

CHAPTER 17

FORMS FOR SELF-REPRESENTED LITIGANTS

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	Form FL-17.326:	Notice of Intent to File Written Application for Default Decree
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CHAPTER 17

FORMS FOR SELF-REPRESENTED LITIGANTS

Rule 17.1 Use of forms; mandatory for self-represented litigants. An individual who is not represented by an attorney in a legal proceeding covered under this chapter must use forms contained in this chapter. An attorney may use these forms but is not required to do so.

[Court Order May 16, 2007; December 19, 2013]

Rules 17.2 to 17.99 Reserved.

Rule 17.100 Family law forms for dissolution of marriage without minor or dependent adult children. The following forms are for use in dissolution of marriage (divorce) actions without children under the age of 18 who are children of both spouses to the marriage, or children under the age of 18 who were adopted or born during the marriage, or children 18 years of age or older who are children of both spouses to the marriage and still need support. These forms cannot be used if a spouse of the marriage is pregnant.

[Court Order December 19, 2013]

Rule 17.100—Form 101: Petition for Dissolution of Marriage with no Minor or Dependent Adult Children

Read the [Guide to Representing Yourself in an Iowa Divorce Case](#) on the Iowa Judicial Branch website before using this form.

Do not use this form if any of the following are true:

- You are not married.
- Neither you nor your spouse has lived in Iowa for the last year before filing this Petition.
- Petitioner or Respondent is pregnant.
- There are children 18 years of age or older (born or adopted) who still need support (for example, the child is in high school or college, or is disabled).
- There are children under the age of 18 who are children (born or adopted) of both spouses before or during the marriage, even if Petitioner or Respondent is not the natural parent.



If filing electronically, you must provide any protected information in full on form 111.



If filing in paper, you may use form 111 to provide any protected information in full.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for _____ County

County where you are filing this Petition

In Re the Marriage of:

Your current legal name

Your spouse's current legal name

Upon the Petition of

Petitioner Your full name: first, middle, last

and concerning

Respondent Your spouse's full name: first, middle, last

For clerk's use only

**Petition for Dissolution of Marriage with
no Minor or Dependent Adult Children**

1. Personal Information Fill in all information that you know. If you have been assaulted by your spouse and you fear for your safety, you may leave your street address, phone number, and email blank.

A. Petitioner's (your) birth year and present residence: _____

Birth year

Petitioner's present street address

City

State

ZIP code

County

(_____) _____
Phone number

Email address

B. Respondent's (your spouse's) birth year and present residence: _____

Birth year

Respondent's present street address

City

State

ZIP code

County

(_____) _____
Phone number

Email address

If you need assistance to participate in court due to a disability, contact the disability coordinator at: (_____) _____. Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). **Disability coordinators cannot provide legal advice.** Disability coordinator contact information available at: http://www.iowacourts.gov/Administration/Directories/ADA_Access/.

Rule 17.100—Form 101: *Petition for Dissolution of Marriage with no Minor or Dependent Adult Children*, continued**2. General Information About the Marriage and the Parties****A. Date and location of the marriage**

_____, _____, _____, _____, _____
Month Day Year City State

B. Children*Check all that are true*

- (1) ☐ There are no children under the age of 18 who are children of both Petitioner and Respondent.
- (2) ☐ There are no children under the age of 18 who were adopted or born during this marriage.
- (3) ☐ There are no children 18 years of age or older who still need support.
- (4) ☐ Neither Petitioner nor Respondent is pregnant.

C. Petitioner's residence

You cannot get a divorce in Iowa if your spouse does not live in Iowa and you have lived in Iowa for less than one year, or if you came to live in Iowa just to get a divorce.

If you have questions about this, talk to an attorney.

- (1) The **only** reason that Petitioner (you are Petitioner) is living in Iowa is just to get a divorce.
- ☐ True
- ☐ False *If you do not live in Iowa, or if you live in Iowa for reasons other than just to get a divorce, check "False."*
- (2) Petitioner has lived in Iowa for the last _____ years and _____ months in _____ county.
- *If you have always lived in Iowa, count the time since your birth.*
 - *If you have been a resident of another state, count the time since you last moved to Iowa.*

D. Parties' residence*Check each that is true*

- (1) ☐ Petitioner has lived in Iowa for more than one year.
- (2) ☐ Respondent (your spouse) is a resident of Iowa.

E. Condition of the marriage*Check all that are true*

- (1) ☐ The marriage is broken and cannot be saved.
- (2) ☐ This is the only divorce case going on involving this marriage.
*If you **did not** check (2), explain in H. You should also talk to an attorney.*
- (3) ☐ This Petition is being filed in good faith for the purpose of ending the marriage.
- (4) ☐ Counseling will not save the marriage. *If counseling may save the marriage, do not check (4).*

Rule 17.100—Form 101: *Petition for Dissolution of Marriage with no Minor or Dependent Adult Children*, continued**F. Respondent's status***Check each that is true*

- (1) ☐ Respondent (your spouse) is in the military service.
If you check (1), note that there are special rules that may prevent your case from going forward if your spouse is in the military. You should talk to an attorney.
- (2) ☐ Respondent is in prison or jail at _____ in _____.
Name of facility State

G. Protective or no contact order*Check one*

- (1) ☐ There is neither a "protective order" nor a "no contact order" between Petitioner (you) and Respondent (your spouse).
- (2) ☐ There is a "protective order" or a "no contact order" between Petitioner and Respondent.
If you check (2), fill in the following information:
- a. County and state where the order came from: _____
County State
- b. Court case number: _____

H. Other information: _____**3. Petitioner's Request****A. Petitioner asks the court to:***Check all that apply. The court will only consider items that are checked.*

- (1) ☐ End the marriage of Petitioner (you) and Respondent (your spouse).
- (2) ☐ Fairly divide the property and the debts of the parties.
- (3) ☐ Order that Respondent pay the court fees.
- (4) ☐ Order that Respondent pay for Petitioner's attorney's fees before the divorce is final.
If you check (4), you must file form 122.
- (5) ☐ Order that Respondent pay spousal support (alimony) to Petitioner.
If you check (5), you must file form 122.
- (6) ☐ Change Petitioner's last name to: _____
Name can only be changed to name on birth certificate or name used immediately prior to the marriage.
Print your former or birth name
- (7) ☐ Other request: _____

Rule 17.100—Form 101: *Petition for Dissolution of Marriage with no Minor or Dependent Adult Children*, continued**4. Attorney Help***Check one*A. ☐ An attorney did not help me prepare or fill in this paper.B. ☐ An attorney helped me prepare or fill in this paper.*If you check B, you must fill in the following information:*_____
Name of attorney or organization, if any *Attorney's P.I.N. # – Ask the attorney*_____
Business address of attorney or organization *City* *State* *ZIP code*(_____) _____
Attorney's phone number *Attorney's fax number – optional* *Attorney's email address – optional***5. Service Instructions**

If Petitioner is filing in paper

*Check one*A. ☐ Petitioner will accept service of documents at the attorney's address listed above; orB. ☐ Petitioner will accept service of documents in this case at the mailing address below.**6. Oath and Signature**I, _____, have read this Petition, and I certify under penalty
*Print your name*of perjury and pursuant to the laws of the State of Iowa that the information I have provided
in this Petition is true and correct._____, 20_____
Signed on: Month Day Year *Your signature**_____
Mailing address *City* *State* *ZIP code*(_____) _____
Phone number *Email address* *Additional email address, if applicable** *Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.***Important Notice to Petitioner**
See next page for instructions for filing a Petition.

Instructions for Rule 17.100—Form 101: *Petition for Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

Do not file these instructions

Instructions for Filing a Petition for Dissolution of Marriage

The Iowa Judicial Branch is converting the court system to electronic filing county by county. The electronic filing system is also known as EDMS. To determine if this case is in a county using electronic filing, [check the map](#) available on the Iowa Judicial Branch website under eFiling, or call the clerk of court office in your county. If your county accepts electronic filing, **you must file electronically** unless you get permission from the court to file in paper. Contact the clerk of court in your county if you are unable to file electronically.

Filing your Petition electronically

- If you are filing your divorce case in a county that uses electronic filing, you must register to electronically file. For help with registration, see the eFiler's User Guide [How to Register Pro Se \(Self Represented\) for eFiling](#).
- After you have registered, [log in to the electronic filing system](#) to electronically file your dissolution case.
- For help electronically filing your divorce, see [How to eFile a New Case](#).
- With your Petition, you must also file an Original Notice (104) and a Protected Information Disclosure Form (111).
- You will receive a Notice of Electronic Filing (NEF) when the clerk of court has approved the eFiling of your Petition and other documents.
- If there was a problem with your filing, EDMS will send you a Retraction Notice. You can then log in to My Filings, correct the error, and resubmit your filing. For help, see [How to Resubmit a Returned Filing](#).
- Log in to your eFile account and download and print your Petition and Original Notice so that you can serve it on (deliver it to) your spouse.
- For help finding and downloading your Petition and Original Notice, please see [My Filings Reference Guide](#).

Filing your Petition in paper

- If the county where you will be filing your Petition does not yet accept electronic filing, you may proceed in paper. If the county does accept electronic filing, you must proceed electronically, unless you have received permission from the court to file in paper.
- With your Petition (101), you must also file a Petition Cover Sheet (102), an Original Notice (104a), and a Confidential Information Form (103).
- Forms 101 and 104a: Make **two** photocopies if you can deliver copies of these forms to your spouse in-person or by mail. Make **three** photocopies if you are going to ask the county sheriff or a civil process server to deliver these forms to your spouse.
Note about making photocopies: You should make your photocopies before you go to the courthouse to file your papers. It is expensive to make photocopies at the clerk of court office. It is cheaper to make the copies at a business that makes photocopies or at a public library.
- Forms 102 and 103: You do **not** have to make photocopies of these forms.
- Take the original forms you filled in and the photocopies to the clerk of court office in your county. Tell the clerk at the counter you are filing a Petition for a divorce.
- Give the clerk at the counter these forms:

Instructions for Rule 17.100—Form 101: *Petition for Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

101 Petition for Dissolution of Marriage (Divorce) with no Minor Children

102 Coversheet for a Petition for Dissolution of Marriage with no Minor Children

103 Confidential Information Form (*Do not make copies of this form.*)

104a Original Notice

- Pay the filing fee. If you cannot afford to pay the filing fee, prepare and file form 109.
- The clerk at the counter can tell you the amount of the filing fee. The Iowa legislature sets these fees and periodically raises them, so check with the clerk's office to confirm the current filing fee.
- The clerk of court will sign the Original Notice (104a). You will have to serve this form on (deliver it to) your spouse.
- The clerk at the counter will time-stamp each of the copies (original and photocopies).

Do not file these instructions

Rule 17.100—Form 102: *Petition Cover Sheet for a Dissolution of Marriage with no Minor or Dependent Adult Children*

Petitioner uses this form for paper filing only; do not file in electronic cases.

For court use only

<u> </u> <i>Case number</i>	<u> </u> <i>County where case is filed</i>
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Petitioner

Petitioner's first name	Middle name	Last name
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<i>Street address</i>	<i>City</i>	<i>State</i>	<i>ZIP code</i>
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() _____
Phone number Email address

Case name

<i>Petitioner's first name</i>	<i>Middle name</i>	<i>Last name</i>
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VS.

Respondent's first name	Middle name	Last name
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Nature of the Case: EQUITY—Domestic Relations
Dissolution—no children (CD-DN)

Note to Petitioner

- Petitioner must complete this cover sheet if filing in paper and give it to the district court clerk when filing a Petition for Dissolution of Marriage with no Minor or Dependent Adult Children.
- **Do not serve this cover sheet on Respondent.**
- This cover sheet is for statistical purposes only. It has no legal effect in the case.
- For electronic filers: You do not have to file this form. This information is automatically generated when you submit your documents electronically.

Rule 17.100—Form 103: Confidential Information Form

This form is to be used by paper filers only.

Each party must complete one of these forms if filing in paper.

Iowa Code section 602.6111 requires the parties to a case to provide the clerk of court with certain personal identification information. Each party's completed form will be kept confidential by the clerk of court.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for _____ **County**
County where your case is filed

Upon the Petition of

Petitioner *Full name: first, middle, last*
The spouse who files the Petition for Dissolution of Marriage

and concerning

Respondent *Full name: first, middle, last*
The other spouse

Equity case no. _____

Confidential Information Form**1. Petitioner's information**

Full name: First, Middle, Last ____/____/____
Birth date ____-____-____
Social Security number

2. Respondent's Information

Full name: First, Middle, Last ____/____/____
Birth date ____-____-____
Social Security number

3. Signature of Provider of Information

Information provided by: _____
Print your full name: first, middle, last

_____, 20____
Your signature *Month* *Day* *Year*

Important Notice:

Do not give copies of this form to anyone except the clerk of court.

Rule 17.100—Form 104: *Original Notice for Personal Service*

Petitioner must serve the Petition on Respondent within 90 days after filing the Petition.

Failure to meet this deadline may result in the court dismissing the divorce case.

Read the [Guide to Representing Yourself in an Iowa Divorce Case](#) on the Iowa Judicial Branch website for additional important instructions.

 *If filing electronically, Petitioner must complete this form.*

 *If filing in paper, Petitioner must use form 104a.*

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for _____ County
County where Petition is filed

Upon the Petition of

Petitioner *Full name: first, middle, last*

and concerning

Respondent *Full name: first, middle, last*

Original Notice for Personal Service

To Respondent Named Above

- Petitioner (your spouse) has filed a divorce lawsuit naming you as Respondent.
- A copy of the Petition for Dissolution of Marriage is attached to this Notice.
- Petitioner asks for a divorce.

Petitioner's contact information during the divorce case: _____
Petitioner's name

Mailing address City State ZIP code

(_____) _____
Phone number Email address

Important instructions for Respondent on next page

If you need assistance to participate in court due to a disability, contact the disability coordinator at: (_____) _____. Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). **Disability coordinators cannot provide legal advice.** Disability coordinator contact information available at: http://www.iowacourts.gov/Administration/Directories/ADA_Access/.

Rule 17.100—Form 104: *Original Notice for Personal Service*, continued

Instructions to Respondent

- A. You **must** file an Answer or a Motion with the clerk of court in the above county within **20 days** after you receive this Original Notice. If you do not file an Answer or Motion within **20 days** after receiving this Original Notice, the **court may enter a judgment against you** giving Petitioner what he or she asked for in the Petition.
- B. For help in your divorce case, and for forms that you must use if you choose to represent yourself without an attorney, visit the Iowa Judicial Branch website at <http://www.iowacourts.gov/> and click on “Court Rules & Forms” or on “For the Public.”
- C. If you received Petition form **101**, you may use Answer form **115**.
- D. This case has been filed in a county that uses electronic filing. You must register to eFile through the Iowa Judicial Branch website at <https://www.iowacourts.state.ia.us/Efile> and obtain a log in and password for filing and viewing documents in your case and for receiving service and notices from the court.
- For general rules and information on electronic filing, refer to the Iowa Court Rules Chapter 16 Pertaining to the Use of the Electronic Document Management System, available on the Iowa Judicial Branch website.
 - For court rules on the Protection of Personal Privacy in court filings, refer to Division VI of the Iowa Court Rules Chapter 16.
 - If you are unable to proceed electronically, you must receive permission from the court to file in paper. Contact the clerk of court in the county where the petition was filed for more information on being excused from electronic filing.
- E. If you electronically file your Answer or Motion, it will be served automatically on Petitioner or on Petitioner’s attorney(s). A Notice of Electronic Filing (NEF) will tell you if the court has excused Petitioner from electronic filing. If the court has excused Petitioner from electronic filing, you must mail a copy of your Answer or Motion to Petitioner.

Important Notice to Respondent

You should talk to an attorney at once to protect your interests.

Rule 17.100—Form 104a: Original Notice for Personal Service

Read the [Guide to Representing Yourself in an Iowa Divorce Case](#) on the Iowa Judicial Branch website for additional important instructions.

 If filing electronically, **Petitioner must use form 104.**

 If filing in paper, **Petitioner must use this form.**

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for _____ County
County where Petition is filed

Upon the Petition of

Petitioner *Full name: first, middle, last*

and concerning

Respondent *Full name: first, middle, last*

Equity case no. _____

Original Notice for Personal Service**1. To Respondent Named Above**

- Petitioner (your spouse) has filed a divorce lawsuit naming you as Respondent.
- A copy of the Petition for Dissolution of Marriage is attached to this Notice.
- Petitioner asks for a divorce.

Petitioner's contact information during the divorce case: _____
Petitioner's name

Mailing address City State ZIP code

(_____) _____
Phone number Email address

2. Instructions to Respondent Named Above

- You **must** file an Answer or a Motion with the clerk of court in the above county within **20 days** after you receive this Original Notice. If you do not file an Answer or Motion within **20 days** after receiving this Original Notice, the **court may enter a judgment against you** giving Petitioner what he or she asked for in the Petition.
- If you received Petition form **101**, you may use Answer form **115**.
- After you file your Answer or Motion, you must serve a copy of it on Petitioner.

(SEAL)

Clerk of Court

Important Notice to Respondent

You should talk to an attorney at once to protect your interests.

_____ County Courthouse

_____, Iowa _____
City ZIP code

If you need assistance to participate in court due to a disability, contact the disability coordinator at: (_____) _____. Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). **Disability coordinators cannot provide legal advice.** Disability coordinator contact information available at: http://www.iowacourts.gov/Administration/Directories/ADA_Access/.

Rule 17.100—Form 105: *Acceptance of Service*

Petitioner must complete this section:

In the Iowa District Court for _____ County <i>County where Petition is filed</i>	
Upon the Petition of Petitioner Full name: first, middle, last and concerning Respondent Full name: first, middle, last	Equity case no. _____ Acceptance of Service

Petitioner must file this form with the clerk of court soon after Respondent signs it.

Respondent must complete this section:

Respondent's Acceptance of Service, Oath, and Signature			
<i>If Respondent completes this Acceptance of Service, Respondent must return this form to Petitioner soon after signing it. Petitioner will file it with the clerk of court.</i>			
I, _____, am Respondent in this case. I received a copy <i>Print your name</i>			
of the Original Notice and the Petition for this case. I have read this Acceptance of Service. I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Acceptance of Service is true and correct.			
Signed: _____ <i>Month</i>	_____, 20____ <i>Day</i> <i>Year</i>	_____ <i>Respondent's signature</i>	
_____ <i>Respondent's mailing address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>ZIP code</i>
(_____) _____ <i>Phone number</i>	_____ <i>Email address</i>		

Important Notice to Respondent

By signing this form, you are not agreeing to what Petitioner wants.
 You are only agreeing that you received a copy of the Original Notice and Petition.

Rule 17.100—Form 106: *Directions for Service of Original Notice*

Petitioner must complete this form if the sheriff or a process server will deliver the Petition and Original Notice to Respondent.

Do not use this form if Respondent has already received the Petition and Original Notice.

Do not file this form with the clerk of court in paper or electronically.

Give this form to the sheriff or other process server with your Petition (101) and Original Notice (104 if electronically filing or 104a if filing in paper).

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

County where Petition is filed

Equity case number

1. Name and Location of Sheriff or Other Process Server

Check one and fill in the blanks

A. ☐ **Sheriff** *In county where Respondent will be served*

County

Street address

City

State

ZIP code

B. ☐ **Other process server**

Name of other person serving the Notice

Street address

City

State

ZIP code

2. Person to be Served

Your spouse's name

(_____)_____
Phone number

Address where your spouse can be served

City

State

ZIP code

3. Person Requesting Service

Your name

(_____)_____
Phone number

Your present mailing address

City

State

ZIP code

4. Special Instructions for Service *Provide information that will help the sheriff or process server.*

Continued on next page

Rule 17.100—Form 106: *Directions for Service of Original Notice*, continued**5. Costs of Service***Check one*

- A. ☐ Petitioner will pay the costs of the Sheriff or other process server.
If you cannot afford the costs, file form 109.

- B. ☐ Costs for Sheriff deferred by court order: _____
*Clerk of court: Sign only if costs deferred
by court order*

6. Notification

After completion of service, the sheriff or other process server will notify the person requesting service.

_____, 20____
Date signed: Month Day Year Your signature

Rule 17.100—Form 107: *Motion and Affidavit to Serve by Publication*

Petitioner: Use this form only if you do not know where your spouse lives or works.

- You must contact a newspaper that is generally distributed or circulated throughout the county where you filed the Petition.
- Ask if the newspaper will publish your Original Notice by Publication (108) in your divorce case.
- Tell the newspaper you need to publish the Notice once each week for three weeks in a row.
- If the newspaper can publish your Notice three weeks in a row, ask how much it will cost.
- Tell the newspaper you will call back to arrange for publishing your Notice after a judge gives you permission to publish your Notice in the newspaper.
- The fees for publication are set by statute in Iowa Code section 618.11.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for _____ County
County where you filed the Petition

Upon the Petition of

Petitioner *Full name: first, middle, last*

and concerning

Respondent *Full name: first, middle, last*

Equity case no. _____

**Motion and Affidavit to
Serve by Publication**

1. Information and Requests

A. Respondent's residence

Check each that applies

- (1) ☐ Respondent lives outside of Iowa.
 (2) ☐ Respondent's residence and place of employment are unknown.

B. Respondent's last known residence:

Street address *City* *State* *ZIP code*

County *Phone number* *Email address*

C. Most recent date Respondent is known to have been at the address above:

_____, 20____
Month *Day* *Year*

Rule 17.100—Form 107: *Motion and Affidavit to Serve by Publication*, continued

D. Petitioner has taken these steps to find Respondent: _____

E. Petitioner will publish notice in this newspaper: _____
Name of newspaper

F. Petitioner asks the court to allow Petitioner to serve Respondent by publication because Respondent cannot be personally served.

