

May 13, 2022

GENERAL LETTER NO. 11-F-AP-23

ISSUED BY: Bureau of Collections, Division of Field Operations

SUBJECT: Employees' Manual, Title 11, Chapter F, ***Income Withholding Appendix***, forms:

470-2624, *Initiation of Income Withholding/Medical Support Enforcement*, revised

470-5538, *Results of Hardship Request/Review*, revised

470-5540, *Notice of Incoming Withholding Hardship Review*, revised

Summary

This chapter is revised to update the US Poverty Guidelines used to calculate the IWO arrears amount when a payor is approved for hardship. This amount is listed on forms:

- ◆ 470 2624, *Initiation of Income Withholding/Medical Support Enforcement*
- ◆ 470-5538, *Results of Hardship Request/Review*, and
- ◆ 470-5540, *Notice of Income Withholding Hardship Review*,

and is changed from \$25,760 to \$27,180.

Effective Date

April 1, 2022

Material Superseded

Remove the following material from Employees' Manual, Title 11, Chapter F Appendix, and destroy it.

<u>Page</u>	<u>Date</u>
470-2624	04/21
470-5538	04/21
470-5540	04/21

Additional Information

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



Initiation Of Income Withholding/Medical Support Enforcement

Date Notice Prepared: _____
Case Number: _____

Child Support Recovery Unit

Tel: _____

This is to tell you that we (the Child Support Recovery Unit):

- Entered an income withholding order or changed an income withholding amount
- Sent an Income Withholding for Support notice (form 470 3272) to your employer or income provider.

The withholding is

- Immediate
- Amended
- Lump-sum (one time collection)

In addition, we are enforcing health care coverage as required by your support order.

- Health care coverage Enforcement (when marked 'X' and your support order is not ended or suspended)

We sent an income withholding notice to the following employers or income providers:

For obligations we are enforcing, our records show the child support balance is _____ as of _____ . We can make no statement about whether you owe additional interest. Only a court can make a binding balance determination.

According to Iowa Code Chapter 252D, your employer or income provider must withhold and send to the Collection Services Center the amount listed for support in the income withholding notice. By law your employer or income provider must withhold these payments until otherwise notified by the court or us.

NOTE: YOU ARE LEGALLY RESPONSIBLE FOR ALL SUPPORT PAYMENTS AS STATED IN YOUR SUPPORT ORDER. YOU ARE LIABLE FOR ANY PAYMENTS THAT THE EMPLOYER OR INCOME PROVIDER FAILS TO WITHHOLD.

If you think this income withholding or health care coverage enforcement is not correct, there are two ways you can contest it. One is an informal conference with us. The other is a court action called a Motion to Quash.

You may file a motion to quash no matter what happens at a conference with us. If you are contesting income withholding and health care coverage enforcement, these two issues may be heard at the same time. The following sections provide more information on how to contest income withholding and health care coverage enforcement.

**Please read the following sections carefully, as all options may not apply to you.
For questions, see contact information listed above.**

INCOME WITHHOLDING - REQUESTING AN INFORMAL CONFERENCE

If you want a conference to talk about income withholding, you must put your request in writing and send it to the address listed on the first page of this notice. You can have a conference when we first send the income withholding notice and each time we change the total amount of withholding.

You may request a conference anytime if:

- You are not the person responsible for paying child support in this case.
- The amount of support to be collected is stated incorrectly in the income withholding notice.
- You are exempt from immediate income withholding as ordered by the court.

After receiving your written request, we will schedule a conference if necessary. The conference may be held by telephone or in person. If you want a telephone conference, provide the telephone number where we can reach you.

INCOME WITHHOLDING – CLAIMING HARDSHIP

You may request an amendment of the income withholding amount due to hardship at any time. If you are approved for hardship it will reduce the amount you pay for past due support through income withholding for 2 years.

TO QUALIFY FOR AN AMENDMENT OF THE INCOME WITHHOLDING AMOUNT DUE TO HARDSHIP YOUR GROSS INCOME MUST BE LESS THAN \$27,180, which is 200% of the poverty level income for one person and **YOU MUST ONLY OWE PAST DUE SUPPORT**.

In order to claim hardship you must submit a written request along with any of the items listed below as proof of income.

- Copies of your last three (3) pay check stubs, or
- A letter from your employer listing your salary per hour and average number of hours worked in each pay period, or
- A current W2 form
- If you are disabled and receiving social security disability (SSD) or Supplemental Security Income (SSI) you may provide a statement from the Social Security Administration that provides your benefit amount.
- If you are retired and collecting Social Security Retirement (SSR), you may provide a statement from the Social Security Administration that provides your benefit amount.

If approved, you will receive a notice of review prior to the expiration of your amendment due to hardship as long as you only owe past due support and you have a verified income source.

EXCEPTION: If you are disabled and receive SSD or SSI, or you are retired and receive SSR, an amendment of the income withholding amount due to hardship will remain in place until your benefits end.

NOTE: YOU MAY NOT CLAIM HARDSHIP FOR LUMP SUM INCOME WITHHOLDING

INCOME WITHHOLDING - MOTION TO QUASH INFORMATION

Grounds for contesting income withholding are:

- A mistake of fact, which means an error in the amount of current or delinquent support or the identity of the obligor.
- A delinquency did not occur or has been paid.
- **FOR IMMEDIATE INCOME WITHHOLDING ONLY.** An approved written agreement was implemented under Iowa Code section 252D.8.

