PARENT / LEGAL GUARDIAN NOTICE

NOTICE OF LIMITED NONCONSENT

Request for Written Child Welfare Information | IOWA

Date: [Date] Parent / guardian: [Full legal name]

Address: [Mailing address] Email / phone (optional): [Contact details]

To: Iowa Department of Health and Human Services (HHS), Child Protective Services — [Local office / assigned worker]

Re: [Child(ren) initials or case / assessment number]

To the assigned worker and supervisor:

I am the parent/legal guardian identified above. I understand that Iowa Code § 232.71B authorizes child-abuse assessments and related child-safety actions. Please document which requests are voluntary, and the legal basis for any action described as mandatory.

NOTICE CONCERNING VOLUNTARY CONSENT

I do not give blanket advance consent for voluntary interviews of me, nonemergency entry into my home, optional adult testing/evaluations, confidential-records releases, or voluntary services/safety agreements. I will consider specific requests separately, including after seeking legal advice. This does not prevent lawful child interviews, a valid court order or legally justified emergency action.

FAMILY ASSESSMENT AND CHILD-ABUSE ASSESSMENT DIFFER

- If this is a Family Assessment, I understand that family participation is voluntary BUT Iowa Admin. Code r. 441-175.25(3)(b) requires HHS to transfer the matter to the Child Abuse Assessment pathway if the family chooses not to participate.
- Under rule 441-175.25(5), a home-environment evaluation generally uses parental/guardian consent; if consent is refused, the juvenile court may authorize entry to observe or interview the child.

PLEASE PROVIDE IN WRITING

- Identify assessment type, worker/supervisor, case number and disclosable allegations. Iowa Code § 232.71B(2) generally requires written notice within five working days after starting the assessment; a court may withhold notice for safety. Request Form 470-3239.
- Any applicable assessment notice, including Form 470-3239 if required, and a written explanation of proposed interviews, home visits, testing, releases and services.
- Provide results, available records and correction/appeal instructions. Under Iowa Code § 235A.19(3)(a), a report subject generally has 90 days from the DATE of the results notice to request written correction. A qualifying founded finding may support a hearing. A separate 10-day director appeal applies only after a proposed hearing decision.

Please place this notice in the relevant agency record, confirm receipt in writing, and direct nonurgent correspondence to the contact information above. I reserve my rights while recognizing lawful child-protection authority.

Sincerely, _____ Date: _____

Printed name: _____

LEGAL REFERENCES: Iowa Code §§ 232.71B, 235A.19; Iowa Admin. Code r. 441-175.25.

IMPORTANT: Declining Family Assessment participation transfers the case to Child Abuse Assessment; it does not end HHS involvement. This letter is not a correction request or appeal. Check deadlines and seek legal advice.

IMPORTANT - NO APPEAL FILED: This notice does not file an appeal, hearing request, grievance, or court petition; it does not pause any deadline. Follow the case-specific notice and filing instructions.