Continued on next page

Rule 17.100—Form 107: *Motion and Affidavit to Serve by Publication*, continued**2. Attorney Help***Check one*

- A. ☐ An attorney did not help me prepare or fill in this paper.
- B. ☐ An attorney helped me prepare or fill in this paper.

If you check B, you must fill in the following information:

Name of attorney or organization, if any *Attorney's P.I.N. # – Ask the attorney*

Business address of attorney or organization *City* *State* *ZIP code*

(_____) _____ (_____) _____
Attorney's phone number *Attorney's fax number – optional* *Attorney's email address – optional*

3. Oath and Signature

I, _____, have read this Motion and Affidavit, and I certify
Print your name

under penalty of perjury and pursuant to the laws of the State of Iowa that the information I
 have provided in this Motion and Affidavit is true and correct.

_____, 20_____
Signed on: Month Day Year *Your signature**

Mailing address *City* *State* *ZIP code*

(_____) _____
Phone number *Email address* *Additional email address, if applicable*

* *Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*

Rule 17.100—Form 108: *Original Notice by Publication*

Petitioner should complete this form only if a judge has signed an order giving permission to publish this Notice in a newspaper.

After you take this Notice to the newspaper, promptly mail a copy of this Notice and the Petition to Respondent's last known mailing address.

Note to Petitioner: *Fill in third date of publication in section 2 below.*

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

Newspaper: Publish only the information below this line.

In the Iowa District Court for _____ County

County where Petition is filed

Upon the Petition of

Equity case no. _____

Petitioner *Full name: first, middle, last*

and concerning

Original Notice by Publication

Respondent *Full name: first, middle, last*

1. Information for Respondent Named Above

- Petitioner (your spouse) has filed a divorce lawsuit naming you as Respondent.
- Petitioner's contact information during the divorce case:

Petitioner's first name

Middle name

Last name

Petitioner's present street address

City

State

ZIP code

County

() Phone number

Email address

2. Respondent's deadline for filing a Response

You must file an Answer or a Motion with the clerk of court in the above county within **20 days** after

_____, 20____.
Month Day Year

3. Instructions to Respondent Named Above

You must file an Answer or a Motion with the clerk of court in the above county within 20 days after the date provided above. If you do not respond, the court may enter a judgment against you giving Petitioner what he or she asked for in the Petition.

Important Notice to Respondent

- You should talk to an attorney at once to protect your interests.
- If you choose not to have an attorney represent you in this matter, go to the Iowa Judicial Branch website for [self-represented litigant information](#) and [family law forms](#).

If you need assistance to participate in court due to a disability, contact the disability coordinator at: () _____. Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). **Disability coordinators cannot provide legal advice.** Disability coordinator contact information available at: http://www.iowacourts.gov/Administration/Directories/ADA_Access/.

Rule 17.100—Form 108: *Original Notice by Publication*, continued

Newspaper: only publish the instructions below if your county uses electronic filing. To determine if your county uses electronic filing, check the map available on the Iowa Judicial Branch website under “eFiling,” or call the clerk of court office in your county.

- You must register to eFile through the Iowa Judicial Branch website at <https://www.iowacourts.state.ia.us/Efile/> and obtain a log in and password to file and view documents in your case and to receive service and notices from the court.
- For general rules and information on electronic filing, refer to the Iowa Court Rules Chapter 16 Pertaining to the Use of the Electronic Document Management System, available on the Iowa Judicial Branch website.
- For court rules on the Protection of Personal Privacy in court filings, refer to Division VI of the Iowa Court Rules, Chapter 16.

Rule 17.100—Form 109: *Application and Affidavit to Defer Payment of Costs*

Petitioner uses this form only if Petitioner cannot afford to pay the fees to file and serve the Petition.

- Use this form if it would cause you to suffer a hardship if you had to pay the filing fee and cost of serving papers.
- You may need to provide proof of your income and assets and your expenses.
- Costs and fees paid to someone other than the court or sheriff **cannot be waived**. For example, you may have to pay to publish a legal notice in the newspaper or to hire an expert to testify.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for _____ County
County where your case is filed

Upon the Petition of

Petitioner *Full name: first, middle, last*

and concerning

Respondent *Full name: first, middle, last*

Equity case no. _____

**Application and Affidavit to
Defer Payment of Costs**

1. Request

A. I am Petitioner.

B. For my Application and Affidavit, I state that:

Check all that apply

- (1) ☐ I am unable to pay the filing fee or service costs or other court costs.
- (2) ☐ I ask the court for permission to proceed without prepayment of costs and fees.
- (3) ☐ I am filing this Application and Affidavit in good faith.
- (4) ☐ I believe I am entitled to what I am asking for in this case.

C. Household

There are _____ people living in my household.
Number

D. My household income is \$ _____ per month.

Put the total amount of all income and benefits before deductions for all members of your household.

E. My income comes from:

List the sources of your income. Examples: salary, wages, or benefits such as unemployment, Title 19, FIP.

Rule 17.100—Form 109: *Application and Affidavit to Defer Payment of Costs*, continued

F. My household has the following monthly expenses:

- (1) Rent or mortgage \$ _____
- (2) Utilities \$ _____
- (3) Phone \$ _____
- (4) Food \$ _____
- (5) Transportation \$ _____

G. I have \$ _____ in cash, checking, and savings.

Continued on next page

Rule 17.100—Form 109: *Application and Affidavit to Defer Payment of Costs*, continued**2. Attorney Help***Check one*

- A. ☐ An attorney did not help me prepare or fill in this paper.
- B. ☐ An attorney helped me prepare or fill in this paper.

If you check B, you must fill in the following information:

Name of attorney or organization, if any *Attorney's P.I.N. # – Ask the attorney*

Business address of attorney or organization *City* *State* *ZIP code*

(_____) _____ (_____) _____
Attorney's phone number *Attorney's fax number – optional* *Attorney's email address – optional*

3. Certification of Service by Mailing or Delivery*Section 3 to be completed only if filing in paper or if the other party is exempt from electronic filing.**This document, if filed electronically, will automatically be served on registered parties.*

I, _____, certify that on _____, 20____
Print your name *Month* *Day* *Year*

I mailed or gave a copy of this Application and Affidavit to the other party or the other party's attorney at this address:

Name of person to whom I delivered or mailed it

Party's or attorney's mailing address *City* *State* *ZIP code*

4. Oath and Signature

I, _____, have read this Application and Affidavit, and I certify under
Print your name

penalty of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Application and Affidavit is true and correct.

_____, 20____
Signed on: Month *Day* *Year* *Your signature**

Mailing address *City* *State* *ZIP code*

(_____) _____
Phone number *Email address* *Additional email address – if available*

* Whether filing electronically or in paper, you must *handwrite* your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.

Rule 17.100—Form 110: Affidavit of Service of Original Notice and Petition for Dissolution of Marriage

This form is used only if someone other than Petitioner (you), a sheriff, or a process server delivered a copy of the Petition and Original Notice to Respondent (your spouse).

- The person, other than Petitioner, who gave the Petition and Original Notice to Respondent, fills in this form.
- Petitioner, or the person who gave the Petition and Original Notice to Respondent, must file this form with the clerk of court.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for _____ County
County where Petition is filed

Upon the Petition of

Petitioner *Full name: first, middle, last*

and concerning

Respondent *Full name: first, middle, last*

Equity case no. _____

**Affidavit of Service of Original
Notice and Petition for
Dissolution of Marriage**

1. Affidavit

I, _____, delivered a copy of the Original Notice and
Name of person – Cannot be Petitioner, sheriff, or process server
 Petition for Dissolution of Marriage for this case to:

_____ on _____, 20____ at _____
Name of Respondent Month Day Year Time

Check one

☐ a.m.

☐ p.m.

by handing Respondent copies of the attached papers.

2. Oath and Signature

To be completed by the person who gave the Petition and Original Notice to Respondent.

I, _____, have read this Affidavit of Service, and I certify
Print your name

under penalty of perjury and pursuant to the laws of the State of Iowa that the information I
 have provided in this Affidavit of Service is true and correct.

_____, 20____
*Signed on: Month Day Year Your signature**

Mailing address City State ZIP code

(_____) _____
Phone number Email address Additional email address – if available

** If you are filing electronically, scan the form after signing it and then file electronically.*

Rule 17.100—Form 111: *Protected Information Disclosure*

It is the responsibility of counsel, if any, and the parties to ensure that protected information is omitted or redacted from documents or exhibits filed with the court. The clerk of court will not review filings to determine whether the required omissions or redactions have been made. For electronic filers, see division VI of Chapter 16 of the Iowa Court Rules. For paper filers, see Iowa Rule of Civil Procedure 1.422.

Use this form to identify the full version of any protected information redacted in other documents you have filed.

**If filing electronically:**

- **Petitioner** must complete this form (111) and file it with the Petition (101) and Original Notice (104).
- **Respondent** must complete this form if adding or correcting protected information.



Paper filers also may use form 111 to assist in complying with Iowa Rule of Civil Procedure 1.422.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for _____ County

County where the case is filed

Upon the Petition of

Equity case no. _____

Petitioner *Full name: first, middle, last*

Protected Information Disclosure

and concerning

Respondent *Full name: first, middle, last*

For electronic filers:

When protected information, as defined in Iowa Court Rule 16.602, is required by law to be included or is material to the case and must be included in non-confidential documents, a party shall include the protected information on this form.

For an explanation of a filer's responsibility and the procedures to use for protecting personal information, refer to Iowa Court Rules: Chapter 16, Rules Pertaining to the Use of the Electronic Document Management System, Division VI, Protection of Personal Privacy. Rule 16.602 provides the list of protected information. Rule 16.604 provides a list of information that may be redacted.

1. Petitioner *The spouse who filed for divorce.*

Provide the complete version of protected information and the redacted version included in documents you file.

A. Name _____
 First *Middle* *Last*

Protected Information Type	Complete Information (See Rules 16.602 and 16.604)	Redacted Information (See Rule 16.605)
(1) Social security number	- - XXX-XX-XXXX	Last four digits only
(2) Financial account numbers	Full account number	Partial account number only
(3) Date of birth	/ / mm/dd/yyyy	Year only
(4) Individual taxpayer identification numbers	- - XXX-XX-XXXX	Last four digits only

Rule 17.100—Form 111: *Protected Information Disclosure*, continued

(5) Personal identification numbers	Full number	Partial only
(6) Other unique identifying numbers	Full number	Partial only
(7) Additional protected information	Full information	Partial information
(8) Additional protected information	Full information	Partial information
(9) Additional protected information	Full information	Partial information
(10) Additional protected information	Full information	Partial information

☐ Check this box if you are attaching a separate sheet listing additional information for Petitioner.

2. Respondent *The spouse who did not file for divorce.*

Provide the complete version of protected information and the redacted version included in documents you file.

A. Name
 First Middle Last

Protected Information Type	Complete Information (See Rules 16.602 and 16.604)	Redacted Information (See Rule 16.605)
(1) Social security number	- - XXX-XX-XXXX	Last four digits only
(2) Financial account numbers	Full account number	Partial account number only
(3) Date of birth	/ / mm/dd/yyyy	Year only
(4) Individual taxpayer identification numbers	- - XXX-XX-XXXX	Last four digits only
(5) Personal identification numbers	Full number	Partial only
(6) Other unique identifying numbers	Full number	Partial only
(7) Additional protected information	Full information	Partial information
(8) Additional protected information	Full information	Partial information
(9) Additional protected information	Full information	Partial information
(10) Additional protected information	Full information	Partial information

☐ Check this box if you are attaching a separate sheet listing additional information for Respondent.

Rule 17.100—Form 111: *Protected Information Disclosure*, continued**3. Information provided by:**

_____	/s/ _____
<i>Handwritten signature of party completing this form or attorney if filing in paper</i>	<i>Electronic signature of party completing this form or attorney if filing electronically</i>

Law firm, if applicable

_____	_____	_____	_____
<i>Mailing address</i>	<i>City</i>	<i>State</i>	<i>ZIP code</i>

(_____) _____
Phone number

_____	_____
<i>Email address</i>	<i>Additional email address, if applicable</i>

_____	_____, 20_____
<i>Month</i>	<i>Day Year</i>
<i>Date information provided</i>	

Rule 17.100—Form 115: *Answer to Petition for Dissolution of Marriage with no Minor or Dependent Adult Children*

Respondent must file an Answer within **20 days** after receiving the Petition and Original Notice, or the **court may enter a judgment against Respondent** giving Petitioner what he or she asked for in the Petition.

Use this Answer form 115 if you received Petition form 101, otherwise use form 116.

Read the [Guide to Representing Yourself in an Iowa Divorce Case](#) on the Iowa Judicial Branch website before using this form.

 If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure form (111).

 If filing in paper, you may use form 111.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for _____ County
County where your spouse filed the Petition

Upon the Petition of

Petitioner *Your spouse's full name: first, middle, last*

and concerning

Respondent *Your full name: first, middle, last*

Equity case no. _____

**Answer to Petition for Dissolution
of Marriage with no Minor or
Dependent Adult Children**

1. Personal Information *Fill in all information that you know.*

A. Petitioner's information

Check one

If paragraph 1A of the Petition (form 101) is not correct, check (2) and fill in the blanks.

(1) ☐ Petitioner's (your spouse's) birth year and present residence are correct in the Petition.

(2) ☐ Petitioner's birth year and present residence are not correct in the Petition.

The correct information is: _____

Birth year

Present street address *City* *State* *ZIP code*

County *()* *Phone number* *Email address*

B. Respondent's information

Check one

If paragraph 1B of the Petition (form 101) is not correct, check (2) and fill in the blanks.

(1) ☐ Respondent's (your) birth year and present residence are correct in the Petition.

(2) ☐ Respondent's birth year and present residence are not correct in the Petition.

The correct information is: _____

Birth year

Rule 17.100—Form 115: *Answer to Petition for Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

Present street address *City* *State* *ZIP code*

County () *Phone number* *Email address*

2. General Information About the Marriage and the Parties**A. Date and location of the marriage***Check one**If paragraph 2A of the Petition (form 101) is not correct, check (2) and fill in the blanks.*

- (1) ☐ The date and location of the marriage are correct in the Petition.
- (2) ☐ The date and location of the marriage are not correct in the Petition.

The correct information is:

Month *Day* *Year* *City* *State*

B. Children*Check all that are true**If you do not check one or more of these boxes, explain in 2I.*

- (1) ☐ There are no children under the age of 18 who are children of both Petitioner and Respondent.
- (2) ☐ There are no children under the age of 18 who were adopted or born during this marriage.
- (3) ☐ There are no children 18 years of age or older who still need support.
- (4) ☐ Neither Petitioner nor Respondent is pregnant.

C. Petitioner's residence

- (1) The **only** reason that Petitioner (your spouse) is living in Iowa is just to get a divorce.

☐ True

☐ False *If you do not live in Iowa, or if you live in Iowa for reasons other than just to get a divorce, check "False."*

- (2) *If you disagree with paragraph 2C(2) of the Petition (form 101), fill in the blanks.*

Petitioner has lived in Iowa for the last _____ years and _____ months

In _____ county.

Continued on next page

Rule 17.100—Form 115: *Answer to Petition for Dissolution of Marriage with no Minor or Dependent Adult Children*, continued**D. Parties' residence***Check each that is true*

- (1) ☐ Respondent (you are Respondent) is a resident of Iowa.
- (2) ☐ Petitioner (your spouse) has lived in Iowa for more than one year.
- If you did not check (1) or (2), you should talk to an attorney.*

E. Condition of the marriage*Check all that are true*

- (1) ☐ The marriage is broken and cannot be saved.
- (2) ☐ This is the only divorce case going on in involving this marriage.
If you did not check (2), explain in 2I. You should also talk to an attorney.
- (3) ☐ Petitioner did not file the Petition in good faith for the purpose of ending the marriage.
- (4) ☐ Counseling will not save the marriage. *If counseling may save the marriage, do not check (4).*

F. Respondent's status*Check each that is true*

- (1) ☐ Respondent (you are Respondent) is in the military service.
If you check (1), note that there are special rules that may prevent this dissolution from going forward if you are in the military. You should talk to an attorney.

- (2) ☐ Respondent is in prison or jail at _____ in _____.
Name of facility State

If you are in prison or jail, you may be entitled to a "guardian ad litem," a person, usually an attorney, appointed to protect the interests of a spouse in some cases.

G. Protective or no contact orders*Check one*

- (1) ☐ There is neither a "protective order" nor a "no contact order" between Respondent (you) and Petitioner (your spouse).
- (2) ☐ There is a "protective order" or "no contact order" between Respondent and Petitioner.
If you check (2), fill in the following information:

- a. County and state where the order came from: _____
County State
- b. Court case number: _____

H. Respondent denies anything in the Petition that Respondent has not agreed is correct.

I. Other information: _____

Continued on next page

Rule 17.100—Form 115: *Answer to Petition for Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

3. Respondent's Request

A. Respondent asks the court to:

Check all that apply. The court will only consider items that are checked.

If you do not know what you want, talk to an attorney.

- (1) ☐ End the marriage of Respondent (you) and Petitioner (your spouse).
- (2) ☐ Fairly divide the property and the debts of the parties.
- (3) ☐ Order that Petitioner pay the court fees.
- (4) ☐ Order that Petitioner pay for Respondent's attorney's fees before the divorce is final
If you check (4), you must file form 122.
- (5) ☐ Order that Petitioner pay spousal support (alimony) to Respondent.
If you check (5), you must file form 122.
- (6) ☐ Change Respondent's last name to: *Name can only be changed to name on birth certificate or name used immediately prior to the marriage.*
_____ *Print your former or birth name*

B. ☐ Other request: _____

Continued on next page

Rule 17.100—Form 115: *Answer to Petition for Dissolution of Marriage with no Minor or Dependent Adult Children*, continued**4. Attorney Help***Check one*

- A. ☐ An attorney did not help me prepare or fill in this paper.
- B. ☐ An attorney helped me prepare or fill in this paper.

If you check B, you must fill in the following information:

Name of attorney or organization, if any *Attorney's P.I.N. # – Ask the attorney*

Business address of attorney or organization *City* *State* *ZIP code*

(_____) _____
Attorney's phone number *Attorney's fax number – optional* *Attorney's email address – optional*

5. Service Instructions

If Respondent is filing in paper

Check one

- A. ☐ Respondent will accept service of documents at the attorney's address listed above; or
- B. ☐ Respondent will accept service of documents in this case at the mailing address below.

6. Certification of Service by Mailing or Delivery*Section 6 to be completed only if filing in paper or if the other party is exempt from electronic filing.**This document, if filed electronically, will automatically be served on registered parties.*

I, _____, certify that on _____, 20____
Print your name *Month* *Day* *Year*

I mailed or gave a copy of this Answer to the other party or the other party's attorney at this address:

Name of person to whom I delivered or mailed it

Party's or attorney's mailing address *City* *State* *ZIP code*

7. Oath and Signature

I, _____, have read this Answer, and I certify under penalty
Print your name

of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Answer is true and correct.

_____, 20____
Signed on: Month *Day* *Year* *Your signature**

Mailing address *City* *State* *ZIP code*

(_____) _____
Phone number *Email address* *Additional email address – if available*

* Whether filing electronically or in paper, you must *handwrite* your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically

Important Instructions for filing this form on next page.

Instructions for Rule 17.100—Form 115: *Answer to Petition for Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

Do not file these instructions

Instructions for Filing an Answer to a Petition for Dissolution of Marriage

The Iowa Judicial Branch is converting the court system to electronic filing county by county. The electronic filing system is also known as EDMS. To determine if this case is in a county using electronic filing, [check the map](#) available on the Iowa Judicial Branch website under eFiling, or call the clerk of court office in your county. If your county accepts electronic filing, **you must file electronically unless you get permission from the court to file in paper.** Contact the clerk of court in your county if you are unable to file electronically.

Filing your Answer electronically

- If your divorce case was filed in a county that uses electronic filing, you must register to electronically file. For help with registration, see the eFiler's User Guide [How to Register Pro Se \(Self Represented\) for eFiling](#) on the Iowa Judicial Branch website.
- Scan the signed Answer form and save it as a .pdf. (Save it in a place that will be accessible to you when you electronically file.)
- Log in to EDMS on the Iowa Judicial Branch website and file your Answer. The login page can be accessed from two different paths: you may [directly log in to EDMS](#); or from the judicial branch website menu, you may select "eFiling > eFile (EDMS) Login."
- For help, see [How to eFile to an Existing Case](#).
- You will receive a Notice of Electronic Filing (NEF) when the clerk of court has approved the eFiling of your Answer and other documents. You can then open the Answer and print a copy for your records.
- If there was a problem with your filing, EDMS will send you a Retraction Notice. You can then log in to My Filings, correct the error, and resubmit your Answer. For help, see [How to Resubmit a Returned Filing](#).
- The NEF will indicate if your spouse is exempt from electronic filing requirements, in which case, you must mail or serve in paper a copy of the document on your spouse if he or she does not have an attorney.

Filing your Answer in paper

- Make two photocopies of the original.
- Take your original Answer form and the photocopies to the clerk of court's office in the county where the Petition was filed. The county is listed at the top of the Petition (form 101).
- The clerk will time-stamp your forms and copies.
- The clerk will take the original and give the copies back to you.
- Keep one of the copies for your records.
- Serve one of the copies of your Answer on your spouse (Petitioner).
- You can hand one of the copies of the Answer form to your spouse, **or** mail a copy to your spouse at the address shown on the Petition.
- If your spouse has an attorney, you should serve the Answer by mailing a copy to the attorney at the attorney's address on the Petition if box 5B on the Petition is checked.

Do not file these instructions

Rule 17.100—Form 116: *General Answer to a Petition*

Respondent must file an Answer within **20 days** after receiving the Petition and Original Notice, or the court may enter a judgment against **Respondent** giving Petitioner what he or she asked for in the Petition.

If the Petition you received is on form 101, use form 115 for your Answer.

