account is not open.

AMOUNT IN ACCOUNT: Enter the amount of funds in the account.

ACCOUNT TYPE: Enter the type of account held by the individual (e.g., checking, savings, IRA)

JOINT Y/N: Enter Y if the account is jointly held or N if the account is not jointly held.

<u>JOINT OWNER NAME AND ADDRESS</u>: Enter the name and address of the joint owner of the account. If there is more than one joint owner for the account, enter the information for each joint owner.

Return the completed form to:

EPICS UNIT 501 SYCAMORE STREET Suite 500 WATERLOO, IA 50703-4651

If you have any questions, call 877-274-2580. Thank you for your cooperation.

Carol Eaton, Chief Bureau of Collection

Carol Estin

Iowa Department of Human Services ASSET VERIFICATION REQUEST

ACCOUNT HOLDER NAME	SSN	CASE NUMBER	
			FEDERAL ID:

ACCOUNT #	OPEN (Y/N)	AMOUNT IN ACCOUNT	ACCOUNT TYPE	JOINT (Y/N)	JOINT OWNER NAME AND ADDRESS

SIGNATURE OF PERSON COMPLETING FORM	PHONE #	DATE