You may file a motion to quash the income withholding with the clerk of the district court. Under Iowa Code section 252D.31, the clerk must schedule a hearing on the motion for a time not later than seven days after you file the motion and notify the parties of the hearing. However, you may wish to verify that the clerk has scheduled the hearing. Please send us a copy of the motion and order scheduling the hearing.

HEALTH CARE COVERAGE ENFORCEMENT

Your child support order may require you to provide health care coverage. If your support order includes a health care coverage provision, we are notifying your employer to enroll your dependent(s) in a health insurance plan and withhold from your income the necessary health insurance premiums. If you are required to provide health care coverage, your employer may have to enroll you in the health insurance plan in order to enroll your dependent(s). The enforcement of health care coverage is provided for in Iowa Code Chapter 252E.

If your employer does not offer health insurance, we will end enforcement. However, you are still responsible for the health care coverage as stated in your order. If you do not currently meet health insurance eligibility requirements, we will continue enforcement when you become eligible.

HEALTH CARE COVERAGE ENFORCEMENT - REQUESTING AN INFORMAL CONFERENCE

If you want to have a conference with us, send your written request to the address listed on the first page of this notice. You may contest enforcement of health care coverage for one of the following reasons:

- a. You are not the person responsible for providing health care coverage in this case.
- b. You are already providing health care coverage for your dependent(s).
- c. There is no dependent coverage available to you.
- d. The dependent coverage available to you is not accessible to the child(ren) because of where the child(ren) live.
- e. Your order does not require you to provide health care coverage.

After receiving your written request, we will schedule a conference within 15 days. The conference may be held by telephone or in person. If you want a telephone conference, provide the telephone number where we can reach you. If you would rather just send us your documents, we will review them and notify you of the results in writing.

HEALTH CARE COVERAGE ENFORCEMENT - MOTION TO QUASH INFORMATION

You may file a motion to quash the enforcement of health care coverage with the clerk of court of the district court. Iowa code sections 252E.6A and 252D.31 direct the clerk to schedule a hearing on the motion for a time not later than seven days after the motion is filed and notify the parties of the hearing. However, you may wish to verify with the clerk that a hearing has been scheduled. Please send us a copy of the motion and order scheduling the hearing.

You can file a motion to quash health care coverage enforcement if you think there is:

- a. A mistake of identity (you think we have the wrong person).
- b. A mistake in the availability of the health care coverage because it is not accessible to the child(ren) based on where the child(ren) live.

NOTE: Even if we are unable to enforce health care coverage, you are financially responsible for the health care coverage as stated in your order.

<p>Policy Regarding Discrimination, Harassment, Affirmative Action and Equal Employment Opportunity</p> <p>The Iowa 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: http://dhs.iowa.gov.</p>
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RESULTS OF HARDSHIP REQUEST/REVIEW

Four horizontal lines for address or contact information.

Date Notice Prepared: _____
Case Number: # _____
Worker: _____

Dear _____:

The Child Support Recovery Unit (CSRU) received your request for an amendment to the income withholding amount due to hardship on _____. We reviewed your case and the information you provided. Based on our review, your request has been:

[] GRANTED. Your income provider will be notified to start withholding \$_____ per _____. This amount will stay in place until _____. If our records show on _____ that you have an income provider and are paying towards your past due support, we will send you a notice of review asking you to verify that you still qualify for an amendment of your income withholding amount.

[] DENIED because:

- [] Your gross income is over the poverty level guidelines.
[] A current support obligation is billing.
[] The amount currently being withheld is the same as the calculated hardship amount.
[] CSRU records show you do not have an income provider.
[] Your request for an amendment due to hardship was already granted on _____.
[] Your previous amendment of your income withholding amount ended because you did not send in a written request with proof of your income. You may request an amendment of your income withholding amount due to an existing hardship again on or after _____.

For questions, see contact information at the bottom of this page.

Sincerely,

Child Support Recovery Unit

Tel. _____

Fax. _____

**Policy Regarding Discrimination, Harassment,
Affirmative Action and Equal Employment Opportunity**

The Iowa 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: dhs.iowa.gov.



NOTICE OF INCOME WITHHOLDING HARDSHIP REVIEW

Date Prepared: _____
Case Number: _____

Dear _____

YOUR INCOME WITHHOLDING HARDSHIP IS ENDING

The Child Support Recovery Unit (CSRU) is currently collecting your past due support through income withholding at a reduced rate because of your request for an amendment due to hardship that was approved on _____. The amount we are withholding for past-due support based on your hardship claim will end on _____. If you want us to continue withholding at a lower amount, we must get a written request and proof of income no later than _____.

What if I do not respond to this notice?

The amount currently being withheld is \$_____ per _____. If you do not respond to this letter, or we find you no longer qualify for hardship, the amount being withheld will change accordingly when your hardship ends.

How do I qualify for and request hardship?

Your gross income must be less than \$27,180 per year.

You must send a written request with proof of your income to the address at the bottom of this page. Proof of income may include any of the following:

- ◆ Copies of your last three (3) pay check stubs, or
- ◆ A letter from your employer listing your salary per hour and average number of hours worked in each pay period, or
- ◆ A current W2 form.

If your hardship ends because you did not follow the instructions above, you may request hardship again on or after _____.

For questions, see contact information at the bottom of this page.

Sincerely,

Child Support Recovery Unit

Tel: _____
Fax: _____