Department of HUMAN SERVICES

GENERAL LETTER NO. 10-S-AP-4

ISSUED BY: Bureau of Child Support Recovery
               Division of Field Operations

SUBJECT: Employees' Manual, Title 10, Chapter S, ***Suspension and Satisfaction of Support Appendix***, Title page, Contents page 1, pages 1 through 18 revised; pages 19 through 29, new; and the following forms:

470-3032,	*Affidavit Regarding Suspension of Support,* revised,
470-3033,	*Request to Suspend Support,* revised
470-3080,	*Notice of Decision to Suspend Support Order,* revised
470-3081,	*Order Suspending Support,* revised
470-3545,	*Instructions for Satisfying Delinquent Support,* revised
470-3546,	*Request and Affidavit to Satisfy Delinquent Child Support,* revised
470-3547,	*Notice of Decision to Satisfy Delinquent Child Support,* revised
470-3548,	*Order Relating to Satisfaction of Child Support Obligation,* revised
470-5348,	*Request From the Payor to Suspend Support,* new
470-5349,	*Affidavit Requesting Suspension of Support Based on Payor's Request,* new
470-5350,	*Notice of Decision Regarding the Payor's Request to Suspend Support,* new
470-5351,	*Notice of Intent to Payee to Suspend a Child Support Obligation Based on Payor's Request,* new
470-5352,	*Payee's Affidavit Objecting to Suspension of Support,* new
470-5353,	*Order Suspending Support Pursuant to 252B.20A,* new
Comm. 240,	*Procedures for Suspending, Satisfying and Reinstating Child Support Obligations,* revised

Summary

Chapter 10-S Appendix is revised to:

♦ Update procedures for the 252B.20 suspension process
♦ Add procedures the 252B.20A suspension process
♦ Add forms used in the 252B.20A suspension process

Effective Date

Chapter revisions effective upon receipt. Form revisions effective date listed on form footer.

Material Superseded

This material replaces the entire Chapter S Appendix from Employees' Manual, Title 10, which includes the following pages:

Page	Date
Title Page	October 15, 2002
Contents 1	October 15, 2002
1-18	October 15, 2002

Additional Information

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

Suspension and Satisfaction of Support
Appendix

Title 10: Support Establishment and Modification   Table of Contents
Chapter S: Suspension and Satisfaction of Support Appendix
Revised January 28, 2022   Page 1

Affidavit Regarding Suspension of Support, Form 470-3032

Purpose
: Use form 470-3032, *Affidavit Regarding Suspension of Support*, to indicate to the district court that each party jointly requests CSRU services to suspend support and attests that the family living arrangements upon which CSRU accepted the request are true and ongoing.

Source
: Generate this form from the SUSC1 screen by entering a code in the GEN CVR/COM/REQ/AFF(Y/R):CP RP ASN fields or from the FORMVIEW screen. Enter "Y" the first time you generate the form and "R" to regenerate it, if necessary. ICAR generates a separate affidavit for each order selected on the MULTORD screen.

Completion
: The parties complete this form along with form 470-3033, *Request to Suspend Support,* to indicate what order they want suspended. The parties (payor, payee and any assignee) must express consent to the suspension of the order in the affidavit by attesting the request meets all eligibility criteria. The affidavit must bear the notarized signature of the party signing the form.

  Each party must complete an affidavit for each support order.

  ICAR automatically enters some of the data into this form. You must enter the rest of the data. Depending on the options you select, the text of the form varies.

Distribution
: Send this form to the party that requested suspension services, the other party to the order, and any assignee. Send the form by first-class mail.

  After all necessary signatures are obtained, file this form and form 470-3081, *Order Suspending Support*, with the clerk of court. Do not file the cover letters in the court file, as they contain address information. Keep a file-stamped copy of this form in the CSRU imaged case file.