Read the [Guide to Representing Yourself in an Iowa Divorce Case](#) on the Iowa Judicial Branch website before using this form.

 If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure form (111).

 If filing in paper, you may use form 111 to provide any protected information in full.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for _____ County
County where Petition is filed

Upon the Petition of

Equity case no. _____

Petitioner *Your spouse's full name: first, middle, last*

and concerning

Respondent *Your full name: first, middle, last*

General Answer to a Petition

1. Respondent's Answer *You are Respondent.*

A. Respondent admits that the following paragraphs in the Petition are true:

List the numbers of the paragraphs in the Petition that you think are true. If you decide later that the paragraphs you list here are not true, it may be too late to change your answer:

B. Respondent denies that the following paragraphs in the Petition are true:

C. Respondent does not know whether the following paragraphs in the Petition are true:

List the numbers of the paragraphs in the Petition that you are not sure about. If you cannot say a paragraph or a part of a paragraph is true or not true, it may be because you do not know how something, such as a date, place, or when something happened.

Continued on next page

Rule 17.100—Form 116: *General Answer to a Petition*, continued**D. Protective or no contact orders***Check one*

- (1) ☐ There is neither a “protective order” nor a “no contact order” between Respondent (you) and Petitioner (your spouse).
- (2) ☐ There is a “protective order” or “no contact order” between Respondent and Petitioner.

If you check (2), fill in the following information:

a. County and state where the order came from: _____
County State

b. Court case number: _____

E. Respondent denies anything in the Petition that is not admitted in this Answer.

F. Other information: _____

2. Respondent’s Request *If you do not know what you want, talk to an attorney.*

Respondent asks the court to: *Write here what you would like the court to do. For example, tell the court if you want a divorce. Be brief. Do not write long descriptions.*

Continued on next page

Rule 17.100—Form 116: *General Answer to a Petition*, continued**3. Attorney Help***Check one*

- A. ☐ An attorney did not help me prepare or fill in this paper.
- B. ☐ An attorney helped me prepare or fill in this paper.

If you check B, you must fill in the following information:

Name of attorney or organization, if any *Attorney's P.I.N. # – Ask the attorney*

Business address of attorney or organization *City* *State* *ZIP code*

(_____) _____
Attorney's phone number *Attorney's fax number – optional* *Attorney's email address – optional*

4. Service Instructions

If Respondent is filing in paper

Check one

- A. ☐ Respondent will accept service of documents at the attorney's address listed above; or
- B. ☐ Respondent will accept service of documents in this case at the mailing address below.

5. Certification of Service by Mailing or Delivery*Section 5 to be completed only if filing in paper or if the other party is exempt from electronic filing.**This document, if filed electronically, will automatically be served on registered parties.*

I, _____, certify that on _____, 20____
Print your name *Month* *Day* *Year*

I mailed or gave a copy of this Answer to the other party or the other party's attorney at this address:

Name of person to whom I delivered or mailed it

Party's or attorney's mailing address *City* *State* *ZIP code*

6. Oath and Signature

I, _____, have read this Answer, and I certify under penalty
Print your name

of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Answer is true and correct.

_____, 20____
Signed on: Month Day Year *Your signature**

Mailing address *City* *State* *ZIP code*

(_____) _____
Phone number *Email address* *Additional email address, if applicable*

* Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically

Important Instructions for filing this form on next page.

Instructions for Rule 17.100—Form 116: *General Answer to a Petition*, continued**Do not file these instructions****Instructions for Filing an Answer to a Petition for Dissolution of Marriage**

The Iowa Judicial Branch is converting the court system to electronic filing county by county. The electronic filing system is also known as EDMS. To determine if this case is in a county using electronic filing, [check the map](#) available on the Iowa Judicial Branch website under eFiling, or call the clerk of court office in your county. If your county accepts electronic filing, **you must file electronically** unless you get permission from the court to file in paper. Contact the clerk of court in your county if you are unable to file electronically.

 Filing your Answer electronically

- If your divorce case was filed in a county that uses electronic filing, you must register to electronically file. For help with registration, *see* the eFiler's User Guide [How to Register Pro Se \(Self-Represented\) for eFiling](#) on the Iowa Judicial Branch website.
- Scan the signed Answer form and save it as a .pdf. (Save it in a place that will be accessible to you when you electronically file.)
- Log in to EDMS on the Iowa Judicial Branch website and file your Answer. The login page can be accessed from two different paths: you may [directly log in to EDMS](#); or from the judicial branch website menu, you may select "eFiling > eFile (EDMS) Login."
- For help, *see* [How to eFile to an Existing Case](#).
- You will receive a Notice of Electronic Filing (NEF) when the clerk of court has approved the eFiling of your Answer and other documents. You can then open the Answer and print a copy for your records.
- If there was a problem with your filing, EDMS will send you a Retraction Notice. You can then log in to My Filings, correct the error, and resubmit your Answer. For help, *see* [How to Resubmit a Returned Filing](#).
- The NEF will indicate if your spouse is exempt from electronic filing requirements, in which case, you must mail or serve in paper a copy of the document on your spouse if he or she does not have an attorney.

 Filing your Answer in paper

- Make two photocopies of the original.
- Take your original Answer form and the photocopies to the clerk of court's office in the county where the Petition was filed. The county is listed at the top of the Petition (form 101).
- The clerk will time-stamp your forms and copies.
- The clerk will take the original and give the copies back to you.
- Keep one of the copies for your records.
- Serve one of the copies of your Answer on your spouse (Petitioner).
- You can hand one of the copies of the Answer form to your spouse, **or** mail a copy to your spouse at the address shown on the Petition.
- If your spouse has an attorney, you may serve the Petition by mailing a copy to the attorney at the attorney's address on the Petition if box 5B on the Petition is checked.

Do not file these instructions

Rule 17.100—Form 122: *Motion in a Dissolution of Marriage with no Minor or Dependent Adult Children*

Use this form if you want to ask the court to do something after your court case has already started.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for _____ County

County where your case is filed

Upon the Petition of

Equity case no. _____

Petitioner *Full name: first, middle, last*

Motion in a Dissolution of Marriage with no Minor or Dependent Adult Children

and concerning

Respondent *Full name: first, middle, last*

I am

Check one

- A. ☐ Petitioner
- B. ☐ Respondent

1. Request

A. I ask the court to

Check all that apply. If you check any box in A, you must tell the court why you are making this request in B.

- (1) ☐ Change the hearing date that has been set for _____, 20_____.
Month Day Year
- (2) ☐ Order counseling (conciliation).
- (3) ☐ Set a hearing date for a divorce Decree by default.
- (4) ☐ Award me attorney's fees before the divorce is final.
- (5) ☐ Award spousal support (alimony) to me before the divorce is final.
- (6) ☐ Shorten the 90-day waiting period for getting a divorce Decree.
- (7) ☐ Other request *Explain*

B. I am making the request(s) in this Motion because: _____

Continued on next page

Rule 17.100—Form 122: *Motion in a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued**2. Attorney Help***Check one*

- A. ☐ An attorney did not help me prepare or fill in this paper.
- B. ☐ An attorney helped me prepare or fill in this paper.

If you check B, you must fill in the following information:

Name of attorney or organization, if any *Attorney's P.I.N. # – Ask the attorney*

Business address of attorney or organization *City* *State* *ZIP code*

(_____) _____
Attorney's phone number *Attorney's fax number – optional* *Attorney's email address – optional*

3. Certification of Service by Mailing or Delivery*Section 3 to be completed only if filing in paper or if the other party is exempt from electronic filing.**This document, if filed electronically, will automatically be served on registered parties.*

I, _____, certify that on _____, 20____
Print your name *Month* *Day* *Year*

I mailed or gave a copy of this Motion to the other party or the other party's attorney at this address:

Name of person to whom I delivered or mailed it

Party's or attorney's mailing address *City* *State* *ZIP code*

4. Oath and Signature

I, _____, have read this Motion, and I certify under penalty of
Print your name

perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Motion is true and correct.

_____, 20____
Signed on: Month *Day* *Year* *Your signature**

Mailing address *City* *State* *ZIP code*

(_____) _____
Phone number *Email address* *Additional email address – if available*

* *Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*

Rule 17.100—Form 123: *Response to a Motion*

Use this form if your spouse has filed a Motion (most likely form 122) and you disagree with what your spouse is asking the court to do in that Motion.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for _____ County

County where your case is filed

Upon the Petition of Petitioner <i>Full name: first, middle, last</i> and concerning Respondent <i>Full name: first, middle, last</i>	Equity case no. _____ Response to a Motion
---	--

I am

Check one

- A. ☐ Petitioner
 B. ☐ Respondent

1. Motion

The other party filed a Motion on _____, 20____.
Month Day Year

2. Response

Check A or B.

- A. ☐ I agree with the Motion.
 B. ☐ I disagree with the request(s) in the Motion to:

If you check B, check all of the following that apply. If you check any box in B, you must tell the court why you disagree with the request in C.

- (1) ☐ Change the hearing date that has been set for _____, 20____.
Month Day Year
- (2) ☐ Order counseling (conciliation).
- (3) ☐ Set a hearing date for a divorce Decree by default.
- (4) ☐ Award my spouse attorney's fees before the divorce is final.
- (5) ☐ Award spousal support (alimony) to my spouse before the divorce is final.
- (6) ☐ Shorten the 90-day waiting period for getting a divorce Decree.
- (7) ☐ Other request. *Explain* _____

Rule 17.100—Form 123: *Response to a Motion*, continued

C. I disagree with the Motion because: _____

Continued on next page

Rule 17.100—Form 123: *Response to a Motion*, continued**3. Attorney Help***Check one*A. ☐ An attorney did not help me prepare or fill in this paper.B. ☐ An attorney helped me prepare or fill in this paper.*If you check B, you must fill in the following information:*_____
*Name of attorney or organization, if any Attorney's P.I.N. # – Ask the attorney*_____
Business address of attorney or organization City State ZIP code(_____) _____
*Attorney's phone number Attorney's fax number – optional Attorney's email address – optional***4. Certification of Service by Mailing or Delivery***Section 4 to be completed only if filing in paper or if the other party is exempt from electronic filing.**This document, if filed electronically, will automatically be served on registered parties.*I, _____, certify that on _____, 20____
Print your name Month Day Year

I mailed or gave a copy of this Response to the other party or the other party's attorney at this address:

*Name of person to whom I delivered or mailed it*_____
*Party's or attorney's mailing address City State ZIP code***5. Oath and Signature**I, _____, have read this Response, and I certify under
Print your name

penalty of perjury and pursuant to the laws of the State of Iowa that I have read this Response and that the information I have provided in it is true and correct.

_____, 20____
*Signed on: Month Day Year Your signature**_____
Mailing address City State ZIP code(_____) _____
*Phone number Email address Additional email address – if available*** Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*

Rule 17.100—Form 124: *Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children*

Caution: *This form may require you to provide protected or sensitive information.*

Each party must complete one of these forms.

-  *If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure form (111) if you have not already done so.*
-  *If filing in paper, you may use form 111 to provide any protected information in full if you have not already done so.*

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for _____ County
County where your case is filed

Upon the Petition of Petitioner <i>Full name: first, middle, last</i> and concerning Respondent <i>Full name: first, middle, last</i>	Equity case no. _____ Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children
---	---

I am

Check one

- A. ☐ Petitioner
- B. ☐ Respondent

I, _____, state that this is a true and complete statement
Print your name
 of my assets, debts, and present income as of the _____ day of _____, 20____.
Day *Month* *Year*

1. Assets *Things you and your spouse own.*

A. Real estate

Attach additional sheets if necessary.

**Owner (Whose name is on the deed?): P = Petitioner R = Respondent J = Joint (Both)*

Type of real estate	Owner* <i>P,R,J</i>	Market value <i>What it would sell for</i>	Debt <i>Total amount you still owe on it and to whom owed</i>	Net value <i>Market value minus debt owed</i>
(1) Homestead <i>Address</i>		\$	\$ to:	\$
(2) Other real estate <i>Address</i>		\$	\$ to:	\$

☐ *Check this box if you have attached a sheet with additional information on other assets.*

Rule 17.100—Form 124: *Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued**B. Vehicles***Includes cars, trucks, motorcycles, and other motorized vehicles.***Owner (Whose name is on the car or vehicle title?): P = Petitioner R = Respondent J = Joint (Both)*

Vehicles <i>Make (e.g. Ford)</i> <i>Year</i>	Owner* <i>P,R,J</i>	Market value <i>What it would sell for</i>	Debt <i>Total amount you still owe on it and to whom owed</i>	Net Value <i>Market value minus debt owed</i>
(1)		\$	\$ to:	\$
(2)		\$	\$ to:	\$
(3)		\$	\$ to:	\$

☐ *Check this box if you have attached a sheet with additional information on other vehicles.*
C. Securities, stocks, & bonds**Owner (Whose name is on the securities, stocks, or bonds?):**P = Petitioner R = Respondent J = Joint (Both)*

Securities, stocks, & bonds <i>Company name</i>	Owner* <i>P,R,J</i>	Market value <i>What it would sell for</i>	Debt <i>Total amount you still owe on it and to whom owed</i>	Net value <i>Market value minus debt owed</i>
(1)		\$	\$ to:	\$
(2)		\$	\$ to:	\$
(3)		\$	\$ to:	\$

☐ *Check this box if you have attached a sheet with additional information on other securities, stocks, & bonds.*
D. Life insurance**Owner (Whose name is on the policy?): P = Petitioner R = Respondent J = Joint (Both)*

Life insurance <i>Company name</i>	Owner* <i>P,R,J</i>	Cash value <i>Not death benefit</i>	Loan from cash value <i>Total amount still owed on loan</i>	Cash value <i>Minus loan owed</i>
(1)		\$	\$	\$
(2)		\$	\$	\$
(3)		\$	\$	\$

☐ *Check this box if you have attached a sheet with additional information on life insurance.*

Rule 17.100—Form 124: *Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued**E. Bank accounts****Owner (Whose name is on the checking or savings account?):**P = Petitioner R = Respondent J = Joint (Both)*

Checking & savings accounts <i>Bank or Credit Union name</i> <i>If you do not use bank accounts, write "Cash"</i>	Owner* <i>P,R,J</i>	Cash value	Personal loans or overdraft accounts <i>Total amount you still owe on it</i>	Net value <i>Cash value minus loan / overdraft owed</i>
(1)		\$	\$	\$
(2)		\$	\$	\$
(3)		\$	\$	\$

☐ Check this box if you have attached a sheet with additional information on other checking & savings accounts.
F. Household**Owner: P = Petitioner R = Respondent J = Joint (Both)*

Household contents <i>Describe</i>	Owner* <i>P,R,J</i>	Market value <i>What it would sell for</i>	Debt <i>Total amount you still owe on it and to whom owed</i>	Net value <i>Market value minus debt owed</i>
(1) Furniture		\$	\$	\$
a.		\$	to:	\$
b.		\$	\$	\$
			to:	
c.		\$	\$	\$
			to:	
d.		\$	\$	\$
			to:	
(2) Appliances / Electronics		\$	\$	\$
a.		\$	to:	\$
b.		\$	\$	\$
			to:	
c.		\$	\$	\$
			to:	
d.		\$	\$	\$
			to:	
(3) Other contents		\$	\$	\$
a.		\$	to:	\$

Rule 17.100—Form 124: *Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

b.		\$	\$ to:	\$
c.		\$	\$ to:	\$

☐ Check this box if you have attached a sheet with additional information on other household assets.
G. Retirement assets

*Owner (Whose name is on the retirement account?): P = Petitioner R = Respondent J = Joint (Both)

Retirement assets <i>Examples: Pensions, IRAs, 401(k)s, annuities, etc.</i>	Owner* <i>P,R,J</i>	Market value <i>What it would sell for</i>	Loan from retirement account <i>Total amount you still owe on it and to whom owed</i>	Net value <i>Market value minus loan owed</i>
(1)		\$	\$ to:	\$
(2)		\$	\$ to:	\$
(3)		\$	\$ to:	\$

☐ Check this box if you have attached a sheet with additional information on other retirement assets.
H. Other assets

Items not listed in the other boxes should be listed here. For example: jewelry, furs, guns, sporting goods, farm animals.

*Owner: P = Petitioner R = Respondent J = Joint (Both)

Other assets <i>Describe</i>	Owner* <i>P,R,J</i>	Market value <i>What it would sell for</i>	Debt <i>Total amount you still owe on it and to whom owed</i>	Net value <i>Market value minus debt owed</i>
(1)		\$	\$ to:	\$
(2)		\$	\$ to:	\$
(3)		\$	\$ to:	\$

☐ Check this box if you have attached a sheet with additional information on other assets.

Rule 17.100—Form 124: *Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued**I. Totals**

(1) Total from attached sheets <i>Listed in 1A-H.</i>	\$
(2) Total net value of assets <i>Listed in 1A-H.</i>	\$

2. Other Debts *Debts may include things such as past due balances on utilities, money owed to a landlord for damages after moving, credit card debt, and loans from friends, family, or banks.***Whose debt is it? P = Petitioner R = Respondent J = Joint (Both)*

Other debts <i>List only those not included as “debt” or “loans” under “Assets” in part 1.</i>	Whose debt?* <i>P,R,J</i>	Amount owed
(1)		\$
(2)		\$
(3)		\$
(4)		\$
(5)		\$
(6)		\$
(7)		\$
(8)		\$
(9)		\$
(10)		\$
(11)		\$
(12)		\$
(13)		\$
(14)		\$
(15)		\$
☐ <i>Check this box if you have attached a sheet with additional information on other debts, and enter the total.</i>		\$
Total other debts <i>Including amounts shown on attached sheet, if any.</i>		\$

Rule 17.100—Form 124: *Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued**3. Income and Deductions****A. Petitioner's Income and Deductions** *If you are Respondent, give your best estimate for each amount.***How often is income paid or deduction taken?**W = Weekly B = Bi-weekly (every other week) M = Monthly T = Two times a month*

Current income and deductions for Petitioner <i>Sources of income and deductions</i>	Income		Deductions	
	How often paid?* <i>W,B,M,T</i>	Gross amount <i>Before deductions</i>	How often taken?* <i>W,B,M,T</i>	Amount of deduction
(1) Wages from employer <i>Employer name:</i> <i>Job title:</i>		\$		\$
(2) Wages from employer <i>Employer name:</i> <i>Job title:</i>		\$		\$
(3) Unemployment assistance		\$		\$
(4) Family Investment Program		\$		\$
(5) Social Security		\$		\$
(6) Other <i>Identify:</i>		\$		\$
(7) Other <i>Identify:</i>		\$		\$
(8) Other <i>Identify:</i>		\$		\$
(9) Totals from attached sheets, if any ☐ <i>Check this box if you have attached a sheet with additional information on Petitioner's income and deductions.</i>		\$		\$
Totals <i>Current income and deductions for Petitioner</i>		\$ Income total		\$ Deductions total

Continued on next page

Rule 17.100—Form 124: *Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued**B. Respondent's Income and Deductions** *If you are Petitioner, give your best estimate for each amount.***How often is income paid or deduction taken?**W = Weekly B = Bi-weekly (every other week) M = Monthly T = Two times a month*

Current income and deductions for Respondent <i>Sources of income and deductions</i>	Income		Deductions	
	How often paid?*	Gross amount	How often taken?*	Amount of deduction
	<i>W,B,M,T</i>	<i>Before deductions</i>	<i>W,B,M,T</i>	
(1) Wages from employer <i>Employer name:</i> <i>Job title:</i>		\$		\$
(2) Wages from employer <i>Employer name:</i> <i>Job title:</i>		\$		\$
(3) Unemployment assistance		\$		\$
(4) Family Investment Program		\$		\$
(5) Social Security		\$		\$
(6) Other <i>Identify:</i>		\$		\$
(7) Other <i>Identify:</i>		\$		\$
(8) Other <i>Identify:</i>		\$		\$
(9) Totals from attached sheets, if any ☐ <i>Check this box if you have attached a sheet with additional information on Respondent's income and deductions.</i>		\$		\$
Totals <i>Current income and deductions for Respondent</i>		\$ Income total		\$ Deductions total

4. Expenses**A. Living arrangements***Check one*(1) ☐ My spouse and I live in the same home.(2) ☐ My spouse and I do not live in the same home.

Rule 17.100—Form 124: *Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued**B. My expenses***Note: You must complete this section if you or your spouse wants spousal support (alimony).***How often paid?: W = Weekly B = Bi-weekly (every other week) M = Monthly**T = Two times a month A = Annually*

Type of expense	Paid to	How often paid?*	Monthly payment
		W,B,M,T,A	
(1) House payment or rent			\$
(2) Food <i>At home & restaurants</i>			\$
(3) Transportation (<i>gas, bus fare</i>) <i>Not car loan payments – see (12).</i>			\$
(4) Clothing			\$
(5) Medical, dental <i>Not health insurance payments – see 4B(10).</i>			\$
(6) Utilities (<i>gas, electric</i>)			\$
(7) Phone			\$
(8) Cable / satellite television / internet			\$
(9) Car insurance payment			\$
(10) Health insurance payment			\$
(11) Credit card payments			\$
(12) Car loan payments			\$
(13) Other loan payments			\$
(14) Other expense <i>Identify:</i>			\$
(15) Other expense <i>Identify:</i>			\$
(16) Other expense <i>Identify:</i>			\$
(17) Totals from attached sheets, if any ☐ <i>Check this box if you have attached a sheet with additional information on your expenses.</i>			\$
Total expenses			\$

Rule 17.100—Form 124: *Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued**5. Attorney Help***Check one*

- A. ☐ An attorney did not help me prepare or fill in this paper.
- B. ☐ An attorney helped me prepare or fill in this paper.

