

August 19, 2022

# **GENERAL LETTER NO. 10-Q-AP-6**

ISSUED BY: Bureau of Collections

Division of Field Management

SUBJECT: Employees' Manual, Title 10, Chapter Q Appendix, *Administrative* 

Review and Adjustment Appendix, page 17, revised, and forms,

revised.

470-3503, 252H Administrative Order for Adjustment of a Support Obligation,

revised

470-3504, 252H Judicial Order for Adjustment of a Support Obligation, revised

## **Summary**

This chapter is revised to

- ♦ Update language in form 470-3503 and 470-3504. Those changes include:
  - Adding new language to list the reasonable cost amount in the findings section when a parent consents to provide accessible health care coverage above reasonable cost.
  - Adding the words "(if any)" to statement #7 in the decretal section, when it is not a Foster Care order.
  - Adding the words "hearing regarding" to the first paragraph in form 470-3504 to clarify who requested the hearing.
- Update the instructions for required entries when generating form 470-3504.

#### **Effective Date**

Upon receipt.

### **Material Superseded**

Remove the following pages from Employees' Manual, Title 10, Chapter Q Appendix, and destroy them:

<u>Page</u> <u>Date</u>

17 May 7, 2021

470-3503 01/22 470-3504 01/22

### **Additional Information**

Refer questions about this general letter to your regional collections administrator.

On interstate cases send a copy of the filed-stamped order to the other state. (See 9-K, <u>Interstate Case Processing</u>, for information about sending documents to other states.)

**Note:** Individual offices may have standard procedures for preparing the documents for the CSRU attorney or for providing the information to the court. Follow your office's current procedures.

After the judge signs this form and the clerk of court files all documents, the Unit mails the file-stamped copy of this form to the parties involved in the action. Save a copy of the file-stamped signed order in the imaged case file.

ICAR enters the following information. You must enter the information for a manually generated form:

- County of filing (up to 3 orders)
- Court order number (up to 3 orders)
- Petitioner and Respondent information (up to 3 orders)
- ♦ Month, day, and year of hearing
- Abbreviated or ICAR3 review (if applicable)
- Foster care case (if applicable)
- Payor's name
- ♦ Payee's name
- Third Party's name (if applicable)
- Child's initials and birth year (up to 5 children)
- ♦ ICAR case number
- Payee, Payor, and Third Party attorney name and address
- CSRU attorney name
- ♦ Judicial district court number

Worker enters the following information:

- Form electronically filed (if applicable)
- ♦ Payor receives SSI only (if applicable)
- Select requestor of court hearing
- Select requestor of the review
- Payor's relationship to child(ren)
- Payor's state of residence
- Payor's jurisdiction reason
- Payee's relationship to child(ren)
- ♦ Payee's state of residence
- ♦ Payee's jurisdiction reason

Data