Data   ICAR enters the following information:

♦ Current date

♦ Name and address of party receiving the form

♦ CSRU worker name, worker ID, office address, and telephone number

♦ Payor's name

♦ Payee's name

♦ Assignee's name, if applicable

♦ Name of the party signing the affidavit

♦ Initials and birth year of each child receiving support

♦ Court order number and filing date of support order affected by the suspension request

♦ ICAR case number

♦ Basis for suspension

The worker enters the following information:

♦ 2nd assignee's name, if applicable
♦ Types of support to be suspended
♦ Initials and birth year of each child suspended
♦ Suspension of spousal support, if applicable

Title 10: Support Establishment and Modification   Page 3
Chapter S: Suspension and Satisfaction of Support Appendix   **Affidavit Requesting**
                                    Suspension of Support Based On Payor's Request
Revised January 28, 2022   **470-5349**

Affidavit Requesting Suspension of Support Based on Payor's Request, Form 470-5349

Purpose

Use form 470-5349, *Affidavit Requesting Suspension of Support Based on Payor's Request,* to indicate to the district court that the payor and/or caretaker requests CSRU services to suspend support and attests that the family living arrangements upon which CSRU accepted the request are true and ongoing.

Source

Generate this form from the SUSP1 screen by entering a code in the GEN AFFIDAVIT..(Y/R): RP or CTK field or from the FORMVIEW screen. Enter "Y" the first time you generate the form and "R" to regenerate it, if necessary.

ICAR generates a separate affidavit for each order selected on the MULTORD screen.

Completion

Generate this form after CSRU accepts form 470-5348, *Request From the Payor to Suspend Support*, and determines the controlling order. Complete one affidavit for each support order being suspended.

ICAR automatically enters some of the data into this form. You must enter the rest of the data. Depending on the option you select, the text of the form varies.

The payor and caretaker must sign this form in front of a notary public.

Distribution

Send this form to the payor and/or caretaker that requested suspension services by first-class mail.

After all necessary signatures are obtained, prepare and mail along with 470-5351, Notice of Intent to Payee to Suspend a Child Support Obligation Based on Payor's Request and 470-5352, Payee's Affidavit Objecting to Suspension of Support.

Title 10: Support Establishment and Modification   Page 4
Chapter S: Suspension and Satisfaction of Support Appendix   **Affidavit Requesting**
                              Suspension of Support Based On Payor's Request
Revised January 28, 2022   **470-5349**

Data   ICAR enters the following information:

♦ Current date

♦ ICAR case number

♦ Name and address of party receiving the form

♦ CSRU worker name, worker ID, office address, and telephone number

♦ Payor's name

♦ Payee's name

♦ Caretaker's name, if applicable

♦ Name of party signing the affidavit

♦ Initials of each child receiving support

♦ Court order number being suspended

♦ County of Filing

The worker enters the following information:

♦ Types of support to be suspended

♦ Initials and birth year of each child included in the suspension

♦ Basis for Suspension

[Instructions for Satisfying Delinquent Child Support, 470-3545](#)

Purpose	Use form 470-3545, *Instructions for Satisfying Delinquent Child Support*, to provide important information about the satisfaction process and the instructions on how to complete form 470-3546, *Request and Affidavit to Satisfy Delinquent Child Support*.
Source	Generate this form from the FORMVIEW screen.
Completion	Generate this form when a payee or an assignee that is a party to a suspension of an order requests a satisfaction and when:

- ♦ A request for suspension was made and accepted,
- ♦ The controlling order has been determined,
- ♦ The form 470-3032, *Affidavit Regarding Suspension of Support* was sent to the parties.

NOTE: If a party did not indicate a desire to satisfy in form 470-3033, *Request to Suspend Support*, but later wants satisfaction services from CSRU, mail the satisfaction forms to the requesting party.

You must enter all of the data into this form.

Distribution	Send this form with the *Request and Affidavit to Satisfy Delinquent Child Support*, and after you have sent the *Affidavit Regarding Suspension of Support*, if the payee or an assignee indicated a desire to satisfy support on form 470-3033, *Request to Suspend Support*.

Do not file this form in the court file. Maintain a copy in the CSRU imaged case file.