If you check B, you must fill in the following information:

Name of attorney or organization, if any *Attorney's P.I.N. # – Ask the attorney*

Business address of attorney or organization *City* *State* *ZIP code*

(_____) _____ (_____) _____
Attorney's phone number *Attorney's fax number – optional* *Attorney's email address – optional*

6. Certification of Service by Mailing or Delivery*Section 6 to be completed only if filing in paper or if the other party is exempt from electronic filing.**This document, if filed electronically, will automatically be served on registered parties.*

I, _____, certify that on _____, 20____
Print your name *Month* *Day* *Year*

I mailed or gave a copy of this Financial Affidavit to the other party or the other party's attorney at this address:

Name of person to whom I delivered or mailed it

Party's or attorney's mailing address *City* *State* *ZIP code*

7. Oath and Signature

I, _____, have read this Financial Affidavit, and I certify
Print your name

under penalty of perjury and pursuant to the laws of the State of Iowa that I have read this Financial Affidavit and that the information I have provided in it is true and correct.

_____, 20____
Signed on: Month *Day* *Year* *Your signature**

Mailing address *City* *State* *ZIP code*

(_____) _____
Phone number *Email address* *Additional email address – if available*

** Whether filing electronically or in paper, you must handwritten your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*

Rule 17.100—Form 125: Affidavit of Mailing Notice

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for _____ County
County where your case is filed

Upon the Petition of

Petitioner *Full name: first, middle, last*

and concerning

Respondent *Full name: first, middle, last*

Equity case no. _____

Affidavit of Mailing Notice**1. Attorney Help**

Check one

- A. ☐ An attorney did not help me prepare or fill in this paper.
 B. ☐ An attorney helped me prepare or fill in this paper.

If you check B, you must fill in the following information:

Name of attorney or organization, if any *Attorney's P.I.N. # – Ask the attorney*

Business address of attorney or organization *City* *State* *ZIP code*

(_____) _____ (_____) _____
Attorney's phone number *Attorney's fax number – optional* *Attorney's email address – optional*

Important Notice to Petitioner

Petitioner **must** file this if he or she served Notice by Publication in a newspaper and asks the court for a divorce Decree by default. Petitioner **must** also complete the oath and signature section on the next page.

Petitioner's Oath and Signature on next page

Rule 17.100—Form 125: *Affidavit of Mailing Notice*, continued**2. Petitioner's Oath and Signature**

I, _____, certify under penalty of perjury and pursuant to the
Print your name

laws of the State of Iowa that on the _____ day of _____, 20____, I sent by ordinary
Day Month Year
 mail with proper postage, the following paper or papers:

Check one

- ☐ Original Notice and Petition for Dissolution of Marriage, or
☐ Notice of Intent to File a Written Application for Default Decree

to Respondent's last-known address as follows:

Respondent's street address City State ZIP code

_____, 20____
*Signed on: Month Day Year Petitioner's signature**

Mailing address City State ZIP code

(_____) _____
Phone number Email address Additional email address – if available

* Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.

Rule 17.100—Form 126: Notice of Intent to File Written Application for Default Decree*If you do not understand how to use this form, or if you should use this form, talk to an attorney.*

In the Iowa District Court for _____ County
County where your case is filed

Upon the Petition of

Petitioner *Full name: first, middle, last*

and concerning

Respondent *Full name: first, middle, last*

Equity case no. _____

Notice of Intent to File Written Application for Default Decree

To: _____
Respondent's first name Middle name Last name

Date of Notice: _____, 20____
Month Day Year

Important Notice to Respondent:

You are in default because you have failed to take action required of you in this case.
 Unless you act within **10 days** from the date of this Notice, a Default Decree of Dissolution of Marriage will be entered against you without a hearing, and you may lose your property or other important rights.

You should seek legal advice at once.

_____/s/_____
Handwritten signature of Petitioner or attorney if filing in paper or Electronic signature of Petitioner or Attorney if filing electronically

The person who provided the signature above must fill in the information below.

Present street address (If attorney, firm address) City State ZIP code

(_____) _____
Phone number Email address

Instructions for Petitioner **Filing your Notice electronically**

EDMS will automatically serve Respondent unless Respondent is exempt from electronic filing requirements.

 Filing your Notice in paper (if you have received permission from the court to file in paper)

1. Deliver a copy of this form to Respondent by mail or in person.
2. Complete form 125 and file the original at the clerk of court's office.
3. File the original of this form (126) at the clerk of court's office.
4. Keep a copy for your records.

Rule 17.100—Form 127: *Request for Relief in a Dissolution of Marriage with no Minor or Dependent Adult Children*

Caution: This form may require you to provide protected or sensitive information.

Use this form only if you have filed a Petition for Dissolution of Marriage (101) and:

- Your spouse (Respondent) did not file an Answer, or
- Your spouse will not work with you to prepare a Settlement Agreement (128).

 If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure form (111) if you have not already done so.

 If filing in paper, you may use form 111 to provide any protected information in full if you have not already done so.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for _____ County
County where your case is filed

Upon the Petition of

Equity case no. _____

Petitioner *Full name: first, middle, last*

**Request for Relief in a Dissolution
of Marriage with no Minor or
Dependent Adult Children**

and concerning

Respondent *Full name: first, middle, last*

1. Personal Information Fill in all information that you know. If you have been assaulted by your spouse and you fear for your safety, you may leave your address, phone number, and email blank.

I am

Check one

- A. ☐ Petitioner
- B. ☐ Respondent

(1) Petitioner's birth year and present residence: _____
Birth year

<i>Petitioner's present street address</i>	<i>City</i>	<i>State</i>	<i>ZIP code</i>
--	-------------	--------------	-----------------

County

Phone number

Email address

(2) Respondent's birth year and present residence: _____
Birth year

<i>Respondent's present street address</i>	<i>City</i>	<i>State</i>	<i>ZIP code</i>
--	-------------	--------------	-----------------

County

Phone number

Email address

Rule 17.100—Form 127: *Request for Relief in a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued**2. Request for Relief****A. Children** *Check all that are true*

- (1) ☐ There are no children under the age of 18 who are children of both Petitioner and Respondent.
- (2) ☐ There are no children under the age of 18 who were adopted or born during this marriage.
- (3) ☐ There are no children 18 years of age or older who still need support.
- (4) ☐ Neither Petitioner nor Respondent is pregnant.

B. Breakdown of marriage

The marriage is broken down and cannot be saved.

C. Counseling

Counseling will not save the marriage.

D. Waiting period before decree *Check one*

- (1) ☐ More than 90 days have passed since Respondent was served with an Original Notice.
- (2) ☐ Fewer than 90 days have passed since Respondent was served with an Original Notice, but I want the court to take action right away without a separate hearing. There are no children affected by this action. Neither Petitioner nor Respondent is pregnant. This paper explains how I would like to settle all issues in my divorce.

E. Financial affidavits *Check one*

- (1) ☐ I filed a Financial Affidavit (124). I certify that I have fully disclosed all income and the identity and value of all assets and debts.
- (2) ☐ I am asking that the court not require me to file a Financial Affidavit. *Explain*

F. Division of personal property *Check one*

- (1) ☐ All of the personal property obtained during the marriage has been divided. I ask that Petitioner will keep the personal property in Petitioner's possession, and Respondent will keep the personal property in Respondent's possession. *If you check (1), skip to G.*
- (2) ☐ I ask that our personal property be divided as follows: *Attach additional sheets if necessary.*
- a. Petitioner will get the following as Petitioner's separate personal property:

- b. Respondent will get the following as Respondent's separate personal property:

Rule 17.100—Form 127: *Request for Relief in a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

G. Division of real estate

For each parcel of real estate you own, provide the following information. Attach a separate sheet for each additional parcel.

(1) Ownership of real estate

Check one

- a. ☐ We do not own any real estate. *If you check a, skip to H.*
- b. ☐ We own real estate located at: _____
Street address
 in the City of _____, County of _____, and
 State of _____. This land is described in the deed as follows:

(2) The real estate shall be:

Check one

- a. ☐ Sold and the profit or debt divided _____% to Petitioner and _____% to Respondent.
- b. ☐ Awarded to Petitioner, subject to all liens and mortgages.
- c. ☐ Awarded to Respondent, subject to all liens and mortgages.
- d. ☐ Other *Explain* _____

(3) Additional real estate

☐ Check this box if you are attaching separate sheets for additional parcels of real estate.

H. Division of debts

Check one

- (1) ☐ There are no debts.
- (2) ☐ I have listed all the debts I know about and ask that they be divided as follows:
Attach additional sheets if necessary.

a. Petitioner will pay the following debts:

i. Business or person to whom a debt is owed	ii. Account number, if any <i>Last 4 numbers only</i>	iii. Total amount still owed
(a)		\$
(b)		\$

Rule 17.100—Form 127: *Request for Relief in a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

(c)		\$
(d)		\$
(e)		\$

☐ Check this box if you are attaching a separate sheet listing additional information about Petitioner's debts.

b. Respondent will pay the following debts:

i. Business or person to whom a debt is owed	ii. Account number, if any Last 4 numbers only	iii. Total amount still owed
(a)		\$
(b)		\$
(c)		\$
(d)		\$
(e)		\$

☐ Check this box if you are attaching a separate sheet listing additional information about Respondent's debts.

c. For any debt we do not know about, the spouse who made the debt will pay that debt.

I. Cash payment

I ask that

Check one

- (1) ☐ Neither Petitioner nor Respondent pay any money to the other.
- (2) ☐ Petitioner pay Respondent \$ _____ to equalize the division of property and debts by _____, 20____.
Month Day Year
- (3) ☐ Respondent pay Petitioner \$ _____ to equalize the division of property and debts by _____, 20____.
Month Day Year

J. Spousal support (alimony)

Check one

I ask that:

- (1) ☐ Neither Petitioner nor Respondent pay spousal support (alimony) to the other.
- (2) ☐ Spousal support (alimony) be paid as follows: _____

Rule 17.100—Form 127: *Request for Relief in a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued**K. Name change***Check one***I ask that my last name**(1) ☐ Not be changed.(2) ☐ Be changed to: _____
Print your former or birth name *Name can only be changed to name on birth certificate or name used immediately prior to the marriage.***L. Court fees***Check one***I ask that**(1) ☐ Petitioner will pay all court fees.(2) ☐ Respondent will pay all court fees.(3) ☐ Petitioner and Respondent shall each pay one-half of the remaining court fees.(4) ☐ Petitioner and Respondent shall each pay one-half of the total court fees.**M. Attorney's fees***Check one*(1) ☐ I have no attorney's fees.(2) ☐ I will pay my own attorney's fees.(3) ☐ I ask that my spouse pay me \$ _____ for attorney's fees.**N. Necessary documents**

I ask that the court require each of us to sign and deliver to each other any papers that may be needed to carry out the terms of the Decree.

O. Other request for relief *Attach additional sheets if necessary.* _____**3. Statements of understanding and fact***Check all that apply*A. ☐ I have made a full disclosure of my property and debts to the court.B. ☐ This request for relief addresses all issues in my divorce.C. ☐ I want the court to approve this request for relief and make it part of the final Decree.*Continued on next page*

Rule 17.100—Form 127: *Request for Relief in a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued**4. Attorney Help***Check one*

- A. ☐ An attorney did not help me prepare or fill in this paper.
- B. ☐ An attorney helped me prepare or fill in this paper.

If you check B, you must fill in the following information:

Name of attorney or organization, if any *Attorney's P.I.N. # – Ask the attorney*

Business address of attorney or organization *City* *State* *ZIP code*

(_____) _____ (_____) _____ _____
Attorney's phone number *Attorney's fax number – optional* *Attorney's email address – optional*

5. Certification of Service by Mailing or Delivery*Section 5 to be completed only if filing in paper or if the other party is exempt from electronic filing.**This document, if filed electronically will automatically be served on registered parties.*

I, _____, certify that on _____, 20____
Print your name *Month* *Day* *Year*

I mailed or gave a copy of this Request to the other party or the other party's attorney at this address:

Name of person to whom I delivered or mailed it

Party's or attorney's mailing address *City* *State* *ZIP code*

6. Oath and Signature

I, _____, have read this Request, and I certify under penalty
Print your name

of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Request is true and correct.

_____, 20____
Signed on: Month Day Year *Your signature**

Mailing address *City* *State* *ZIP code*

(_____) _____
Phone number *Email address* *Additional email address, if applicable*

** Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*

Rule 17.100—Form 128 *Settlement Agreement for a Dissolution of Marriage with no Minor or Dependent Adult Children*

Caution: *This form may require you to provide protected or confidential information.*

Use this form only if you and your spouse both agree to the terms of a settlement agreement.

 *If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure form (111) if you have not already done so.*

 *If filing in paper, you may use form 111 to provide any protected information in full.*

Do not use this form if:

- You and your spouse have children under the age of 18, or
- You and your spouse have children 18 years of age or older who still need support.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for _____ County
County where your case is filed

Upon the Petition of _____ Petitioner <i>Full name: first, middle, last</i> and concerning _____ Respondent <i>Full name: first, middle, last</i>	Equity case no. _____ Settlement Agreement for a Dissolution of Marriage with no Minor or Dependent Adult Children
--	---

1. Personal Information *Fill in all information that you know. If you have been assaulted by your spouse and you fear for your safety, you may leave your address, phone number, and email blank.*

A. Petitioner's birth year and present residence: _____
Birth year

Petitioner's present street address

City

State

ZIP code

County

(_____) _____
Phone number

Email address

B. Respondent's birth year and present residence: _____
Birth year

Respondent's present street address

City

State

ZIP code

County

(_____) _____
Phone number

Email address

Rule 17.100—Form 128: *Settlement Agreement for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued**2. Agreements****We agree to the following:****A. Children** *Check all that are true*

- (1) ☐ There are no children under the age of 18 who are children of both Petitioner and Respondent.
- (2) ☐ There are no children under the age of 18 who were adopted or born during this marriage.
- (3) ☐ There are no children 18 years of age or older who still need support.
- (4) ☐ Neither Petitioner nor Respondent is pregnant.

B. Breakdown of marriage

The marriage is broken down and cannot be saved.

C. Counseling

Counseling will not save the marriage.

D. Waiting period before decree *Check one*

- (1) ☐ More than 90 days have passed since Respondent was served with an Original Notice.
- (2) ☐ Fewer than 90 days have passed since Respondent was served with an Original Notice, but we want the court to take action right away without a separate hearing. We have no children affected by this action. Neither Petitioner nor Respondent is pregnant. This paper explains how we would like to settle all issues in our divorce.

E. Financial affidavits *Check one*

- (1) ☐ Petitioner or Respondent has filed a Financial Affidavit (124).
If you check (1), check a and/or b.
- a. ☐ Petitioner has filed a Financial Affidavit. Petitioner certifies that Petitioner has fully disclosed all income and the identity and value of all assets and debts.
- b. ☐ Respondent has filed a Financial Affidavit. Respondent certifies that Respondent has fully disclosed all income and the identity and value of all assets and debts.
- (2) ☐ We are asking that the court not require us to file Financial Affidavits because: *Explain*

F. Division of personal property*Check one*

- (1) ☐ We have divided our personal property. Petitioner will keep the personal property in Petitioner's possession. Respondent will keep the personal property in Respondent's possession.
If you check (1), skip to G.
- (2) ☐ Our personal property will be divided as follows:
Attach additional sheets if necessary.

- a. Petitioner will get the following as Petitioner's separate personal property:

Rule 17.100—Form 128: *Settlement Agreement for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

b. Respondent will get the following as Respondent's separate personal property:

G. Division of real estate

For each parcel of real estate you own, provide the following information.

Attach a separate sheet for each additional parcel.

(1) Ownership of real estate

Check one

- a. ☐ We do not own any real estate. *If you check a, skip to H.*
- b. ☐ We own real estate located at: _____,
Street address

in the City of _____, County of _____, and
State of _____. This land is described in the deed as follows:

(2) The real estate shall be:

Check one

- a. ☐ Sold and the profit or debt divided _____% to Petitioner and _____% to Respondent.
- b. ☐ Awarded to Petitioner, subject to all liens and mortgages.
- c. ☐ Awarded to Respondent, subject to all liens and mortgages.
- d. ☐ Other *Explain* _____

(3) Additional real estate

☐ Check this box if you are attaching separate sheets for additional parcels of real estate.

H. Division of debts

Check one

- (1) ☐ There are no debts.
- (2) ☐ We have listed all the debts that we know about and ask that they be divided as follows:
Attach additional sheets if necessary.

Continued on next page

Rule 17.100—Form 128: *Settlement Agreement for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

a. Petitioner will pay the following debts:

i. Business or person to whom a debt is owed	ii. Account number, if any <i>Last 4 numbers only</i>	iii. Total amount still owed
(a)		\$
(b)		\$
(c)		\$
(d)		\$
(e)		\$

☐ Check this box if you are attaching a separate sheet listing additional information about Petitioner's debts.

b. Respondent will pay the following debts:

i. Business or person to whom a debt is owed	ii. Account number, if any <i>Last 4 numbers only</i>	iii. Total amount still owed
(a)		\$
(b)		\$
(c)		\$
(d)		\$
(e)		\$

☐ Check this box if you are attaching a separate sheet listing additional information about Respondent's debts.

c. For any debt we do not know about, the spouse who made the debt will pay that debt.

I. Cash payment**We ask that***Check one*

- (1) ☐ Neither Petitioner nor Respondent pay any money to the other.
- (2) ☐ Petitioner pay Respondent \$ _____ to equalize the division of property and debts by _____, 20____.
- Month Day Year*
- (3) ☐ Respondent pay Petitioner \$ _____ to equalize the division of property and debts by _____, 20____.
- Month Day Year*

Continued on next page

Rule 17.100—Form 128: *Settlement Agreement for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued**J. Spousal support (alimony)***Check one***We ask that:**

- (1) ☐ Neither Petitioner nor Respondent pay spousal support (alimony) to the other.
- (2) ☐ Petitioner pay spousal support (alimony) to Respondent as follows: _____

- (3) ☐ Respondent pay spousal support (alimony) to Petitioner as follows: _____

K. Name change*Check one***We ask that****(1) Petitioner's name**

- a. ☐ Not be changed.
- b. ☐ Be changed to:

*Name can only be changed to
name on birth certificate or name used
immediately prior to the marriage.*

Print Petitioner's former or birth name

(2) Respondent's name

- a. ☐ Not be changed.
- b. ☐ Be changed to:

*Name can only be changed to
name on birth certificate or name used
immediately prior to the marriage.*

Print Respondent's former or birth name

L. Court fees*Check one***We ask that**

- (1) ☐ Petitioner will pay all court fees.
- (2) ☐ Respondent will pay all court fees.
- (3) ☐ Petitioner and Respondent shall each pay one-half of the remaining court fees.
- (4) ☐ Petitioner and Respondent shall each pay one-half of the total court fees.

Continued on next page

Rule 17.100—Form 128: *Settlement Agreement for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

M. Attorney's fees

(1) Petitioner's attorney's fees

Check one

- a. ☐ Petitioner has no attorney's fees.
- b. ☐ Petitioner will pay Petitioner's attorney's fees.
- c. ☐ Respondent will pay \$ _____ for Petitioner's attorney's fees.

(2) Respondent's attorney's fees

Check one

- a. ☐ Respondent has no attorney's fees.
- b. ☐ Respondent will pay Respondent's attorney's fees.
- c. ☐ Petitioner will pay \$ _____ for Respondent's attorney's fees.

N. Necessary documents

We will sign and promptly deliver to each other any papers that may be needed to carry out this Settlement Agreement.

O. Other agreements

Attach additional sheets if necessary.

Continued on next page

Rule 17.100—Form 128: *Settlement Agreement for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued**3. Attorney Help***Check one***A. Petitioner**(1) ☐ An attorney did not help me prepare or fill in this paper.(2) ☐ An attorney helped me prepare or fill in this paper.*If you check (2), you must fill in the following information:*_____
Name of attorney or organization, if any *Attorney's P.I.N. # – Ask the attorney*_____
Business address of attorney or organization *City* *State* *ZIP code*(_____) _____
Attorney's phone number *Attorney's fax number – optional* *Attorney's email address – optional***B. Respondent**(1) ☐ An attorney did not help me prepare or fill in this paper.(2) ☐ An attorney helped me prepare or fill in this paper.*If you check (2), you must fill in the following information:*_____
Name of attorney or organization, if any *Attorney's P.I.N. # – Ask the attorney*_____
Business address of attorney or organization *City* *State* *ZIP code*(_____) _____
Attorney's phone number *Attorney's fax number – optional* *Attorney's email address – optional***4. Oaths and Signatures**

This Settlement Agreement addresses all issues in our divorce. We have made a full disclosure of our property and debts to each other. We want the court to approve this agreement and make it a part of the final Decree.

A. Petitioner's Oath and SignatureI, _____, certify under penalty of perjury and pursuant to the
Print your name

laws of the State of Iowa that I have read this Settlement Agreement and it accurately states how I would like the court to address the issues in my divorce. I know I have the right to talk to an attorney about this Agreement. I am voluntarily signing this Agreement. I am asking that this Settlement Agreement be presented to a judge for approval and filing with the court.

_____, 20_____
Month *Day* *Year* *Petitioner's signature**_____
Mailing address *City* *State* *ZIP code*(_____) _____
Phone number *Email address* *Additional email address – if available*

* Whether filing electronically or in paper, you must *handwrite* your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.

Continued on next page

Rule 17.100—Form 128: *Settlement Agreement for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

B. Respondent's Oath and Signature

I, _____, certify under penalty of perjury and pursuant to the
Print your name

laws of the State of Iowa that I have read this Settlement Agreement and it accurately states how I would like the court to address the issues in my divorce. I know I have the right to talk to an attorney about this Agreement. I am voluntarily signing this Agreement. I am asking that this Settlement Agreement be presented to a judge for approval and filing with the court.

