



AFFIDAVIT REGARDING SUSPENSION OF SUPPORT- COVER LETTER

Date: _____

CSC Number: _____

The Child Support Recovery Unit (Unit) has received a request to suspend support. To suspend support, you must sign the enclosed form 470-3032, *Affidavit Regarding Suspension of Support*, in front of a notary. Usually, if there is an Iowa support order and all parties and children reside outside of Iowa, we lack the ability to suspend the order in Iowa. However, there is an exception that allows the parties to agree in writing to have the order suspended in Iowa, even if all parties reside outside of Iowa.

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.

Note: The Unit can only help suspend support if all parties agree to the suspension. Agreeing to the suspension means that each party must sign a request form and sign the *Affidavit Regarding Suspension of Support* in front of a notary. If any party does not return a signed request form and a signed and notarized affidavit, the Unit **cannot** suspend the support.

Child Support Recovery Unit
Worker Name: _____, _____

Telephone: _____

Affidavit Regarding Suspension of Support

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

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

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

I, _____, state that I have asked the Child Support Recovery Unit (Unit) to help suspend ongoing support as set in court order number _____ in _____ County, Iowa, in accordance with Iowa Code section 252B.20.

In regard to the support order identified above, I attest to the following:

1. The request for suspension is due to:
 - Reconciliation:** One or more of the children for whom ongoing support is ordered currently live in the same household with both parents.
 - Change in Residency:** One or more of the children for whom ongoing support is ordered currently live in the same household with the person ordered to pay support.
2. As of the date I sign this affidavit, the child(ren) for whom ongoing support is being suspended are not receiving public assistance; or, if the child(ren) are receiving public assistance, the payor is considered to be a member of the same household as the child(ren), for the purposes of public assistance eligibility.
3. I agree to the suspension of the following support provisions of the support order:
 - Ongoing child support ordered against either parent in the docket listed above for the following children: ____ (CCYY), ____ (CCYY), ____ (CCYY), ____ (CCYY), ____ (CCYY).
 - Ongoing medical support ordered against either parent in the docket listed above for the following children: ____ (CCYY), ____ (CCYY), ____ (CCYY), ____ (CCYY), ____ (CCYY).
 - Ongoing spousal support, including medical support, for a spouse or a former spouse.
4. If the order being suspended is an Iowa order and none of the parties or child(ren) reside in Iowa, I consent that Iowa may continue to exercise jurisdiction to suspend this order and reinstate, if appropriate.
5. I understand the eligibility criteria and the effect of the suspension process, including being barred for two years before requesting a new suspension and the provisions for reinstatement of the support order as explained in Comm. 240, *Procedures for Suspending, Satisfying, and Reinstating Child Support Obligations*. I understand and agree that service of the application to reinstate the order may be in person or by first class mail. I understand if no objection is filed, the court may enter an order to reinstate ongoing support without additional notice.
6. I understand that the suspension of this support order has no effect on any arrears still due and owing. I also understand that the Unit will continue to enforce all arrears by any manner allowed by state and federal law.

Signed this _____ day of _____, 20__.

Signature of _____

State of _____, County of _____

Subscribed and Sworn to before me this _____ day of _____, 20____.

Notary Public in and for the State of _____