Data	The worker enters the following information:

- ♦ Current date
- ♦ ICAR case number
- ♦ Payor's Name
- ♦ Payee's Name
- ♦ CSRU worker name, worker ID, office address, and telephone number
- ♦ Name and address of party receiving the form

♦ Whether the court order is already suspended

♦ The name of any assignee that must also sign the *Request and Affidavit to Satisfy Delinquent Child Support*, if on the same case

♦ The date you calculated the balance available for satisfaction by the payee and assignee

♦ The portion of the total balance of arrears on the orders being suspended due to the payee or assignee and is able to be satisfied (Use the Satisfaction Balance Calculation Worksheet to calculate this amount)

♦ The court order numbers suspended that preliminarily qualify for satisfaction (Remember not to list any orders that do not qualify for satisfaction)

♦ Whether or not the addressee was a party for suspension

Title 10: Support Establishment and Modification   Page 7
Chapter S: Suspension and Satisfaction of Support Appendix   **Notice of Decision**
Regarding the Payor's Request to Suspend Support
Revised January 28, 2022   **470-5350**

Notice of Decision Regarding the Payor's Request to Suspend Support, Form 470-5350

Purpose   Use form 470-5350, *Notice of Decision Regarding the Payor's Request to Suspend Support*, to do one of the following:

♦ Notify the parties that the forms are being returned and the reason

♦ Notify the parties that the suspension is denied and the reason

♦ Notify the parties if they are barred from requesting suspension

♦ Notify the parties that the request is pending

Source   Generate this form from the SUSP2 screen by entering a code in the SUSP APPROPRIATE (Y/N/P/I): field or from the FORMVIEW screen.

♦ Enter "Y" to approve the request

♦ Enter "N" to deny the request. Entry of "N" requires a denial reason in the DENY RSN: field

♦ Enter "P" to pend the request until the party reports the household change to Income Maintenance

♦ Enter "I" when the forms are incomplete. You must enter the reason the form is being returned

♦ ICAR enters the current date in the DATE field, and a "Y" in the SUSP NOD ISSUED(Y): field whichever entry you make in the SUSP APPROPRIATE ..(Y/N/P/I): field

Completion   Complete this form no later than ten working days after you receive the properly completed *Affidavit Requesting Suspension of Support Based on Payor's Request.*

ICAR automatically enters some of the data into this form. You must enter the rest of the data. Depending on the option you select, the text of the form varies.

Title 10: Support Establishment and Modification   Page 8
Chapter S: Suspension and Satisfaction of Support Appendix   **Notice of Decision**
Regarding the Payor's Request to Suspend Support
Revised January 28, 2022   **470-5350**

Distribution   Distribute copies of this form by first-class mail to the necessary parties depending on the action taken.

If you are returning a form for proper completion, send one copy of this form to the appropriate person and maintain one copy in the CSRU imaged case file.

If you are denying, or pending the suspension request, distribute this form as follows:

♦ One copy for each necessary party, or attorney
♦ One copy for the CSRU imaged case file
♦ One copy for another state's IV-D agency, when necessary

Do not file a copy of this form with the clerk of court.

Data   ICAR enters the following information:

♦ Current date

♦ ICAR case number

♦ Name and address of party receiving the form

♦ CSRU worker name, worker ID, office address, and telephone number

♦ Court order number, file date, county and state of support order affected by the suspension request

♦ If forms are being returned

♦ If the request is being denied including reason for denial

♦ Barred status

♦ If the request is pending

Worker enters the following information:

♦ Reason forms are being returned
♦ Details of "other" denial reason

Notice of Decision to Satisfy Delinquent Child Support, Form 470-3547

Purpose | Use form 470-3547, *Notice of Decision to Satisfy Delinquent Child Support*, to notify the payee, payor or assignee on a suspended Iowa support order of CSRU's decision regarding the party's request for satisfaction.

Source | Generate this form from the FORMVIEW screen.

Completion | Complete this form when you have received form 470-3546, *Request and Affidavit to Satisfy Delinquent Child Support*, completed from the party, but not before you have sent form 470-3080, *Notice of Decision to Suspend Support Order*.

You must enter all of the data into this form. Depending on the option you select, the text of the form varies.

Distribution | Send this form by first-class mail to the party requesting satisfaction services no later than ten working days after you receive a satisfaction request. If you **accept** the request, also send a copy of this form to the payor.

Do not file this form with the clerk of court. Maintain a copy of this form and all cover letters in the CSRU imaged case file.

Do not file or provide copies of the cover letters to the other parties, as they contain confidential address information.