_____, 20____
*Month Day Year Respondent's signature**

Mailing address City State ZIP code

(_____) _____
Phone number Email address Additional email address – if available

** Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*

Rules 17.101 to 17.199 Reserved.

Rule 17.200 Family law forms for dissolution of marriage with dependent children. The following forms are for use in dissolution of marriage (divorce) actions with children under the age of 18 who are children of both spouses to the marriage, or children under the age of 18 who were adopted or born during the marriage, or children 18 years of age or older who are children of both spouses to the marriage and are dependent or still need support. These forms must also be used if a spouse of the marriage is pregnant.

[Court Order December 19, 2013]

Rule 17.200—Form 201: *Petition for Dissolution of Marriage with Children*

Read the [Guide to Representing Yourself in an Iowa Divorce Case with Children](#) on the Iowa Judicial Branch website before using this form.

Petitioner: Use this form only if your spouse lives in Iowa or you have lived in Iowa for the last year before you file the Petition, and one or more of the following are true:

- There are children under age 18 who are children of both Petitioner and Respondent.
- There are children under age 18 who were born or adopted during this marriage.
- There are children over age 18 who still need support.
- A spouse is pregnant.

Do not use this form if all of these are true (instead, use form 201):

- You and your spouse do not have children under age 18.
- You and your spouse do not have children age 18 or over who still need support.
- A spouse is not pregnant.



If filing electronically, you must provide any protected information in full on form 211.



If filing in paper, you may use form 211 to provide any protected information in full.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for _____ County
County where you are filing this Petition

In Re the Marriage of:

Your current legal name

Your spouse's current legal name

Upon the Petition of

Petitioner *Full name: first, middle, last*
The spouse who files the Petition
and concerning

Respondent *Full name: first, middle, last*
The other spouse

For clerk's use only

**Petition for Dissolution of Marriage
 with Children**

1. Personal Information *Fill in all information that you know. If you have been assaulted by your spouse and you fear for your safety, you may leave your street address, phone number, and email blank.*

A. Petitioner's (your) birth year and present residence: _____
Birth year

Petitioner's present street address

City

State

ZIP code

County

(_____) _____
Phone number

Email address

Continued on next page

If you need assistance to participate in court due to a disability, contact the disability coordinator at: (_____) _____. Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). **Disability coordinators cannot provide legal advice.** Disability coordinator contact information available at: http://www.iowacourts.gov/Administration/Directories/ADA_Access/.

Rule 17.200—Form 201: *Petition for Dissolution of Marriage with Children*, continued

B. Respondent's (your spouse's) birth year and present residence: _____
Birth year

Respondent's present street address *City* *State* *ZIP code*

County *()* *Phone number* *Email address*

C. Other person, if any, who has visitation or custody rights of the parties' children:
Fill in as much information as you know.

Full name: first, middle, last

Present street address *City* *State* *ZIP code*

County *()* *Phone number* *Email address*

2. General Information About the Marriage and the Parties

A. Date and location of the marriage

_____, _____, _____
Month *Day* *Year* *City* *State*

B. Children

Check all that are true

- (1) ☐ There are children under age 18 who are children of both Petitioner and Respondent.
- (2) ☐ There are children under age 18 who were adopted or born during this marriage.
This includes any child born to a spouse during the marriage, but for whom the other spouse is not a parent.
- (3) ☐ There are children 18 years or older who still need support.
- (4) ☐ Petitioner or Respondent is pregnant.

C. Identification of children

First, middle, & last initials of each child	Birth year
(1)	
(2)	
(3)	

First, middle, & last initials of each child	Birth year
(4)	
(5)	
(6)	

☐ *Check this box if you have attached a separate sheet listing additional children.*

D. Children's living arrangements

Places where the children have lived during the last five years and the parent(s) or adult(s) who acted as parent(s): *Fill in as much information as you know.*

(1) Children: _____
Initials *Initials* *Initials* *Initials* *Initials*

Rule 17.200—Form 201: *Petition for Dissolution of Marriage with Children*, continued

Lived with _____ from ____/____/____ to ____/____/____
Adult name mm dd yyyy mm dd yyyy

At _____
City State

(2) Children: _____
Initials Initials Initials Initials Initials

Lived with _____ from ____/____/____ to ____/____/____
Adult name mm dd yyyy mm dd yyyy

At _____
City State

(3) Children: _____
Initials Initials Initials Initials Initials

Lived with _____ from ____/____/____ to ____/____/____
Adult name mm dd yyyy mm dd yyyy

At _____
City State

(4) Children: _____
Initials Initials Initials Initials Initials

Lived with _____ from ____/____/____ to ____/____/____
Adult name mm dd yyyy mm dd yyyy

At _____
City State

(5) Children: _____
Initials Initials Initials Initials Initials

Lived with _____ from ____/____/____ to ____/____/____
Adult name mm dd yyyy mm dd yyyy

At _____
City State

☐ Check this box if you have attached a separate sheet listing additional children.

If the children have been in Iowa for less than six months, you may be able to get a divorce, but you might not be able to get custody. The rules are complicated and you may need to talk to an attorney.

E. Petitioner's residence

You cannot get a divorce in Iowa if your spouse does not live in Iowa and you have lived in Iowa for less than one year, or if you came to live in Iowa just to get a divorce. If you do not live in Iowa, you can only get a divorce in Iowa if your spouse lives in Iowa.

If you have questions about this, talk to an attorney.

(1) The **only** reason that Petitioner (you are Petitioner) is living in Iowa is just to get a divorce.

☐ True

☐ False *If you do not live in Iowa, or if you live in Iowa for reasons other than just to get a divorce, check "False."*

Rule 17.200—Form 201: *Petition for Dissolution of Marriage with Children*, continued

- (2) Petitioner has lived in Iowa for the last _____ years and _____ months
in _____ county.

- *If you have always lived in Iowa, count the time since your birth.*
- *If you have been a resident of another state, count the time since you last moved to Iowa.*

F. Parties' residence

If your spouse does not live in Iowa, you must have lived in Iowa for the last year before you may obtain a divorce in Iowa.

Check each that is true

- (1) ☐ Petitioner has lived in Iowa for more than one year.
(2) ☐ Respondent (your spouse) is a resident of Iowa.

G. Condition of the marriage

Check all that are true

- (1) ☐ The marriage is broken and cannot be saved.
(2) ☐ This is the only divorce case going on involving this marriage.
*If you **did not** check (2), explain in 4. You should also talk to an attorney.*
(3) ☐ This Petition is being filed in good faith for the purpose of ending the marriage.
(4) ☐ Counseling will not save the marriage. *If counseling may save the marriage, do not check (4).*

H. Respondent's status

Check each that is true

- (1) ☐ Respondent (your spouse) is in the military service.
If you check (1), there are special rules that may prevent your case from going forward if your spouse is in the military. You should talk to an attorney.
(2) ☐ Respondent is in prison or jail at _____ in _____.

Name of facility *State*

I. Protective or no contact order

Check one

- (1) ☐ There is neither a "protective order" nor a "no contact order" between Petitioner (you) and Respondent (your spouse).
(2) ☐ There is a "protective order" or a "no contact order" between Petitioner and Respondent.
If you check (2), fill in the following information:
a. County and state where the order came from: _____

County *State*

b. Court case number: _____

3. Other Cases About the Children

Check A or B

- A. ☐ There are no other cases about the children. *If you check A, skip to 4.*
B. ☐ There are other cases about the children.

If there is an order from out of state about the children, an Iowa court may not be able to issue an order about custody or visitation. The rules are complicated and you may need to talk to an attorney.

Rule 17.200—Form 201: *Petition for Dissolution of Marriage with Children*, continued*If you check B, fill in the applicable information below.*

(1) Juvenile court

Check a or b.

- a. ☐ There is no juvenile court case.
- b. ☐ There is a juvenile court case.

If you check b, fill in the following information:

- i. County and state of the juvenile court case: _____
County State
- ii. Juvenile court case number: _____

Check one

- (a) ☐ Concurrent jurisdiction has been granted.
- (b) ☐ Concurrent jurisdiction has not been granted.

If the juvenile court has not given concurrent jurisdiction (permission), then child custody cannot be decided in this case. You should talk to an attorney.

(2) Custody order

You might not be able to get custody in Iowa if there is a custody order entered in another state.

Check a or b.

- a. ☐ There is no custody order.
- b. ☐ There is a custody order.

If you check b, fill in the following information:

- i. County and state where the custody order came from: _____
County State
- ii. Court case number: _____

(3) Child support order

Check a or b.

- a. ☐ There is no child support order.
- b. ☐ There is a child support order.

If you check b, fill in the following information:

- i. County and state where the child support order came from: _____
County State
- ii. Court case number: _____

4. Other Information *All of the basic information you need to tell the court is listed on this form.
Provide other information only if you need to explain something.*

5. Petitioner's Request**A. Petitioner asks the court to:***Check all that apply. The court will only consider items that are checked.*

- (1) ☐ End the marriage of Petitioner (you) and Respondent (your spouse).

Rule 17.200—Form 201: *Petition for Dissolution of Marriage with Children*, continued

- (2) ☐ Decide custody and visitation.
- (3) ☐ Order child support and medical support.
- (4) ☐ Order payment of school or college tuition.
- (5) ☐ Fairly divide the property and the debts of the parties.
- (6) ☐ Order that Respondent pay the court fees.
- (7) ☐ Order that Respondent pay for Petitioner's attorney's fees before the divorce is final.
If you check (7), you must file form 222.
- (8) ☐ Order that Respondent pay spousal support (alimony) to Petitioner.
If you check (8), you must file form 222.
- (9) ☐ Change Petitioner's last name to: _____
Name can only be changed to name on birth certificate or name used immediately prior to the marriage.
_____ *Print your former or birth name*
- (10) ☐ Order counseling to save the marriage.
- (11) ☐ Other request: _____

Continued on next page

Rule 17.200—Form 201: *Petition for Dissolution of Marriage with Children*, continued**6. Attorney Help***Check one*

- A. ☐ An attorney did not help me prepare or fill in this paper.
- B. ☐ An attorney helped me prepare or fill in this paper.

If you check B, you must fill in the following information:

Name of attorney or organization, if any *Attorney's P.I.N. # – Ask the attorney*

Business address of attorney or organization *City* *State* *ZIP code*

(_____) _____
Attorney's phone number *Attorney's fax number – optional* *Attorney's email address – optional*

7. Service Instructions

If Petitioner is filing in paper,

Check one

- A. ☐ Petitioner will accept service of documents at the attorney's address listed above; or
- B. ☐ Petitioner will accept service of documents in this case at the mailing address below.

8. Oath and Signature

I, _____, have read this Petition, and I certify under penalty
Print your name

of perjury and pursuant to the laws of the State of Iowa that the information I have provided
 in this Petition is true and correct.

_____, 20_____
Signed on: Month Day Year *Your signature**

Mailing address *City* *State* *ZIP code*

(_____) _____
Phone number *Email address* *Additional email address, if applicable*

* *Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*

Important Notice to Petitioner
 See next page for instructions for filing a Petition.

Rule 17.200—Form 201: *Petition for Dissolution of Marriage with Children***Do not file these instructions****Instructions for Filing a Petition for Dissolution of Marriage with Children**

The Iowa Judicial Branch is converting the court system to electronic filing county by county. The electronic filing system is also known as EDMS. To determine if this case is in a county using electronic filing, [check the map](#) available on the Iowa Judicial Branch website under eFiling, or call the clerk of court office in your county. If your county accepts electronic filing, **you must file electronically** unless you get permission from the court to file in paper. Contact the clerk of court in your county if you are unable to file electronically.

 Filing your Petition electronically

- If you are filing your divorce case in a county that uses electronic filing, you must register to electronically file. For help with registration, see the eFiler's User Guide [How to Register Pro Se \(Self Represented\) for eFiling](#) on the Iowa Judicial Branch website.
- After you have registered, [log in to the electronic filing system](#) to electronically file your dissolution case.
- For help electronically filing your divorce, see [How to eFile a New Case](#).
- With your Petition, you must also file an Original Notice (204) and a Protected Information Disclosure Form (211).
- You will receive a Notice of Electronic Filing (NEF) when the clerk of court has approved the eFiling of your Petition and other documents.
- If there was a problem with your filing, EDMS will send you a Retraction Notice. You can then log in to My Filings, correct the error, and resubmit your filing. For help, see [How to Resubmit a Returned Filing](#).
- Log in to your eFile account and download and print your Petition and Original Notice so that you can serve it on (deliver it to) your spouse.
- For help finding and downloading your Petition and Original Notice, please see [My Filings Reference Guide](#).

 Filing your Petition in paper

- If the county where you will be filing your Petition does not yet accept electronic filing, you may proceed in paper. If the county does accept electronic filing, you must proceed electronically, unless you have received permission from the court to file in paper.
- With your Petition (201), you must also file a Petition Cover Sheet (202), an Original Notice (204a), and a Confidential Information Form (203).
- Forms 201 and 204a: Make **two** photocopies if you can deliver copies of these forms to your spouse in-person or by mail. Make **three** photocopies if you are going to ask the county sheriff or a civil process server to deliver these forms to your spouse.

Note about making photocopies: You should make your photocopies before you go to the courthouse to file your papers. It is expensive to make photocopies at the clerk of court office. It is cheaper to make the copies at a business that makes photocopies or at a public library.

- Forms 202 and 203: You do **not** have to make photocopies of these forms.
- Take the original forms you filled in and the photocopies to the clerk of court office in your county. Tell the clerk at the counter you are filing a Petition for a divorce.

Instructions for Rule 17.200—Form 201: *Petition for Dissolution of Marriage with Children*, continued

- Give the clerk at the counter these forms:
 - 201 Petition for Dissolution of Marriage with Children
 - 202 Coversheet for a Petition for Dissolution of Marriage with Children
 - 203 Confidential Information Form (*Do not make copies of this form.*)
 - 204a Original Notice
- Pay the filing fee. If you cannot afford to pay the filing fee, prepare and file form 209.
- The clerk at the counter can tell you the amount of the filing fee. The Iowa legislature sets these fees and periodically raises them, so check with the clerk's office to confirm the current filing fee.
- The clerk of court will sign the Original Notice (204a). You will have to serve this form on (deliver it to) your spouse.
- The clerk at the counter will time-stamp each of the copies (original and photocopies).

Do not file these instructions

Rule 17.200—Form 202: *Petition Cover Sheet for a Dissolution of Marriage with Children*

Petitioner: Use this form for paper filing only; do not file in electronic cases.

For court use only

Case number	County where case is filed
-------------	----------------------------

Petitioner

Petitioner's first name	Middle name	Last name
-------------------------	-------------	-----------

<i>Street address</i>	<i>City</i>	<i>State</i>	<i>ZIP code</i>
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() _____
Phone number Email address

Case name

Petitioner's first name Middle name Last name

VS.

Respondent's first name	Middle name	Last name
-------------------------	-------------	-----------

Nature of the Case: EQUITY—Domestic Relations
Dissolution—with children (CD-DC)

Note to Petitioner

- Petitioner must complete this cover sheet if filing in paper and give it to the clerk of court when filing a Petition for Dissolution of Marriage with Children (201).
- **Do not serve this cover sheet on Respondent.**
- This cover sheet is for statistical purposes only. It has no legal effect in the case.
- Electronic filers: Do not use this form. The information on this form is automatically generated when you submit your documents electronically.

Rule 17.200—Form 203: Confidential Information Form

This form is to be used by paper filers only.

Each party must complete one of these forms if filing in paper.

Iowa Code section 602.6111 requires the parties to a case to provide the clerk of court with certain personal identification information. Each party's completed form will be kept confidential by the clerk of court.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for _____ County
County where your case is filed

Upon the Petition of

Petitioner *Full name: first, middle, last*
The spouse who files the Petition

and concerning

Respondent *Full name: first, middle, last*
The other spouse

Equity case no. _____

Confidential Information Form**1. Petitioner's Information**

Full name: first, middle, last ____/____/____
Birth date ____-____-____
Social Security number

2. Respondent's Information

Full name: first, middle, last ____/____/____
Birth date ____-____-____
Social Security number

3. Children's Information

Child 1:

Full name: first, middle, last ____/____/____
Birth date ____-____-____
Social Security number

Child 2:

Full name: first, middle, last ____/____/____
Birth date ____-____-____
Social Security number

Child 3:

Full name: first, middle, last ____/____/____
Birth date ____-____-____
Social Security number

Child 4:

Full name: first, middle, last ____/____/____
Birth date ____-____-____
Social Security number

Continued on next page

Rule 17.200—Form 203 *Confidential Information Form*, continued**Child 5:**

_____/_____/_____-_____-_____
Full name: first, middle, last Birth date Social Security number

☐ *Check this box if you have attached a separate sheet listing additional children.*

4. Signature of Provider of Information

Information provided by: _____
Print your full name: first, middle, last

_____, 20____
Your signature Month Day Year

Important Notice:

Do not give copies of this form to anyone except the clerk of court.

Rule 17.200—Form 204: *Original Notice for Personal Service*

Petitioner must serve the Petition on Respondent within 90 days after filing the Petition. Failure to meet this deadline may result in the court dismissing the divorce case.

Read the [Guide to Representing Yourself in an Iowa Divorce Case with Children](#) on the Iowa Judicial Branch website for additional important instructions. Iowa divorce forms are available free of charge on the [Iowa Judicial Branch website](#).

 If filing electronically, **Petitioner must complete this form.**

 If filing in paper, Petitioner must use form 204a.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for _____ County
County where Petition is filed

Upon the Petition of

Petitioner *Full name: first, middle, last*

and concerning

Respondent *Full name: first, middle, last*

Original Notice for Personal Service

To Respondent Named Above

- Petitioner (your spouse) has filed a divorce lawsuit naming you as Respondent.
- A copy of the Petition for Dissolution of Marriage with Children is attached to this Notice.
- Petitioner asks for a divorce.

Petitioner's contact information during the divorce case: _____
Petitioner's name

Mailing address *City* *State* *ZIP code*

(_____) _____
Phone number *Email address*

Important instructions for Respondent on next page

If you need assistance to participate in court due to a disability, contact the disability coordinator at: (_____) _____. Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). **Disability coordinators cannot provide legal advice.** Disability coordinator contact information available at: http://www.iowacourts.gov/Administration/Directories/ADA_Access/.

Rule 17.200—Form 204: *Original Notice for Personal Service*, continued

Instructions to Respondent

- A. You **must** file an Answer or a Motion with the clerk of court in the above county within **20 days** after you receive this Original Notice. If you do not file an Answer or Motion within **20 days** after receiving this Original Notice, the **court may enter a judgment against you** giving Petitioner what he or she asked for in the Petition.
- B. For help in your divorce case, and for forms that you must use if you choose to represent yourself without an attorney, visit the Iowa Judicial Branch website at <http://www.iowacourts.gov/> and click on “Court Rules & Forms” or on “For the Public.”
- C. If you received Petition form **201**, you may use Answer form **215**.
- D. This case has been filed in a county that uses electronic filing. You must register to eFile through the Iowa Judicial Branch website at <https://www.iowacourts.state.ia.us/Efile> and obtain a log in and password for filing and viewing documents in your case and for receiving service and notices from the court.
- For general rules and information on electronic filing, refer to the Iowa Court Rules Chapter 16 Pertaining to the Use of the Electronic Document Management System, available on the Iowa Judicial Branch website.
 - For court rules on the Protection of Personal Privacy in court filings, refer to Division VI of the Iowa Court Rules Chapter 16.
 - If you are unable to proceed electronically, you must receive permission from the court to file in paper. Contact the clerk of court in the county where the petition was filed for more information on being excused from electronic filing.
- E. If you electronically file your Answer or Motion, it will be served automatically on Petitioner or on Petitioner’s attorney(s). A Notice of Electronic Filing (NEF) will tell you if the court has excused Petitioner from electronic filing. If the court has excused Petitioner from electronic filing, you must mail a copy of your Answer or Motion to Petitioner.

Important Notice to Respondent

You should talk to an attorney at once to protect your interests.

Rule 17.200—Form 204a: Original Notice for Personal Service

Petitioner: Use this form only if filing in paper.

Read the *Guide to Representing Yourself in an Iowa Divorce Case with Children* for additional important instructions. Iowa divorce forms are available free of charge on the Iowa Judicial Branch website.

 If filing electronically, **Petitioner must use form 204.**

 If filing in paper, **Petitioner must use this form.**

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for _____ County
County where Petition is filed

Upon the Petition of

Petitioner *Full name: first, middle, last*

and concerning

Respondent *Full name: first, middle, last*

Equity case no. _____

Original Notice for Personal Service**1. To Respondent Named Above**

- Petitioner (your spouse) has filed a divorce lawsuit naming you as Respondent.
- A copy of the Petition for Dissolution of Marriage with Children is attached to this Notice.
- Petitioner asks for a divorce.

Petitioner's contact information during the divorce case: _____
Petitioner's name

Mailing address City State ZIP code

(_____) _____
Phone number Email address

2. Instructions to Respondent Named Above

- You **must** file an Answer or a Motion with the clerk of court in the above county within **20 days** after you receive this Original Notice. If you do not file an Answer or Motion within **20 days** after receiving this Original Notice, the **court may enter a judgment against you** giving Petitioner what he or she asked for in the Petition.
- If you received Petition form **201**, you may use Answer form **215**.
- After you file your Answer or Motion, you must serve a copy of it on Petitioner.

(SEAL)

Clerk of Court

Important Notice to Respondent

You should talk to an attorney at once to protect your interests.

 _____, Iowa _____
City ZIP code

If you need assistance to participate in court due to a disability, contact the disability coordinator at: (_____) _____. Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). **Disability coordinators cannot provide legal advice.** Disability coordinator contact information available at: http://www.iowacourts.gov/Administration/Directories/ADA_Access/.