Data | Enter the following information:

- Current date
- ICAR case number
- CSRU worker name, worker ID, office address, and telephone number
- Name and address of party receiving the form
- A second ICAR case number if an assignee of support has an ICAR case separate from the original payee who is also satisfying support
- Payor's name
- Payee's name

♦ Assignee's name, if applicable

♦ Whether you are sending an amended Notice of Decision

♦ If request accepted, whether partial satisfaction or not

♦ Court order number, file date and county of each order included in satisfaction

If you return the request, also enter the reason why the form was incomplete or completed incorrectly and the action needed to process an accurate and complete request.

If you deny the request, also enter:

♦ Court order number, file date and county for each court order in which the request was denied

♦ The reason the request is denied

Notice of Decision to Suspend Support Order, Form 470-3080

Purpose

Use form 470-3080, *Notice of Decision to Suspend Support Order*, to do one of the following:

♦ Notify the parties that form 470-3033, *Request to Suspend Support*, or form 470-3032, *Affidavit Regarding Suspension of Support*, are incomplete or incorrect and must be completed or corrected before CSRU can proceed

♦ Notify the parties that the request for suspension has been denied

♦ Notify the parties that the request for suspension is pending

Source

Generate this form from the SUSC2 screen by entering a code in the SUSP APPROPRIATE ..(Y/N/P/I): field or from the FORMVIEW screen.

♦ Enter "N" to deny the request. Entry of "N" requires a denial reason in the DENY RSN: field

♦ Enter "P" to pend the request until the party reports the household change to Income Maintenance

♦ Enter "I" when the forms are incomplete. You must enter the reason the form is being returned

♦ ICAR enters the current date in the DATE field, and a "Y" in the SUSP NOD ISSUED(Y): field whichever entry you make in the SUSP APPROPRIATE ..(Y/N/P/I): field

Completion

Complete this form after you receive and review the Request *to Suspend Support* and *Affidavit Regarding Suspension of Support*. Generate this form no later than ten working days after you receive the forms only if you need to deny, or pend the request, or if the forms are incomplete.

Distribution

Send the *Notice of Decision* by first-class mail to the parties. If you are returning a form for proper completion, send one copy of this form to the appropriate person and maintain one copy in the CSRU imaged case file.

If you are denying or pending the suspension request, distribute this form as follows:

♦ One copy for each necessary party, or attorney
♦ One copy for the CSRU imaged case file
♦ One copy for another state's IV-D agency, when necessary

If you are returning an incomplete form, only return the form that is incomplete, not both. Do not file a copy of this form with the clerk of court.

Data   ICAR enters the following information, depending on the option you select the text of the form varies:

♦ Current date

♦ ICAR case number

♦ Name and address of party receiving the form

♦ CSRU worker name, worker ID, office address, and telephone number

♦ Enter an "X" to indicate whether this *Notice of Decision* is the first or an amended *Notice of Decision to Suspend Support Order*

♦ Court order number, filing date, county and state of each support order affected by the suspension request

♦ Basis for suspension

♦ Request Returned: If the *Request to Suspend Support* is incomplete or lacks a notarized signature, enter an "X" in the FORM(S) RETURNED field

♦ Request Denied: When you deny the request, enter an "X" in the REQUEST DENIED field and in all REASONS SUSPENSION REQUEST DENIED fields that apply

The worker enters the following information:

♦ If there is an "X" in the FORM(S) RETURNED field, enter an "X" in all the REASONS FORM(S) IS BEING RETURNED fields that apply

♦ If you enter an "X" in the OTHER REASON DENIAL field, state the reason the request is denied in the field provided

♦ Barred status if applicable

♦ Request Pending: To pend the request, enter an "X" in the REQUEST IS PENDING field

Title 10: Support Establishment and Modification   Page 13
Chapter S: Suspension and Satisfaction of Support Appendix   **Notice of Intent to Payee**
to Suspend a Child Support Obligation Based On Payor's Request
Revised January 28, 2022   **470-5351**

[Notice of Intent to Payee to Suspend a Child Support Obligation Based On Payor's Request, Form 470-5351](#)

Purpose   Use form 470-5351, *Notice of Intent to Payee to Suspend a Child Support Obligation Based on Payor's Request* to inform the payee of the following:

♦ The payor's request to suspend the child support obligation

♦ An explanation of the procedure for suspension by payor's request and procedure for reinstatement of the support obligation

♦ Explanation of the payee's rights and responsibilities, including applicable timeframes to object to the suspension

♦ Possible outcomes

Source   Generate this form from the SUSP2 screen by entering a code in the GEN COM/NOI/AFFIDAVIT (Y/R)....: field or from the FORMVIEW screen. Enter "Y" the first time you generate the form and "R" to regenerate it, if necessary.