Rule 17.200—Form 205: *Acceptance of Service*

Petitioner must complete this section:

In the Iowa District Court for _____ County <i>County where Petition is filed</i>	
Upon the Petition of Petitioner <i>Full name: first, middle, last</i> and concerning Respondent <i>Full name: first, middle, last</i>	Equity case no. _____ Acceptance of Service

Petitioner must file this form with the clerk of court soon after Respondent signs it.

Respondent must complete this section:

Respondent's Acceptance of Service, Oath, and Signature <i>If Respondent completes this Acceptance of Service, Respondent must return this form to Petitioner soon after signing it. Petitioner will file it with the clerk of court.</i>	
I, _____, am Respondent in this case. I received a copy <i>Print your name</i> of the Original Notice and the Petition for this case. I have read this Acceptance of Service. I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Acceptance of Service is true and correct.	
Signed: _____, 20____ <i>Month Day Year</i>	_____ <i>Respondent's signature</i>
_____ <i>Respondent's mailing address</i>	_____ <i>City</i>
_____ <i>State</i>	_____ <i>ZIP code</i>
(_____) _____ <i>Phone number</i>	_____ <i>Email address</i>

Important Notice to Respondent

By signing this form, you are not agreeing to what Petitioner wants.
 You are only agreeing that you received a copy of the Original Notice and Petition.

Rule 17.200—Form 206: *Directions for Service of Original Notice*

Petitioner: Complete this form if the sheriff or a process server will deliver the Petition and Original Notice to Respondent.

- Do not use this form if Respondent has already received the Petition and Original Notice.
- Do not file this form with the clerk of court in paper or electronically.
- Give this form to the sheriff or other process server with your Petition (201) and Original Notice (204 if electronically filing or 204a if filing in paper).

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

County where Petition is filed

Equity case number

1. Name and Location of Sheriff or Other Process Server

Check one and fill in the blanks

A. ☐ **Sheriff** *In county where Respondent will be served*

County

Street address

City

State

ZIP code

B. ☐ **Other process server**

Name of other person serving the Notice

Street address

City

State

ZIP code

2. Person to be Served

Your spouse's name

() Phone number

Address where your spouse can be served

City

State

ZIP code

3. Person Requesting Service

Your name

() Phone number

Your present mailing address

City

State

ZIP code

4. Special Instructions for Service *Provide information that will help the sheriff or process server in delivering papers to Respondent.*

Continued on next page

Rule 17.200—Form 206: *Directions for Service of Original Notice*, continued

5. Costs of Service

Check one

- A. ☐ Petitioner will pay the costs of the Sheriff or other process server.

If you cannot afford the costs, file form 209.

- B. ☐ Costs for Sheriff deferred by court order: _____

*Clerk of court: Sign only if costs deferred
by court order*

6. Notification

After completion of service, the sheriff or other process server will notify the person requesting service.

_____, 20____
Signed: Month Day Year Your signature

Rule 17.200—Form 207: Motion and Affidavit to Serve by Publication

Petitioner: Use this form only if you do not know where your spouse lives or works.

- You must contact a newspaper that is generally distributed or circulated throughout the county where you filed the Petition.
- Ask if the newspaper will publish your Original Notice by Publication (208) in your divorce case.
- Tell the newspaper you need to publish the Notice once each week for three weeks in a row.
- If the newspaper can publish your Notice three weeks in a row, ask how much it will cost.
- Tell the newspaper you will call back to arrange for publishing your Notice after a judge gives you permission to publish your Notice in the newspaper.
- The fees for publication are set by statute in Iowa Code section 618.11.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for _____ County
County where you filed the Petition

Upon the Petition of

Petitioner *Full name: first, middle, last*

and concerning

Respondent *Full name: first, middle, last*

Equity case no. _____

**Motion and Affidavit to
Serve by Publication**

1. Information and Requests**A. Respondent's residence**

Check each that applies

- (1) ☐ Respondent lives outside of Iowa.
 (2) ☐ Respondent's residence and place of employment are unknown.

B. Respondent's last known residence:

Street address *City* *State* *ZIP code*

County *()* *Phone number* *Email address*

C. Most recent date Respondent is known to have been at the address above:

_____, 20____
Month *Day* *Year*

Rule 17.200—Form 207: *Motion and Affidavit to Serve by Publication*, continued

D. Petitioner has taken these steps to find Respondent: _____

E. Petitioner will publish notice in this newspaper: _____
Name of newspaper

F. Petitioner asks the court to allow Petitioner to serve Respondent by publication because Respondent cannot be personally served.

Continued on next page

Rule 17.200—Form 207: *Motion and Affidavit to Serve by Publication*, continued**2. Attorney Help***Check one*

- A. ☐ An attorney did not help me prepare or fill in this paper.
- B. ☐ An attorney helped me prepare or fill in this paper.

If you check B, you must fill in the following information:

Name of attorney or organization, if any *Attorney's P.I.N. # – Ask the attorney*

Business address of attorney or organization *City* *State* *ZIP code*

(_____) _____ (_____) _____
Attorney's phone number *Attorney's fax number – optional* *Attorney's email address – optional*

3. Oath and Signature

I, _____, have read this Motion and Affidavit, and I certify
Print your name

under penalty of perjury and pursuant to the laws of the State of Iowa that the information I
 have provided in this Motion and Affidavit is true and correct.

_____, 20_____
Signed on: Month Day Year *Your signature**

Mailing address *City* *State* *ZIP code*

(_____) _____
Phone number *Email address* *Additional email address, if applicable*

* *Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*

Rule 17.200—Form 208: Original Notice by Publication

Petitioner: Complete this form only if a judge has signed an order giving permission to publish this Notice in a newspaper.

After you take this Notice to the newspaper, promptly mail a copy of this Notice and the Petition to Respondent's last known mailing address.

Note to Petitioner: Fill in third date of publication in section 2 below.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

Newspaper: Publish only the information below this line.

In the Iowa District Court for _____ County

County where Petition is filed

Upon the Petition of

Petitioner *Full name: first, middle, last*

and concerning

Respondent *Full name: first, middle, last*

Equity case no. _____

Original Notice by Publication

1. Information for Respondent Named Above

- Petitioner (your spouse) has filed a divorce lawsuit naming you as Respondent.
- Petitioner's contact information during the divorce case:

Petitioner's name: First, middle, last

Petitioner's present street address

City

State

ZIP code

County

() Phone number

Email address

2. Respondent's Deadline for Filing a Response

You must file an Answer or a Motion with the clerk of court in the above county within **20 days** after

Month _____, *Day* _____, *Year* **20**_____.

3. Instructions to Respondent Named Above

You must file an Answer or a Motion with the clerk of court in the above county within **20 days** after the date provided above. If you do not respond, the **court may enter a judgment against you** giving Petitioner what he or she asked for in the Petition.

Important Notice to Respondent

- You should talk to an attorney at once to protect your interests.
- If you choose not to have an attorney represent you in this matter, go to the Iowa Judicial Branch website for [self-represented litigant information](#) and [family law forms](#).

If you need assistance to participate in court due to a disability, contact the disability coordinator at: () _____. Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). **Disability coordinators cannot provide legal advice.** Disability coordinator contact information available at: http://www.iowacourts.gov/Administration/Directories/ADA_Access/.

Rule 17.200—Form 208: *Original Notice by Publication*, continued

Newspaper: only publish the instructions below if your county uses electronic filing. To determine if your county uses electronic filing, check the map available on the Iowa Judicial Branch website under “eFiling,” or call the clerk of court office in your county.

Additional Information for Respondent

- You must register to eFile through the Iowa Judicial Branch website at <https://www.iowacourts.state.ia.us/Efile/> and obtain a log in and password to file and view documents in your case and to receive service and notices from the court.
- For general rules and information on electronic filing, refer to the Iowa Court Rules Chapter 16 Pertaining to the Use of the Electronic Document Management System, available on the Iowa Judicial Branch website.
- For court rules on the Protection of Personal Privacy in court filings, refer to Division VI of the Iowa Court Rules, Chapter 16.

Rule 17.200—Form 209: *Application and Affidavit to Defer Payment of Costs*

Petitioner: Use this form only if you cannot afford to pay the fees to file and serve the Petition.

- Use this form if it would cause you to suffer a hardship if you had to pay the filing fee and cost of serving papers.
- You may need to provide proof of your income and assets and your expenses.
- Costs and fees paid to someone other than the court or sheriff **cannot be waived**. For example, you may have to pay to publish a legal notice in the newspaper or to hire an expert to testify.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for _____ County <i>County where your case is filed</i>	
Upon the Petition of Petitioner <i>Full name: first, middle, last</i> and concerning Respondent <i>Full name: first, middle, last</i>	Equity case no. _____ Application and Affidavit to Defer Payment of Costs

1. Request and Information

A. I am Petitioner.

B. For my Application and Affidavit, I state that:

Check all that apply

- (1) ☐ I am unable to pay the filing fee or service costs or other court costs.
- (2) ☐ I ask the court for permission to proceed without prepayment of costs and fees.
- (3) ☐ I am filing this Application and Affidavit in good faith.
- (4) ☐ I believe I am entitled to what I am asking for in this case.

C. Household

There are _____ people living in my household.
Number

D. My household income is \$ _____ per month.

Put the total amount of all income and benefits before deductions for all members of your household.

E. My income comes from:

List the sources of your income. Examples: salary, wages, or benefits such as unemployment, Title 19, FIP.

Continued on next page

Rule 17.200—Form 209: *Application and Affidavit to Defer Payment of Costs*, continued

F. My household has the following monthly expenses:

- (1) Rent or mortgage \$ _____
- (2) Utilities \$ _____
- (3) Phone \$ _____
- (4) Food \$ _____
- (5) Transportation \$ _____

G. I have \$_____ in cash, checking, and savings.

Continued on next page

Rule 17.200—Form 209: *Application and Affidavit to Defer Payment of Costs*, continued**2. Attorney Help***Check one*

- A. ☐ An attorney did not help me prepare or fill in this paper.
- B. ☐ An attorney helped me prepare or fill in this paper.

If you check B, you must fill in the following information:

Name of attorney or organization, if any *Attorney's P.I.N. # – Ask the attorney*

Business address of attorney or organization *City* *State* *ZIP code*

(_____) _____
Attorney's phone number *Attorney's fax number – optional* *Attorney's email address – optional*

3. Certification of Service by Mailing or Delivery*Section 3 to be completed only if filing in paper or if the other party is exempt from electronic filing.**This document, if filed electronically, will automatically be served on registered parties.*

I, _____, certify that on _____, 20____
Print your name *Month* *Day* *Year*

I mailed or gave a copy of this Application and Affidavit to the other party or the other party's attorney at this address:

Name of person to whom I delivered or mailed it

Party's or attorney's mailing address *City* *State* *ZIP code*

4. Oath and Signature

I, _____, certify under penalty of perjury and pursuant to the laws of
Print your name

the State of Iowa that I have read this Application and Affidavit and that the information I have provided in this Application and Affidavit is true and correct.

_____, 20____
Signed on: Month *Day* *Year* *Your signature**

Mailing address *City* *State* *ZIP code*

(_____) _____
Phone number *Email address* *Additional email address – if available*

** Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*

Rule 17.200—Form 210: Affidavit of Service of Original Notice and Petition for Dissolution of Marriage

Petitioner: Use this form only if someone other than Petitioner (you), or a person who is not a sheriff or a process server, delivered a copy of the Petition and Original Notice to Respondent (your spouse).

- The person, other than Petitioner, who gave the Petition and Original Notice to Respondent, fills in this form.
- Petitioner, or the person who gave the Petition and Original Notice to Respondent, must file this form with the clerk of court.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for _____ County <i>County where Petition is filed</i>	
Upon the Petition of Petitioner <i>Full name: first, middle, last</i> and concerning Respondent <i>Full name: first, middle, last</i>	Equity case no. _____ Affidavit of Service of Original Notice and Petition for Dissolution of Marriage

1. Affidavit

I, _____, delivered a copy of the Original Notice and
Name of person – Cannot be Petitioner, sheriff, or process server

Petition for Dissolution of Marriage for this case to:

Check one

_____ on _____, 20____ at _____
Name of Respondent Month Day Year Time

by handing Respondent copies of the attached papers.

2. Oath and Signature

To be completed by the person who gave the Petition and Original Notice to Respondent.

I, _____, have read this Affidavit of Service, and I certify
Print your name

under penalty of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Affidavit of Service is true and correct.

_____, 20____
*Signed on: Month Day Year Your signature**

Mailing address City State ZIP code

(_____) _____
Phone number Email address Additional email address – if available

** If you are filing electronically, scan the form after signing it and then file electronically.*

Rule 17.200—Form 211: *Protected Information Disclosure*

It is the responsibility of counsel, if any, and the parties to ensure that protected information is omitted or redacted from documents or exhibits filed with the court. The clerk of court will not review filings to determine whether the required omissions or redactions have been made. For electronic filers, see Division VI of chapter 16 of the Iowa Court Rules. For paper filers, see Iowa Rule of Civil Procedure 1.422.

Use this form to identify the full version of any protected information redacted in other documents you have filed.

 If filing electronically:

- **Petitioner** must complete this form (211) and file it with the Petition (201) and Original Notice (204).
- **Respondent** must complete this form if adding or correcting protected information.

 **Paper filers** also may use form 211 to assist in complying with Iowa Rule of Civil Procedure 1.422.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for _____ County
County where the case is filed

Upon the Petition of

Equity case no. _____

Petitioner *Full name: first, middle, last*

Protected Information Disclosure

and concerning

Respondent *Full name: first, middle, last*

For electronic filers:

When protected information, as defined in Iowa Court Rule 16.602, is required by law to be included or is material to the case and must be included in non-confidential documents, a party shall include the protected information on this form.

For an explanation of a filer's responsibility and the procedures to use for protecting personal information, refer to Iowa Court Rules: Chapter 16, Rules Pertaining to the Use of the Electronic Document Management System, Division VI, Protection of Personal Privacy. Rule 16.602 provides the list of protected information. Rule 16.604 provides a list of information that may be redacted.

1. Petitioner *The spouse who filed for divorce.*

Provide the complete version of protected information and the redacted version included in documents you file.

Name _____
First Middle Last

Protected Information Type	Complete Information (See Rules 16.602 and 16.604)	Redacted Information (See Rule 16.605)
A. Social security number	- - XXX-XX-XXXX	<i>Last four digits only</i>
B. Financial account numbers	<i>Full account number</i>	<i>Partial account number only</i>
C. Date of birth	/ / mm/dd/yyyy	<i>Year only</i>
D. Individual taxpayer identification numbers	- - XXX-XX-XXXX	<i>Last four digits only</i>

Rule 17.200—Form 211: *Protected Information Disclosure*, continued

E. Personal identification numbers	<i>Full number</i>	<i>Partial only</i>
F. Other unique identifying numbers	<i>Full number</i>	<i>Partial only</i>
G. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
H. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
I. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
J. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>

☐ Check this box if you are attaching a separate sheet listing additional information for Petitioner.
2. Respondent *The spouse who did not file for divorce.*

Provide the complete version of protected information and the redacted version included in documents you file.
If Petitioner is filling out this form, provide as much information about Respondent as you can.

Name _____
 First *Middle* *Last*

Protected Information Type	Complete Information (See Rules 16.602 and 16.604)	Redacted Information (See Rule 16.605)
A. Social security number	- - XXX-XX-XXXX	<i>Last four digits only</i>
B. Financial account numbers	<i>Full account number</i>	<i>Partial account number only</i>
C. Date of birth	/ / mm/dd/yyyy	<i>Year only</i>
D. Individual taxpayer identification numbers	- - XXX-XX-XXXX	<i>Last four digits only</i>
E. Personal identification numbers	<i>Full number</i>	<i>Partial only</i>
F. Other unique identifying numbers	<i>Full number</i>	<i>Partial only</i>
G. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
H. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
I. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
J. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>

☐ Check this box if you are attaching a separate sheet listing additional information for Respondent.

Rule 17.200—Form 211: *Protected Information Disclosure*, continued**3. Other Parties**

*Provide the complete version of protected information and the redacted version included in documents you file.
Provide as much information about other parties as you can.*

Name _____
 First *Middle* *Last*

Protected Information Type	Complete Information (See Rules 16.602 and 16.604)	Redacted Information (See Rule 16.605)
A. Social security number	- - XXX-XX-XXXX	<i>Last four digits only</i>
B. Financial account numbers	<i>Full account number</i>	<i>Partial account number only</i>
C. Date of birth	/ / mm/dd/yyyy	<i>Year only</i>
D. Individual taxpayer identification numbers	- - XXX-XX-XXXX	<i>Last four digits only</i>
E. Personal identification numbers	<i>Full number</i>	<i>Partial only</i>
F. Other unique identifying numbers	<i>Full number</i>	<i>Partial only</i>
G. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
H. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
I. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
J. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>

☐ *Check this box if you are attaching a separate sheet listing additional information for other parties.*

4. Children

Provide the complete version of protected information and the redacted version included in documents you file.

A.	Protected Information Type	Complete Information (See Rules 16.602 and 16.604)	Redacted Information (See Rule 16.605)
	(1) Child's full name	<i>First, middle, last name</i>	<i>Child's initials</i>
	(2) Social security number	- - XXX-XX-XXXX	<i>Last four digits only</i>
	(3) Date of birth	/ / mm/dd/yyyy	<i>Year only</i>

Rule 17.200—Form 211: *Protected Information Disclosure*, continued

B. Protected Information Type	Complete Information (See Rules 16.602 and 16.604)	Redacted Information (See Rule 16.605)
(1) Child's full name	<i>First, middle, last name</i>	<i>Child's initials</i>
(2) Social security number	- - XXX-XX-XXXX	<i>Last four digits only</i>
(3) Date of birth	/ / mm/dd/yyyy	<i>Year only</i>

C. Protected Information Type	Complete Information (See Rules 16.602 and 16.604)	Redacted Information (See Rule 16.605)
(1) Child's full name	<i>First, middle, last name</i>	<i>Child's initials</i>
(2) Social security number	- - XXX-XX-XXXX	<i>Last four digits only</i>
(3) Date of birth	/ / mm/dd/yyyy	<i>Year only</i>

D. Protected Information Type	Complete Information (See Rules 16.602 and 16.604)	Redacted Information (See Rule 16.605)
(1) Child's full name	<i>First, middle, last name</i>	<i>Child's initials</i>
(2) Social security number	- - XXX-XX-XXXX	<i>Last four digits only</i>
(3) Date of birth	/ / mm/dd/yyyy	<i>Year only</i>

E. Protected Information Type	Complete Information (See Rules 16.602 and 16.604)	Redacted Information (See Rule 16.605)
(1) Child's full name	<i>First, middle, last name</i>	<i>Child's initials</i>
(2) Social security number	- - XXX-XX-XXXX	<i>Last four digits only</i>
(3) Date of birth	/ / mm/dd/yyyy	<i>Year only</i>

☐ Check this box if you are attaching a separate sheet listing additional children.

Continued on next page

Rule 17.200—Form 211: *Protected Information Disclosure*, continued**5. Information provided by:**

_____	/s/ _____
<i>Handwritten signature of Petitioner or attorney if filing in paper</i>	<i>Electronic signature of Petitioner or attorney if filing electronically</i>

Law firm, if applicable

_____	_____	_____	_____
<i>Mailing address</i>	<i>City</i>	<i>State</i>	<i>ZIP code</i>

(_____) _____
Phone number

_____	_____
<i>Email address</i>	<i>Additional email address, if applicable</i>

_____	_____, 20____
<i>Month</i>	<i>Day Year</i>
<i>Date information provided</i>	

Rule 17.200—Form 215: Answer to Petition for Dissolution of Marriage with Children

Respondent: You must file an Answer in the county where the Petition was filed within **20 days** after receiving the Petition and Original Notice, or the **court may enter a judgment against Respondent** giving Petitioner what he or she asked for in the Petition.

- Read the [*Guide to Representing Yourself in an Iowa Divorce Case with Children*](#) on the Iowa Judicial Branch website before using this form.
- Use this Answer form 215 if you received Petition form 201, otherwise use form 216.
-  *If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure form (211) if you have not already done so.*
-  *If filing in paper, you may use form 211.*

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for _____ County
County where your spouse filed the Petition

Upon the Petition of

Petitioner *Your spouse's full name: first, middle, last*

and concerning

Respondent *Your full name: first, middle, last*

Equity case no. _____

Answer to Petition for Dissolution of Marriage with Children**1. Personal Information** *Fill in all information that you know.***A. Petitioner's information**

Check one

If paragraph 1A of the Petition (form 201) is not correct, check (2) and fill in the blanks.

- (1) ☐ Petitioner's (your spouse's) birth year and present residence are correct in the Petition.
 (2) ☐ Petitioner's birth year and present residence are not correct in the Petition.

The correct information is: _____
Birth year

Present street address *City* *State* *ZIP code*
 _____ () _____
County *Phone number* *Email address*

B. Respondent's information

Check one

If paragraph 1B of the Petition (form 201) is not correct, check (2) and fill in the blanks.

- (1) ☐ Respondent's (your) birth year and present residence are correct in the Petition.
 (2) ☐ Respondent's birth year and present residence are not correct in the Petition.

The correct information is: _____
Birth year

Rule 17.200—Form 215: *Answer to Petition for Dissolution of Marriage with Children*, continued

Present street address *City* *State* *ZIP code*

County *()* *Phone number* *Email address*

C. Other person, if any, who has visitation or custody rights of the parties' children:*Fill in as much information as you know.**Check one**If paragraph 1C of the Petition (form 201) is not correct, check (2) and fill in the blanks.*

- (1) ☐ The information for the other person who has visitation or custody rights of the children is correct in the Petition.
- (2) ☐ The information for the other person who has visitation or custody rights of the children is not correct in the Petition. The correct information is:

Full name: first, middle, last

Present street address *City* *State* *ZIP code*

County *()* *Phone number* *Email address*

2. General Information About the Marriage and the Parties**A. Date and location of the marriage***Check one**If paragraph 2A of the Petition (form 201) is not correct, check (2) and fill in the blanks.*

- (1) ☐ The date and location of the marriage are correct in the Petition.
- (2) ☐ The date and location of the marriage are not correct in the Petition.