Completion   Generate this form after receiving a completed *Request from the Payor to Suspend Support* and *Affidavit Requesting Suspension Based on the Payor's Request* from the payor (and caretaker who does not want CSRU services, if applicable).

ICAR automatically enters some of the data into this form. You must enter the rest of the data. Depending on the option you select, the text of the form varies.

Distribution   The Unit must successfully serve this form and the following documents on the payee before proceeding to obtain an order suspending support:

♦ 470-5352, Payee's Affidavit Objecting to Suspension of Support,

♦ Copy of 470-5349, Affidavit Requesting Suspension Based on the Payor's Request, and

♦ Comm. 240, Procedures for Suspending, Satisfying, and Reinstating Child Support Obligations

Title 10: Support Establishment and Modification   Page 14
Chapter S: Suspension and Satisfaction of Support Appendix   **Notice of Intent to Payee**
                      to Suspend a Child Support Obligation Based On Payor's Request
Revised January 28, 2022   **470-5351**

Data   ICAR enters the following information:

♦ ICAR case number
♦ Current date
♦ Payee's name and state of residence
♦ Payor's name and state of residence
♦ Initials of each child receiving support
♦ Court order number and state of order being suspended
♦ CSRU address and phone number
♦ Payee's attorney and address, if applicable
♦ Payor's attorney and address, if applicable

Worker enters the following information:

♦ Caretaker's name and state of residence, if applicable
♦ Third party's name and state of residence, if applicable
♦ Caretaker's attorney and address, if applicable
♦ Third party's attorney and address, if applicable

Order Relating to Satisfaction of Child Support Obligation, Form 470-3548

Purpose

Use form 470-3548, *Order Relating to Satisfaction of Child Support Obligation*, when approved by a judge, to satisfy some or all of a support debt owed to a payee or assignee.

Source

Generate this form from the FORMVIEW screen.

Completion

Complete this form after you have sent form 470-3547, *Notice of Decision to Satisfy Delinquent Child Support*, to the necessary parties.

You must enter all of the data into this form. Depending on the option you select, the text of the form varies.

Distribution

Present this form and the corresponding notarized forms 470-3546, *Request and Affidavit to Satisfy Delinquent Child Support* to the CSRU attorney to present to the district court for signature and filing.

File these forms in the county where the suspended support order was entered.

When CSRU receives a copy of the signed, file-stamped satisfaction order from the clerk of court, provide a copy to the following:

♦ The payee or attorney
♦ The payor or attorney
♦ Each assignee or redirection payee or attorney, if applicable

Data

Enter the following information:

♦ County of filing

♦ Court order number

♦ Petitioner and Respondent information

♦ Satisfaction order's entry day, month and year

♦ CSRU attorney

♦ Payor's name

♦ Payee's name

♦ Assignee's name, if applicable

♦ If the assignee also signed the Request and Affidavit to Satisfy Delinquent child Support

♦ Initials and birth year of each child included in order

♦ Balance that the payee/assignee reserved, if applicable

♦ Judicial district number (ex. 5th)

♦ Payee's attorney name and address, if applicable

♦ Payor's attorney name and address, if applicable

♦ Assignee's attorney name and address, if applicable

Order Suspending Support, Form 470-3081

Purpose
Use form 470-3081, *Order Suspending Support*, when approved by the judge, to suspend a support order.

Source
Generate this form from the SUSC2 screen by entering a code in the GENERATE ORDER (Y/R) field or from the FORMVIEW screen. Enter "Y" the first time you generate the form and "R" to regenerate it, if necessary.

Completion
Generate this form after you have determined suspension of support is appropriate.

ICAR automatically enters some of the data into this form. You must enter the rest of the data. Depending on the option you select, the text of the form varies.

Distribution
Present this form and form 470-3032, *Affidavit Regarding Suspension of Support* completed by each necessary party, to the CSRU attorney to review and present to the district court for signature and filing with the clerk of court.

Once the judge signs this form, mail copies to the necessary parties or their attorneys by first-class mail. Maintain a copy of this form in the CSRU imaged case file.