The correct information is:

_____, _____
Month *Day* *Year* *City* *State*

B. Children*Check one**If paragraph 2B of the Petition (201) is not correct, check (2) and all items that are true.*

- (1) ☐ The Petition provides the correct information about the children.
- (2) ☐ The Petition does not provide the correct information about the children.
 The correct information is:
- ☐ There are children under age 18 who are children of both Petitioner and Respondent.
 - ☐ There are children under age 18 who were adopted or born during this marriage.
This includes any child born to a spouse during the marriage, but for whom the other spouse is not a parent.
 - ☐ There are children 18 years or older who still need support.
 - ☐ Petitioner or Respondent is pregnant.

Rule 17.200—Form 215: Answer to Petition for Dissolution of Marriage with Children, continued

C. Identification of children

Check one

If paragraph 2C of the Petition (201) is not correct, check (2) and provide the correct information about the children's identification.

- (1) ☐ The children are identified correctly in the Petition.
- (2) ☐ The children are not correctly identified in the Petition. The correct information is:

First, middle, & last initials of each child	Birth year
a.	
b.	
c.	

First, middle, & last initials of each child	Birth year
d.	
e.	
f.	

☐ Check this box if you have attached a separate sheet listing additional children.

D. Children's living arrangements

Check one

If paragraph 2D of the Petition (201) is not correct, check b and provide the correct information about the children's residence.

- a. ☐ The information about where the children have lived is listed correctly in the Petition.
- b. ☐ The information about where the children have lived is not listed correctly.
The correct information is: *List children by initials only*

i. Children: _____
Initials Initials Initials Initials Initials

Lived with _____ from ____/____/____ to ____/____/____
Adult name mm dd yyyy mm dd yyyy

At _____
City State

ii. Children: _____
Initials Initials Initials Initials Initials

Lived with _____ from ____/____/____ to ____/____/____
Adult name mm dd yyyy mm dd yyyy

At _____
City State

iii. Children: _____
Initials Initials Initials Initials Initials

Lived with _____ from ____/____/____ to ____/____/____
Adult name mm dd yyyy mm dd yyyy

At _____
City State

iv. Children:
Initials Initials Initials Initials Initials

Rule 17.200—Form 215: *Answer to Petition for Dissolution of Marriage with Children*, continued

Lived with _____ from ____/____/____ to ____/____/____
Adult name mm dd yyyy mm dd yyyy

At _____
City State

v. Children: _____
Initials Initials Initials Initials Initials

Lived with _____ from ____/____/____ to ____/____/____
Adult name mm dd yyyy mm dd yyyy

At _____
City State

☐ Check this box if you have attached a separate sheet listing additional children.

If the children have been in Iowa for less than six months, the court may not be able to issue an order about custody or visitation. The rules are complicated, and you may need to talk to an attorney.

E. Petitioner's residence

(1) The **only** reason that Petitioner (your spouse) is living in Iowa is just to get a divorce.

☐

True

☐

False *If Petitioner does not live in Iowa, or if Petitioner lives in Iowa for reasons other than just to get a divorce, check "False."*

(2) *If you disagree with paragraph 2E(2) of the Petition (201), fill in the blanks.*

Petitioner has lived in Iowa for the last _____ years and _____ months

In _____ county.

F. Parties' residence

Check each that is true

(1) ☐ Petitioner (your spouse) has lived in Iowa for more than one year.

If you did not check (1) or (2), you should talk to an attorney.

(2) ☐ Respondent (you are Respondent) is a resident of Iowa.

G. Condition of the marriage

Check all that are true

(1) ☐ The marriage is broken and cannot be saved.

(2) ☐ This is the only divorce case going on in involving this marriage.

If you did not check (2), explain in 4. You should also talk to an attorney.

(3) ☐ Petitioner did not file the Petition in good faith for the purpose of ending the marriage.

(4) ☐ Counseling will not save the marriage. *If counseling may save the marriage, do not check (4).*

H. Respondent's status

Check each that is true

(1) ☐ Respondent (you are Respondent) is in the military service.

There are special rules that may prevent this dissolution from going forward if you are in the military. You should talk to an attorney.

Rule 17.200—Form 215: *Answer to Petition for Dissolution of Marriage with Children*, continued

- (2) ☐ Respondent is in prison or jail at _____ in _____.
Name of facility State

If you are in prison or jail, you may be entitled to a “guardian ad litem,” a person, usually an attorney, appointed to protect the interests of a spouse in some cases.

I. Protective or no contact orders

Check one

- (1) ☐ There is neither a “protective order” nor a “no contact order” between Respondent (you) and Petitioner (your spouse).
- (2) ☐ There is a “protective order” or “no contact order” between Respondent and Petitioner.
- If you check (2), fill in the following information:*

- a. County and state where the order came from: _____
County State
- b. Court case number: _____

3. Other Cases About the Children

Check A or B

- A. ☐ All of the information in 3 in the Petition about other cases about the children is correct.
If you check A, skip to 4.

- B. ☐ Some or all of the information in 3 in the Petition about other cases about the children is not correct. The correct information is:

If you check B, fill in the correct information below.

- (1) Juvenile court

Check a or b.

- a. ☐ There is no juvenile court case.
- b. ☐ There is a juvenile court case. The correct information is:
If you check b, fill in the following information:

- i. County and state of the juvenile court case: _____
County State
- ii. Court case number: _____

Check one

- (a) ☐ Concurrent jurisdiction has been granted.
- (b) ☐ Concurrent jurisdiction has not been granted.

If the juvenile court has not given concurrent jurisdiction (permission), then child custody cannot be decided in this case. You should talk to an attorney.

- (2) Custody order

Check a or b.

- a. ☐ There is no custody order.
- b. ☐ There is a custody order.
- If you check b, fill in the following information:*

- i. County and state where the custody order came from: _____
County State
- ii. Court case number: _____

Rule 17.200—Form 215: *Answer to Petition for Dissolution of Marriage with Children*, continued

- (3) Child support order

Check a or b.

- ☐ There is no child support order.
- ☐ There is a child support order.

If you check b, fill in the following information:

- i. County and state where the child support order came from: _____
County State
- ii. Court case number: _____

4. Other Information

Respondent denies anything in the Petition that Respondent has not agreed is correct.

In addition, Respondent provides the following information: *All of the basic information you need to tell the court is on this form. Provide other information only if you need to explain something.*

5. Respondent's Request

A. Respondent asks the court to:

Check all that apply. The court will only consider items that are checked.

If you do not know what you want, talk to an attorney.

- (1) ☐ End the marriage of Respondent (you) and Petitioner (your spouse).
- (2) ☐ Decide custody and visitation.
- (3) ☐ Order child support and medical support.
- (4) ☐ Order payment of school or college tuition.
- (5) ☐ Fairly divide the property and the debts of the parties.
- (6) ☐ Order that Petitioner pay the court fees.
- (7) ☐ Order that Petitioner pay for Respondent's attorney's fees before the divorce is final.
If you check (7), you must file form 222.
- (8) ☐ Order that Petitioner pay spousal support (alimony) to Respondent.
If you check (8), you must file form 222.
- (9) ☐ Change Respondent's last name to: _____
Name can only be changed to name on birth certificate or name used immediately prior to the marriage.
Print your former or birth name
- (10) ☐ Order counseling to save the marriage.
- (11) ☐ Other request: _____

Rule 17.200—Form 215: *Answer to Petition for Dissolution of Marriage with Children*, continued**6. Attorney Help***Check one*

- A. ☐ An attorney did not help me prepare or fill in this paper.
- B. ☐ An attorney helped me prepare or fill in this paper.

If you check B, you must fill in the following information:

_____ <i>Name of attorney or organization, if any</i>		_____ <i>Attorney's P.I.N. # – Ask the attorney</i>	
_____ <i>Business address of attorney or organization</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>ZIP code</i>
(_____) _____ <i>Attorney's phone number</i>	(_____) _____ <i>Attorney's fax number – optional</i>	_____ <i>Attorney's email address – optional</i>	

7. Service Instructions**If Respondent is filing in paper***Check one*

- A. ☐ Respondent will accept service of documents at the attorney's address listed above; or
- B. ☐ Respondent will accept service of documents in this case at the mailing address below.

8. Certification of Service by Mailing or Delivery

Section 8 to be completed only if filing in paper or if the other party is exempt from electronic filing.

This document, if filed electronically, will automatically be served on registered parties.

I, _____, certify that on _____, 20____

Print your name *Month* *Day* *Year*

I mailed or gave a copy of this Answer to the other party or the other party's attorney at this address:

Name of person to whom I delivered or mailed it

Party's or attorney's mailing address

City

State

ZIP code

Continued on next page

Rule 17.200—Form 215: *Answer to Petition for Dissolution of Marriage with Children*, continued**9. Oath and Signature**

I, _____, have read this Answer, and I certify under penalty
Print your name

of perjury and pursuant to the laws of the State of Iowa that the information I have provided
 in this Answer is true and correct.

_____, 20_____
*Signed on: Month Day Year Your signature**

Mailing address City State ZIP code

(_____) _____
Phone number Email address Additional email address – if available

* *Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically*

Important Instructions for filing this form on next page.

Instructions for Rule 17.200—Form 215: *Answer to Petition for Dissolution of Marriage with Children*, continued**Do not file these instructions****Instructions for Filing an Answer to a Petition for Dissolution of Marriage with Children**

The Iowa Judicial Branch is converting the court system to electronic filing county by county. The electronic filing system is also known as EDMS. To determine if this case is in a county using electronic filing, [check the map](#) available on the Iowa Judicial Branch website under eFiling, or call the clerk of court office in your county. If your county accepts electronic filing, **you must file electronically** unless you get permission from the court to file in paper. Contact the clerk of court in your county if you are unable to file electronically.

 Filing your Answer electronically

- If your divorce case was filed in a county that uses electronic filing, you must register to electronically file. For help with registration, see the eFiler's User Guide [How to Register Pro Se \(Self-Represented\) for eFiling](#) on the Iowa Judicial Branch website.
- Scan the signed Answer form and save it as a .pdf. (Save it in a place that will be accessible to you when you electronically file.)
- Log in to EDMS on the Iowa Judicial Branch website and file your Answer. The login page can be accessed from two different paths: you may [directly log in to EDMS](#); or from the judicial branch website menu, you may select "eFiling > eFile (EDMS) Login."
- For help, see [How to eFile to an Existing Case](#).
- You will receive a Notice of Electronic Filing (NEF) when the clerk of court has approved the eFiling of your Answer and other documents. You can then open the Answer and print a copy for your records.
- If there was a problem with your filing, EDMS will send you a Retraction Notice. You can then log in to My Filings, correct the error, and resubmit your Answer. For help, see [How to Resubmit a Returned Filing](#).
- The NEF will indicate if your spouse is exempt from electronic filing requirements, in which case, you must mail or serve in paper a copy of the document on your spouse if he or she does not have an attorney.

 Filing your Answer in paper

- Make two photocopies of the original.
- Take your original Answer form and the photocopies to the clerk of court's office in the county where the Petition was filed. The county is listed at the top of the Petition (form 201).
- The clerk will time-stamp your forms and copies.
- The clerk will take the original and give the copies back to you.
- Keep one of the copies for your records.
- Serve one of the copies of your Answer on your spouse (Petitioner).
- You can hand one of the copies of the Answer form to your spouse, **or** mail a copy to your spouse at the address shown on the Petition.
- If your spouse has an attorney, you should serve the Answer by mailing a copy to the attorney at the attorney's address on the Petition if box 7A on the Petition is checked.

Do not file these instructions

Rule 17.200—Form 216: General Answer to a Petition for Dissolution of Marriage with Children

Respondent: You must file an Answer in the county where the Petition was filed within **20 days** after receiving the Petition and Original Notice, or the **court may enter a judgment against Respondent** giving Petitioner what he or she asked for in the Petition.

If the Petition you received is on form 201, use form 215 for your Answer.

Read the [Guide to Representing Yourself in an Iowa Divorce Case](#) on the Iowa Judicial Branch website before using this form.

 If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure form (211).

 If filing in paper, you may use form 211 to provide any protected information in full.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for _____ County
County where Petition is filed

Upon the Petition of

Petitioner *You spouse's full name: first, middle, last*

and concerning

Respondent *Your full name: first, middle, last*

Equity case no. _____

**General Answer to a Petition
for Dissolution of Marriage
with Children**

1. Respondent's Answer *You are Respondent.*

A. Respondent admits that the following paragraphs in the Petition are true:

List the numbers of the paragraphs in the Petition that you think are true. If you decide later that the paragraphs you list here are not true, it may be too late to change your answer.

B. Respondent denies that the following paragraphs in the Petition are true:

C. Respondent does not know whether the following paragraphs in the Petition are true:

List the numbers of the paragraphs in the Petition that you are not sure about. If you cannot say a paragraph or a part of a paragraph is true or not true, it may be because you do not know something, such as a date, place, or when something happened.

Rule 17.200—Form 216: *General Answer to a Petition for Dissolution of Marriage with Children*, continued

D. Children's living arrangements

Places where the children have lived during the last five years and the parent(s) or adult(s) who acted as parents:

(1) Children: _____
Initials Initials Initials Initials Initials

Lived with _____ from ____/____/____ to ____/____/____
Adult name *mm dd yyyy mm dd yyyy*

At _____
City State

(2) Children: _____
Initials Initials Initials Initials Initials

Lived with _____ from ____/____/____ to ____/____/____
Adult name *mm dd yyyy mm dd yyyy*

At _____
City State

(3) Children: _____
Initials Initials Initials Initials Initials

Lived with _____ from ____/____/____ to ____/____/____
Adult name *mm dd yyyy mm dd yyyy*

At _____
City State

(4) Children: _____
Initials Initials Initials Initials Initials

Lived with _____ from ____/____/____ to ____/____/____
Adult name *mm dd yyyy mm dd yyyy*

At _____
City State

(5) Children: _____
Initials Initials Initials Initials Initials

Lived with _____ from ____/____/____ to ____/____/____
Adult name mm dd yyyy mm dd yyyy

At _____
City State

☐ Check this box if you have attached a separate sheet listing additional children.

If the children have not lived in Iowa for six months, you may be able to get a divorce, but you might not be able to get custody. The rules are complicated and you may need to talk to an attorney.

Rule 17.200—Form 216: *General Answer to a Petition for Dissolution of Marriage with Children*, continued**E. Protective or no contact orders***Check one*(1) ☐ There is neither a "protective order" nor a "no contact order" between Respondent (you) and Petitioner (your spouse).(2) ☐ There is a "protective order" or "no contact order" between Respondent and Petitioner.*If you check (2), fill in the following information:*a. County and state where the order came from: _____
County State

b. Court case number: _____

F. Other cases about the children*Check (1) or (2)*(1) ☐ There are no other cases about the children. *If you check (1), skip to G.*(2) ☐ There are other cases about the children.

If there is an order from out of state about the children, an Iowa court may not be able to issue an order about custody or visitation. The rules are complicated and you may need to talk to an attorney.

*If you check F(2), fill in the applicable information below.***a. Juvenile court***Check i or ii.*i. ☐ There is no juvenile court case.ii. ☐ There is a juvenile court case.*If you check ii, fill in the following information:*(a) County and state of the juvenile court case: _____
County State

(b) Juvenile court case number: _____

Check (i) or (ii)(i) ☐ Concurrent jurisdiction has been granted.(ii) ☐ Concurrent jurisdiction has not been granted.

If the juvenile court has not given concurrent jurisdiction (permission,) then child custody cannot be decided in this case. You should talk to an attorney.

b. Custody order

You might not be able to get custody in Iowa if there is a custody order entered in another state.

*Check i or ii.*i. ☐ There is no custody order.ii. ☐ There is a custody order.*If you check ii, fill in the following information:*(a) County and state where the custody order came from: _____
County State

(b) Court case number: _____

Rule 17.200—Form 216: *General Answer to a Petition for Dissolution of Marriage with Children*, continued

c. Child support order

Check i or ii.

i. ☐ There is no child support order.

ii. ☐ There is a child support order.

If you check ii, fill in the following information:

(a) County and state where the child support order came from: _____
County State

(b) Court case number: _____

G. Respondent denies anything in the Petition that is not admitted in this Answer.

H. Other information: _____

2. Respondent's Request *If you do not know what you want, talk to an attorney.*

Respondent asks the court to: *Write here what you would like the court to do. For example, tell the court if you want a divorce. Be brief. Do not write long descriptions.*

Continued on next page

Rule 17.200—Form 216: *General Answer to a Petition for Dissolution of Marriage with Children*, continued**3. Attorney Help***Check one*

- A. ☐ An attorney did not help me prepare or fill in this paper.
- B. ☐ An attorney helped me prepare or fill in this paper.

If you check B, you must fill in the following information:

Name of attorney or organization, if any *Attorney's P.I.N. # – Ask the attorney*

Business address of attorney or organization *City* *State* *ZIP code*

() _____ () _____
Attorney's phone number *Attorney's fax number – optional* *Attorney's email address – optional*

4. Service Instructions

If Respondent is filing in paper

Check one

- A. ☐ Respondent will accept service of documents at the attorney's address listed above; or
- B. ☐ Respondent will accept service of documents in this case at the mailing address below.

5. Certification of Service by Mailing or Delivery*Section 5 to be completed only if filing in paper or if the other party is exempt from electronic filing.**This document, if filed electronically, will automatically be served on registered parties.*

I, _____, certify that on _____, 20____
Print your name *Month* *Day* *Year*

I mailed or gave a copy of this Answer to the other party or the other party's attorney at this address:

Name of person to whom I delivered or mailed it

Party's or attorney's mailing address *City* *State* *ZIP code*

6. Oath and Signature

I, _____, have read this Answer, and I certify under penalty
Print your name

of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Answer is true and correct.

_____, 20____
Signed on: Month Day Year *Your signature**

Mailing address *City* *State* *ZIP code*

() _____
Phone number *Email address* *Additional email address, if applicable*

* *Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically*

Important Instructions for filing this form on next page.

Instructions for Rule 17.200—Form 216: *General Answer to a Petition for Dissolution of Marriage with Children*

Instructions for Filing an Answer to a Petition for Dissolution of Marriage with Children

The Iowa Judicial Branch is converting the court system to electronic filing county by county. The electronic filing system is also known as EDMS. To determine if this case is in a county using electronic filing, [check the map](#) available on the Iowa Judicial Branch website under eFiling, or call the clerk of court office in your county. If your county accepts electronic filing, **you must file electronically** unless you get permission from the court to file in paper. Contact the clerk of court in your county if you are unable to file electronically.

Filing your Answer electronically

- If your divorce case was filed in a county that uses electronic filing, you must register to electronically file. For help with registration, *see* the eFiler's User Guide [How to Register Pro Se \(Self Represented\) for eFiling](#) on the Iowa Judicial Branch website.
- Scan the signed Answer form and save it as a .pdf. (Save it in a place that will be accessible to you when you electronically file.)
- Log in to EDMS on the Iowa Judicial Branch website and file your Answer. The login page can be accessed from two different paths: you may [directly log in to EDMS](#); or from the judicial branch website menu, you may select "eFiling > eFile (EDMS) Login."
- For help, *see* [How to eFile to an Existing Case](#).
- You will receive a Notice of Electronic Filing (NEF) when the clerk of court has approved the eFiling of your Answer and other documents. You can then open the Answer and print a copy for your records.
- If there was a problem with your filing, EDMS will send you a Retraction Notice. You can then log in to My Filings, correct the error, and resubmit your Answer. For help, *see* [How to Resubmit a Returned Filing](#).
- The NEF will indicate if your spouse is exempt from electronic filing requirements, in which case, you must mail or serve in paper a copy of the document on your spouse if he or she does not have an attorney.

Filing your Answer in paper

- Make two photocopies of the original.
- Take your original Answer form and the photocopies to the clerk of court's office in the county where the Petition was filed. The county is listed at the top of the Petition (form 201).
- The clerk will time-stamp your forms and copies.
- The clerk will take the original and give the copies back to you.
- Keep one of the copies for your records.
- Serve one of the copies of your Answer on your spouse (Petitioner).
- You can hand one of the copies of the Answer form to your spouse, **or** mail a copy to your spouse at the address shown on the Petition.
- If your spouse has an attorney, you may serve the Petition by mailing a copy to the attorney at the attorney's address.

Do not file these instructions

Rule 17.200—Form 221: *Affidavit for Temporary Custody and Visitation*

Form 221 is for either party to tell the court about custody and visitation before the case is finished, or to have a witness tell the court about custody and visitation before the case is finished.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for _____ County <i>County where the case is filed</i>	
Upon the Petition of Petitioner <i>Full name as it appears on the Petition: first, middle, last</i> and concerning Respondent <i>Full name as it appears on the Petition: first, middle, last</i>	Equity case no. _____ Affidavit for Temporary Custody and Visitation

1. Statement

- A. My name is _____
Full name of witness: first, middle, last
- B. My relationship to _____
First, middle, last name of party; or initials of child (Do not use child's full name.)
 is:
- C. I understand that a judge may consider this Affidavit to determine temporary custody and visitation of the children in this case. If I were present in court, I would testify as follows:
Attach additional pages if necessary.

☐ *Check here if there are additional pages attached.*

Continued on next page

Rule 17.200—Form 221: *Affidavit for Temporary Custody and Visitation*, continued**2. Attorney Help***Check one*

- A. ☐ An attorney did not help me prepare or fill in this paper.
- B. ☐ An attorney helped me prepare or fill in this paper.