Data
ICAR enters the following information:

♦ County of filing
♦ Court order number
♦ Petitioner and Respondent information
♦ CSRU attorney's name, ICAR case number
♦ Payor's name
♦ Payee's name
♦ Assignee name, if applicable
♦ Initials and birth year of each child receiving support
♦ Basis of suspension

The worker enters the following information:

♦ Suspension order's entry day, month and year

♦ If original order required spousal support

♦ If support is assigned or redirected and to whom

♦ Types of support obligations to suspend

♦ Initials and birth year of each child suspended

♦ Initials and birth year of each child remaining on the order and support adjustment for each child

♦ Judicial district number for filing

♦ Payee attorney name and address, if applicable

♦ Payor attorney name and address, if applicable

♦ Assignee attorney name and address, if applicable

♦ Whether or not the form will be electronically filed

Order Suspending Support Pursuant to 252B.20A, Form 470-5353

Purpose	Use form 470-5353, *Order Suspending Support Pursuant to 252B.20A* when approved by the judge to suspend a support order.
Source	Generate this form from the SUSP2 screen by entering a code in the GEN ORDER (Y/R) field or from the FORMVIEW screen. Enter "Y" the first time you generate the form and "R" to regenerate it, if necessary.
Completion	Complete this form when you have successfully served the payee and the payee does not submit a signed and notarized objection to the Unit. This form should not be filed less than 30 days from the date of service on the payee.
	ICAR automatically enters some of the data into this form. You must enter the rest of the data. Depending on the option you select, the text of the form varies.
Distribution	Present this form and forms 470-5349, *Affidavit Regarding Suspension of Support*, 470-5351 *Notice of Intent to Payee to Suspend Based on Payor's Request,* and the *Return of Service* on the payee to the CSRU attorney to review and present to the district court for signature and filing with the clerk of court.
	Once the judge signs this form, mail copies to the necessary parties or their attorneys by first-class mail. Maintain a copy of this form in the CSRU imaged case file.
Data	ICAR enters the following information:

- ♦ County of filing
- ♦ Court order number
- ♦ Petitioner and Respondent information
- ♦ CSRU attorney
- ♦ ICAR case number
- ♦ Payor's name
- ♦ Payee's name
- ♦ Caretaker's name, if applicable
- ♦ Initials and birth year of each child receiving support
- ♦ Basis for suspension
- ♦ Initials and birth year of each child remaining on the order

♦ Payee's attorney information, if applicable
♦ Payor's attorney information, if applicable

Worker enters the following information:

♦ Assignee information, if applicable
♦ Types of support to be suspended
♦ Initials and birth year of each child to be suspended
♦ Support adjustment for remaining children, if applicable
♦ Caretaker's attorney information, if applicable
♦ Assignee's attorney information, if applicable

Title 10: Support Establishment and Modification   Page 21
Chapter S: Suspension and Satisfaction of Support Appendix   **Payee's Affidavit Objecting
                                                              to Suspension of Support**
January 28, 2022   **470-5352**

Payee's Affidavit Objecting to Suspension of Support, Form 470-5352

Purpose	Use form 470-5352, *Payee's Affidavit Objecting to Suspension of Support* to provide a means of objection to the suspension served on the payee.
Source	Generate this form from the SUSP2 screen by entering a code in the GEN COM/NOI/AFFIDAVIT (Y/R)....: field or from the FORMVIEW screen. Enter "Y" the first time you generate the form and "R" to regenerate it, if necessary.
Completion	Generate this form with form 470-5351, *Notice of Intent to Payee to Suspend a Child Support Obligation Based on Payor's Request.* The payee has 20 days to submit a signed a notarized objection to the Unit.
	ICAR automatically enters some of the data into this form.
	The payee completes the remainder of the form.
Distribution	Serve this form along with the *Notice of Intent to Payee to Suspend a Child Support Obligation Based on Payor's Request* upon the payee.
Data	ICAR enters the following information:

ICAR enters the following information:

- Current date
- ICAR case number
- Name and address of party receiving the form
- CSRU worker name, worker ID, office address, and telephone number
- Payor's name
- Payee's name
- Initials of each child receiving support
- Court order number and county of order being suspended

Worker enters the following information:

- Caretaker's name, if applicable
- Assignee's name, if applicable

Request and Affidavit to Satisfy Delinquent Child Support, Form 470-3546

Purpose   Use form 470-3546, *Request and Affidavit to Satisfy Delinquent Child Support*, to allow payees or assignees to request satisfaction of all or part of the debt still owed to them under a suspended Iowa support order.

Source   Generate this form from the FORMVIEW screen.

Completion   Generate this form when a payee or an assignee that is a party to a suspension of an order requests a satisfaction and when:

♦ A request for suspension was made and accepted,
♦ The controlling order has been determined,
♦ The form 470-3032, *Affidavit Regarding Suspension of Support* was sent to the parties.

NOTE: If a party did not indicate a desire to satisfy in form 470-3033, *Request to Suspend Support*, but later wants satisfaction services from CSRU, mail the satisfaction forms to the requesting party.

You must enter all of this data into this form. Depending on the option you select, the text of the form varies. The payee or assignee completes the remainder of the form.

Distribution   Send this form with form 470-3545, *Instructions for Satisfying Delinquent Child Support*, after you have sent the *Affidavit Regarding Suspension of Support* if the payee or an assignee indicated a desire to satisfy support on the *Request to Suspend Support*.

File this form with form 470-3548, *Order Relating to Satisfaction of Child Support Obligation* with the clerk of court. Keep a copy of this form in the CSRU imaged case file.

Data   Enter the following information:

♦ Payee name

♦ Payor name

♦ ICAR case number

♦ Whether satisfaction is payee-only or same-case assignee
and assignee name, if applicable

♦ The date the balance was calculated

♦ Court order number, date filed, and county of each order
included

♦ Initials of each child affected by the order

Title 10: Support Establishment and Modification   Page 24
Chapter S: Suspension and Satisfaction of Support Appendix   **Request From the Payor to**
Suspend Support

January 28, 2022   **470-5348**

Request From the Payor to Suspend Support, Form 470-5348

Purpose
Use form 470-5348, *Request From The Payor to Suspend Support* and *Cover Letter,* to explain the suspension by payor request process to the payor, give instructions for completing the form, and ask for information to which CSRU will apply suspension eligibility criteria.

Source
Generate this form from the SUSP1 screen by entering a code in the GEN CVR/COM/REQ (Y/R): RP field or from the FORMVIEW screen. Enter "Y" the first time you generate the form and "R" to regenerate it, if necessary.

Completion
Generate this form when you receive a written or verbal request from the payor for suspension of a support order and a party attempted a suspension by consent within the last six months.

ICAR automatically enters most of the data into this form. You must enter the rest of the data.

The payor completes the remainder of the form.

Distribution
Send this form with Comm. 240, *Procedures for Suspending, Satisfying, and Reinstating Child Support Obligations*.

If CSRU is not providing IV-D services, also send form 470-0188, *Application for Non-Assistance Support Services*, with this form to the payor requesting suspension.

Data
ICAR enters the following information:

♦ Current date
♦ Worker ID
♦ ICAR case number
♦ Name and address of party receiving the form
♦ CSRU worker name, office address, and telephone number

The worker enters the following information:

♦ Whether an NPA application is included

Title 10: Support Establishment and Modification
Chapter S Appendix
January 28, 2022

Page 25
Request to Suspend Support
470-3033

Request to Suspend Support, Form 470-3033

Purpose   Use form 470-3033, *Request to Suspend Support*, to:

- Explain the suspension process to the payor, the payee, and the assignee, if applicable

- Give instructions for completing the form, and

- Ask for information to which CSRU will apply suspension eligibility criteria

Source   Generate this form from the SUSC1 screen by entering a code in the GEN CVR/COM/REQ/AFF(Y/R):CP RP ASN fields or from the FORMVIEW screen. Enter "Y" the first time you generate the form and "R" to regenerate it, if necessary. ICAR generates one request form, regardless of the number of orders on the case.

Completion   Generate this form when you receive a written or verbal request for suspension of a support order.

ICAR automatically enters most of the data into this form. You must enter the rest of the data. Depending on the options you select, the text of the form varies.

The payor, payee, and any assignee complete the remainder of the form.

Distribution   Send a separate request form to the payor, payee and any other assignee by first-class mail.

If CSRU is not providing IV-D services, also send form 470-0188, *Application for Non-Assistance Support Services*, with this form to the party requesting suspension services.

Once each party returns a request form, do not file this form in the court file with form 470-3081, *Order Suspending Support*. Keep each completed request form in the CSRU imaged case file.

Data   ICAR enters the following information:

- Current date
- Worker ID
- ICAR case number
- Name and address of party receiving the form
- CSRU worker name, office address, and telephone number

Title 10: Support Establishment and Modification
Chapter S Appendix
January 28, 2022

Page 26
Request to Suspend Support
470-3033

The worker enters the following information:

♦ Whether an NPA application is included
♦ Option for the payee/assignee version of the form. This version contains a question asking if the payee has an interest in satisfying support. The payor's version should not contain this option.

Title 10: Support Establishment and Modification
Chapter S: Suspension and Satisfaction of Support Appendix
January 28, 2022

Page 27
**Satisfaction Balance
Calculation Worksheet**

Satisfaction Balance Calculation Worksheet

Purpose	Use the *Satisfaction Balance Calculation Worksheet* to calculate the arrears balance eligible for satisfaction, which will be entered on form 470-3545, *Instructions for Satisfying Delinquent Child Support*.
Source	Generate this spreadsheet from the Excel document in the Suspension & Satisfaction Best Practices Handbook, Satisfaction Balance Calculation Worksheet.
Completion	Complete this form when you need assistance in determining the amount of the arrears balance eligible for satisfaction for the satisfaction paperwork. Complete the gray boxes with information from the case for each order being suspended that has an arrears balance eligible for satisfaction. Once you enter the information, the Excel program calculates the necessary totals. Complete 1A, 1B, 1C, 1E, and 1G for the first suspended court order. Repeat this process for up to five suspended orders with balances eligible for satisfaction. If an obligation amount on the order being suspended has changed, you may use one line for each of the obligation amounts calculated. **NOTE:** Do not include arrearages that accrued under alimony obligations (CA) unless the basis for suspension is reconciliation. Do not include arrearages that accrued under medical support obligations (MS) or from other orders not being suspended (including RE only orders). The worksheet calculates the "Unpaid Balance Due CP" for each suspended order and then calculates the total "Unpaid Balance Due for CP" which displays at the bottom of the worksheet in box "H." Enter the amount of "H" (the total "Unpaid Balance Due CP" from the suspended orders only) in the *Instructions for Satisfying Delinquent Child Support* (on FORMVIEW), as the "Portion of Balance Due to Payees."

Distribution   Because this worksheet is for internal use only, do not distribute it to any party. Maintain a copy of the final completed worksheet in the CSRU imaged case file.

Data   Enter the following information in the Excel worksheet:

♦ ICAR case number

♦ 1st suspended court order number

♦ 1A - court ordered amount for the 1st suspended court order

♦ 1B - Number of billing periods since the 1st order was entered

♦ 1C – Total RE ordered on this order

♦ 1E - Amount paid toward this 1st court order by the payor

♦ 1G – Amount of the unpaid Balance of this 1st court order due to the state of Iowa

Repeat these steps for any additional suspended court orders with an arrears balance eligible for satisfaction.

NOTE: Remember to calculate only the arrears balance eligible for satisfaction for the orders being suspended that also preliminarily qualify for satisfaction. (Remember not to list any orders or their balances that absolutely do not qualify for satisfaction.)

Comm. 240, Procedures for Suspending, Satisfying, and Reinstating Child Support Obligations

Purpose   Use Comm. 240, *Procedures for Suspending, Satisfying and Reinstating Child Support Obligations* to explain the suspension process to the payor, the payee, and the assignee, if any. It provides information on how the parties complete a request for suspension for both suspension by mutual consent and suspension by payor's request.

Source   Generate this form by entering a code in the GEN CVR/COM/REQ/AFF(Y/R): CP RP ASN fields for suspension by mutual consent using the SUSC1 screen, or GEN CVR/COM/REQ(Y/R): RP field for suspension by payor's request using the SUSP1 screen. Enter "Y" the first time you generate the form and "R" to regenerate it, if necessary. Customers can download the form from the Child Support website.

Completion   Generate this form when you receive a written or verbal request for suspension of a support order.

Distribution   Print a copy for all parties involved in the suspension and mail it with the rest of the suspension forms.

Data   There are no variables to complete for this form.