If you check B, you must fill in the following information:

Name of attorney or organization, if any *Attorney's P.I.N. # – Ask the attorney*

Business address of attorney or organization *City* *State* *ZIP code*

(_____) _____ (_____) _____
Attorney's phone number *Attorney's fax number – optional* *Attorney's email address – optional*

3. Oath and Signature of Witness

I, _____, certify under penalty of perjury and pursuant to the laws of the State of Iowa that I have read this Affidavit and that the information I have provided in this Affidavit is true and correct.

_____, 20_____
Signed on: Month Day Year *Your signature**

Mailing address *City* *State* *ZIP code*

(_____) _____
Phone number *Email address* *Additional email address – if available*

* *Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*

- *If the witness is not Petitioner or Respondent in this case, give the form to the person who asked you to fill it out.*
- *If the witness is either Petitioner or Respondent in this case, attach the Affidavit to your Motion (form 222).*

Rule 17.200—Form 222: *Motion in a Dissolution of Marriage with Children*

Use this form if you want to ask the court to do something after your court case has already started.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for _____ County
County where your case is filed

Upon the Petition of

Petitioner *Full name: first, middle, last*

and concerning

Respondent *Full name: first, middle, last*

Equity case no. _____

Motion in a Dissolution of Marriage with Children

I am

Check one

- A. ☐ Petitioner
- B. ☐ Respondent

1. Request

A. I ask the court to

Check all that apply. If you check any box in A, you must tell the court why you are making this request in B.

- (1) ☐ Change the hearing date that has been set for _____, 20_____.
Month Day Year
- (2) ☐ Award me temporary financial support.
- (3) ☐ Order temporary custody and visitation.
- (4) ☐ Order temporary child support and medical support.
- (5) ☐ Order counseling (conciliation).
- (6) ☐ Set a hearing date for a divorce Decree by default.
- (7) ☐ Shorten the 90-day waiting period for getting a divorce Decree.
- (8) ☐ Award me attorney's fees before the divorce is final.
- (9) ☐ Award spousal support (alimony) to me before the divorce is final.
- (10) ☐ Order genetic testing to decide paternity and require that Petitioner, Respondent, and child appear for testing.
- (11) ☐ Appoint an attorney to represent the child (required when asking to disestablish paternity).

Continued on next page

Rule 17.200—Form 222: *Motion in a Dissolution of Marriage with Children*, continued

(12) ☐ Other request *Explain* _____

B. I am making the request(s) in this Motion because: _____

Continued on next page

Rule 17.200—Form 222: *Motion in a Dissolution of Marriage with Children*, continued**2. Attorney Help***Check one*

- A. ☐ An attorney did not help me prepare or fill in this paper.
- B. ☐ An attorney helped me prepare or fill in this paper.

If you check B, you must fill in the following information:

Name of attorney or organization, if any *Attorney's P.I.N. # – Ask the attorney*

Business address of attorney or organization *City* *State* *ZIP code*

() _____
Attorney's phone number *Attorney's fax number – optional* *Attorney's email address – optional*

3. Certification of Service by Mailing or Delivery*Section 3 to be completed only if filing in paper or if the other party is exempt from electronic filing.**This document, if filed electronically, will automatically be served on registered parties.*

I, _____, certify that on _____, 20____
Print your name *Month* *Day* *Year*

I mailed or gave a copy of this Motion to the other party or the other party's attorney at this address:

Name of person to whom I delivered or mailed it

Party's or attorney's mailing address *City* *State* *ZIP code*

4. Oath and Signature

I, _____, certify under penalty of perjury and pursuant to the
Print your name

laws of the State of Iowa that I have read this Motion and that the information I have provided in this Motion is true and correct. I ask the court to grant this Motion.

_____, 20____
Signed on: Month Day Year *Your signature**

Mailing address *City* *State* *ZIP code*

() _____
Phone number *Email address* *Additional email address – if available*

* *Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*

Rule 17.200—Form 223: *Response to a Motion*

Use this form if your spouse has filed a Motion (most likely form 222) and you disagree with what your spouse is asking the court to do in that Motion.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for _____ County
County where your case is filed

Upon the Petition of

Petitioner *Full name: first, middle, last*

and concerning

Respondent *Full name: first, middle, last*

Equity case no. _____

Response to a Motion

I am

Check one

- A. ☐ Petitioner
 B. ☐ Respondent

1. Motion

The other party filed a Motion on _____, 20____.
Month Day Year

2. Response

Check A or B.

- A. ☐ I agree with the Motion.
 B. ☐ I disagree with the request(s) in the Motion to:

If you check B, check all of the following that apply. If you check any box in B, you must tell the court why you disagree with the request in C.

- (1) ☐ Change the hearing date that has been set for _____, 20____.
Month Day Year
 (2) ☐ Order temporary financial support.
 (3) ☐ Order temporary custody and visitation.
 (4) ☐ Order temporary child support and medical support.
 (5) ☐ Order counseling (conciliation).
 (6) ☐ Set a hearing date for a divorce Decree by default.
 (7) ☐ Shorten the 90-day waiting period for getting a divorce Decree.
 (8) ☐ Award attorney's fees before the divorce is final.
 (9) ☐ Award spousal support (alimony) before the divorce is final.

Rule 17.200—Form 223: *Response to a Motion*, continued

- (10) ☐ Order genetic testing to decide paternity and require that Petitioner, Respondent, and child appear for testing.
- (11) ☐ Appoint an attorney to represent the child (required when asking to disestablish paternity).
- (12) ☐ Other request *Explain* _____

C. I disagree with the Motion because: _____

Continued on next page

Rule 17.200—Form 223: *Response to a Motion*, continued**3. Attorney Help***Check one*

- A. ☐ An attorney did not help me prepare or fill in this paper.
- B. ☐ An attorney helped me prepare or fill in this paper.

If you check B, you must fill in the following information:

Name of attorney or organization, if any Attorney's P.I.N. # – Ask the attorney

Business address of attorney or organization City State ZIP code

(_____) _____
Attorney's phone number Attorney's fax number – optional Attorney's email address – optional

4. Certification of Service by Mailing or Delivery*Section 4 to be completed only if filing in paper or if the other party is exempt from electronic filing.**This document, if filed electronically, will automatically be served on registered parties.*

I, _____, certify that on _____, 20____
Print your name Month Day Year

I mailed or gave a copy of this Response to the other party or the other party's attorney at this address:

Name of person to whom I delivered or mailed it

Party's or attorney's mailing address City State ZIP code

5. Oath and Signature

I, _____, certify under penalty of perjury and pursuant to the laws of the State of Iowa that I have read this Response and that the information I have provided in this Response is true and correct.

_____, 20____
*Signed on: Month Day Year Your signature**

Mailing address City State ZIP code

(_____) _____
Phone number Email address Additional email address – if available

** Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*

Rule 17.200—Form 224: *Financial Affidavit for a Dissolution of Marriage with Children*

Each party must complete one of these forms. Provide as much information as you can.

Caution: This form may require you to provide protected or sensitive information.

-  *If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure form (211), if you have not already done so.*
-  *If filing in paper, you may use form 211 to provide any protected information in full if you have not already done so.*

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for _____ County
County where your case is filed

Upon the Petition of

Petitioner *Full name: first, middle, last*

and concerning

Respondent *Full name: first, middle, last*

Equity case no. _____

**Financial Affidavit for a
Dissolution of Marriage
with Children**

I am

Check one

- A. ☐ Petitioner
 B. ☐ Respondent

I, _____, state that this is a true and complete statement
Print your name
 of my assets, debts, and present income as of the _____ day of _____, 20____.
Day Month Year

1. Assets *Things you and your spouse own.*

A. Real estate

Attach additional sheets if necessary.

**Owner (Whose name is on the deed?): P = Petitioner R = Respondent J = Joint (Both)*

Type of real estate	Owner* P,R,J	Market value What it would sell for	Debt Total amount you still owe on it and to whom owed	Net value Market value minus debt owed
(1) Homestead <i>Address of the home you own & where you usually live</i>		\$	\$ to:	\$
(2) Other real estate <i>Address of other houses, apartments, or land that you own.</i>		\$	\$ to:	\$

☐ *Check this box if you have attached a sheet with additional information on real estate.*

Rule 17.200—Form 224: *Financial Affidavit for a Dissolution of Marriage with Children*, continued**B. Vehicles***Includes cars, trucks, motorcycles, and other motorized vehicles.***Owner (Whose name is on the car or vehicle title?): P = Petitioner R = Respondent J = Joint (Both)*

Vehicles <i>Make (e.g. Ford)</i> <i>Year</i>	Owner* <i>P,R,J</i>	Market value <i>What it would sell for</i>	Debt <i>Total amount you still owe on it and to whom owed</i>	Net Value <i>Market value minus debt owed</i>
(1)		\$	\$ to:	\$
(2)		\$	\$ to:	\$
(3)		\$	\$ to:	\$

☐ *Check this box if you have attached a sheet with additional information on vehicles.*
C. Securities, stocks, & bonds**Owner (Whose name is on the securities, stocks, or bonds?):**P = Petitioner R = Respondent J = Joint (Both)*

Securities, stocks, & bonds <i>Company name</i>	Owner* <i>P,R,J</i>	Market value <i>What it would sell for</i>	Debt <i>Total amount you still owe on it and to whom owed</i>	Net value <i>Market value minus debt owed</i>
(1)		\$	\$ to:	\$
(2)		\$	\$ to:	\$
(3)		\$	\$ to:	\$

☐ *Check this box if you have attached a sheet with additional information on securities, stocks, and bonds.*
D. Life insurance**Owner (Whose name is on the policy?): P = Petitioner R = Respondent J = Joint (Both)*

Life insurance <i>Company name</i>	Owner* <i>P,R,J</i>	Cash value <i>Not death benefit</i>	Loan from cash value <i>Total amount still owed on loan</i>	Net value <i>Cash value minus loan owed</i>
(1)		\$	\$	\$
(2)		\$	\$	\$
(3)		\$	\$	\$

☐ *Check this box if you have attached a sheet with additional information on life insurance.*

Rule 17.200—Form 224: *Financial Affidavit for a Dissolution of Marriage with Children*, continued**E. Bank accounts****Owner (Whose name is on the checking or savings account?):**P = Petitioner R = Respondent J = Joint (Both)*

Checking & savings accounts <i>Bank or Credit Union name If you do not use bank accounts, write "Cash"</i>	Owner* <i>P,R,J</i>	Cash value	Personal loans or overdraft accounts <i>Total amount you still owe on it</i>	Net value <i>Cash value minus loan / overdraft owed</i>
(1)		\$	\$	\$
(2)		\$	\$	\$
(3)		\$	\$	\$

☐ *Check this box if you have attached a sheet with additional information on checking and savings accounts.*
F. Household contents**Owner: P = Petitioner R = Respondent J = Joint (Both)*

Household contents <i>Describe</i>	Owner* <i>P,R,J</i>	Market value <i>What it would sell for</i>	Debt <i>Total amount you still owe on it and to whom owed</i>	Net value <i>Market value minus debt owed</i>
(1) Furniture		\$	\$	\$
a.		\$	to:	\$
b.		\$	\$	\$
			to:	
c.		\$	\$	\$
			to:	
d.		\$	\$	\$
			to:	
(2) Appliances / Electronics		\$	\$	\$
a.		\$	to:	
b.		\$	\$	\$
			to:	
c.		\$	\$	\$
			to:	
d.		\$	\$	\$
			to:	
(3) Other contents		\$	\$	\$
a.		\$	to:	

Rule 17.200—Form 224: *Financial Affidavit for a Dissolution of Marriage with Children*, continued

b.		\$	\$ to:	\$
c.		\$	\$ to:	\$

☐ Check this box if you have attached a sheet with additional information on household assets.
G. Retirement assets

*Owner (Whose name is on the retirement account?): P = Petitioner R = Respondent J = Joint (Both)

Retirement assets <i>Examples: Pensions, IRAs, 401(k)s, annuities, etc.</i>	Owner* <i>P,R,J</i>	Market value <i>What it would sell for</i>	Loan from retirement account <i>Total amount you still owe on it and to whom owed</i>	Net value <i>Market value minus loan owed</i>
(1)		\$	\$ to:	\$
(2)		\$	\$ to:	\$
(3)		\$	\$ to:	\$

☐ Check this box if you have attached a sheet with additional information on retirement assets.
H. Other assets

Items not listed in the other boxes should be listed here. For example: jewelry, furs, guns, sporting goods, farm animals.

*Owner: P = Petitioner R = Respondent J = Joint (Both)

Other assets <i>Describe</i>	Owner* <i>P,R,J</i>	Market value <i>What it would sell for</i>	Debt <i>Total amount you still owe on it and to whom owed</i>	Net value <i>Market value minus debt owed</i>
(1)		\$	\$ to:	\$
(2)		\$	\$ to:	\$
(3)		\$	\$ to:	\$

☐ Check this box if you have attached a sheet with additional information on other assets.

Rule 17.200—Form 224: *Financial Affidavit for a Dissolution of Marriage with Children*, continued**I. Totals**

(1) Total from attached sheets	<i>Listed in 1A-H.</i>	\$
(2) Total net value of assets	<i>Listed in 1A-H.</i>	\$ 0.00

2. Other Debts

Debts may include things such as past due balances on utilities, money owed to a landlord for damages after moving, credit card debt, and loans from friends, family, or banks.

Include as "Other Debts" money you or your spouse owe that you did not include in the "Debt" or "Loan" columns in 1A-H.

**Whose debt is it? P = Petitioner R = Respondent J = Joint (Both)*

Other debts <i>List only those not included as "debt" or "loans" under "Assets" in part 1.</i>	Whose debt?* <i>P,R,J</i>	Amount owed
A.		\$
B.		\$
C.		\$
D.		\$
E.		\$
F.		\$
G.		\$
H.		\$
I.		\$
J.		\$
K.		\$
L.		\$
M.		\$
N.		\$
O. Totals from attached sheets, if any ☐ <i>Check this box if you have attached a sheet with additional information on other debts and enter the total.</i>		\$
Total other debts <i>Including amounts shown on attached sheets, if any.</i>		\$

Continued on next page

Rule 17.200—Form 224: *Financial Affidavit for a Dissolution of Marriage with Children*, continued**3. Income and Deductions**

The deductions listed in section 3 are the deductions allowed by the Iowa Child Support Guidelines and are subtracted when determining net income.

A. Petitioner

(1) Income and Deductions If you are Respondent, give your best estimate for each amount.

*How often is income paid or deduction taken?

W = Weekly B = Bi-weekly (every other week) M = Monthly T = Two times a month

Current income and deductions for Petitioner <i>Sources of income and deductions, not including Social Security benefits</i>	Income		Deductions	
	How often paid?* W,B,M,T	Gross amount Before deductions	How often taken?* W,B,M,T	Amount of deduction
a. Wages from employer <i>Employer name:</i> <i>Job title:</i>		\$		\$
b. Wages from employer <i>Employer name:</i> <i>Job title:</i>		\$		\$
c. Unemployment assistance		\$		\$
d. Workers' compensation		\$		\$
e. Pension / Retirement		\$		\$
f. Veteran's benefits		\$		\$
g. Other <i>Identify:</i>		\$		\$
h. Other <i>Identify:</i>		\$		\$
i. Other <i>Identify:</i>		\$		\$
j. Mandatory pension contribution <i>List required contribution only (e.g. IPERS, TIAA/CREF). Contributions above the required amount are optional and not allowed as a deduction.</i>				\$
k. Union Dues				\$
**l. Prior court-ordered child support <i>Paid to:</i>				\$
**m. Prior court-ordered medical support <i>Paid to:</i>				\$
**n. Prior court-ordered spousal support (alimony) <i>Paid to:</i>				\$
o. Totals from attached sheets, if any ☐ Check this box if you have attached a sheet with additional information on Petitioner's income and deductions.		\$		\$
Totals <i>Current income and deductions for Petitioner</i>		\$ 0.00 <i>Income total</i>		\$ 0.00 <i>Deductions total</i>

**Under "Amount of deduction," list the amount of child support or spousal support actually paid under a prior court order (an order filed before this action). If child support payments were not made through the Child Support Recovery Unit, attach proof of payments for the past 12 months.

Rule 17.200—Form 224: *Financial Affidavit for a Dissolution of Marriage with Children*, continued

- (2) **Petitioner's other children with no court-ordered support, if any:** *If you are Respondent, provide as much information as you can.*

List the initials and birth year of each child for whom Petitioner is the legal parent.

Do not include any children involved in this case.

First, middle, & last initials of each child	Birth year	First, middle, & last initials of each child	Birth year
i.		iv.	
ii.		v.	
iii.		vi.	

☐ *Check this box if you have attached a sheet listing additional children for whom Petitioner is the legal parent.*

- (3) **Petitioner's actual child care expenses due to employment, if any:**

For custodial parent only. If you are not the custodial parent, skip to (4).

\$ _____ per _____
Amount Frequency

- (4) **Petitioner's income from Social Security benefits, if any:**

- a. **Supplemental Security Income (SSI), if any:**

i. Supplemental Security Income (SSI) paid to Petitioner for disability: \$ _____ per month

ii. Supplemental Security Income (SSI) paid to children for their disability: \$ _____ per month

iii. List the children in Petitioner's home who receive SSI benefits *Use initials only:*

First, middle, & last initials of each child	Birth year	First, middle, & last initials of each child	Birth year
(a)		(d)	
(b)		(e)	
(c)		(f)	

☐ *Check this box if you have attached a sheet listing additional children who receive Supplemental Security Income (SSI).*

- b. **Social Security Disability (SSD) or Social Security Retirement (SSR), if any:**

i. Benefit paid for Petitioner \$ _____ per month

ii. Benefit paid for each child in Petitioner's home \$ _____ per month

iii. Number of children receiving benefits _____ children

- c. **Social Security Disability (SSD), if any:**

i. Paid to children for their disability: \$ _____ per month

ii. List the children in Petitioner's home who receive SSD benefits *Use initials only:*

Rule 17.200—Form 224: *Financial Affidavit for a Dissolution of Marriage with Children*, continued

First, middle, & last initials of each child	Birth year	First, middle, & last initials of each child	Birth year
(a)		(d)	
(b)		(e)	
(c)		(f)	

☐ Check this box if you have attached a sheet listing additional children who receive Supplemental Security Income (SSD).

B. Respondent**(1) Income and Deductions** *If you are Petitioner, give your best estimate for each amount.*

**How often is income paid or deduction taken?*

W = Weekly B = Bi-weekly (every other week) M = Monthly T = Two times a month

Current income and deductions for Respondent <i>Sources of income and deductions, not including Social Security benefits</i>	Income		Deductions	
	How often paid? <i>W,B,M,T</i>	Gross amount <i>Before deductions</i>	How often taken? <i>W,B,M,T</i>	Amount of deduction
a. Wages from employer <i>Employer name:</i> <i>Job title:</i>		\$		\$
b. Wages from employer <i>Employer name:</i> <i>Job title:</i>		\$		\$
c. Unemployment assistance		\$		\$
d. Workers' compensation		\$		\$
e. Pension / Retirement		\$		\$
f. Veteran's benefits		\$		\$
g. Other <i>Identify:</i>		\$		\$
h. Other <i>Identify:</i>		\$		\$
i. Other <i>Identify:</i>		\$		\$
j. Mandatory pension contribution <i>List required contribution only (e.g. IPERS, TIAA/CREF). Contributions above the required amount are optional and not allowed as a deduction.</i>				\$
k. Union Dues				\$
**l. Prior court-ordered child support <i>Paid to:</i>				\$
**m. Prior court-ordered medical support <i>Paid to:</i>				\$
**n. Prior court-ordered spousal support (alimony) <i>Paid to:</i>				\$

Rule 17.200—Form 224: *Financial Affidavit for a Dissolution of Marriage with Children*, continued

o. Totals from attached sheets, if any ☐ Check this box if you have attached a sheet with additional information on Respondent's income and deductions.		\$		\$
Totals <i>Current income and deductions for Respondent</i>		\$ 0.00 Income total		\$ 0.00 Deductions total

****Under "Amount of deduction," list the amount of child support or spousal support actually paid under a prior court order (an order filed before this action). If child support payments were not made through the Child Support Recovery Unit, attach proof of payments for the past 12 months.**

- (2) Respondent's other children with no court-ordered support, if any: *If you are Petitioner, provide as much information as you can.*

List the initials and birth year of each child for whom Respondent is the legal parent.

Do not include any children involved in this case.

First, middle, & last initials of each child	Birth year	First, middle, & last initials of each child	Birth year
i.		iv.	
ii.		v.	
iii.		vi.	

- ☐ Check this box if you have attached a sheet listing additional children for whom Respondent is the legal parent.

- (3) Respondent's actual child care expenses due to employment, if any:

For custodial parent only. If you are not the custodial parent, skip to (4).

\$ _____ per _____
Amount Frequency

- (4) Respondent's income from Social Security benefits, if any:

- a. Supplemental Security Income (SSI), if any:

i. Supplemental Security Income (SSI) paid to Respondent for disability: \$ _____ per month

ii. Supplemental Security Income (SSI) paid to children for their disability: \$ _____ per month

iii. List the children in Respondent's home who receive SSI benefits *Use initials only.*

First, middle, & last initials of each child	Birth year	First, middle, & last initials of each child	Birth year
(a)		(d)	
(b)		(e)	
(c)		(f)	

- ☐ Check this box if you have attached a sheet listing additional children who receive Supplemental Security Income (SSI).

Rule 17.200—Form 224: *Financial Affidavit for a Dissolution of Marriage with Children*, continued**b. Social Security Disability (SSD) or Social Security Retirement (SSR), if any:**

- i. Benefit paid for Respondent \$_____ per month
- ii. Benefit paid for each child in Respondent's home \$_____ per month
- iii. Number of children receiving benefits _____ children

c. Social Security Disability (SSD), if any:

- i. Paid to children for their disability: \$_____ per month
- ii. List the children in Respondent's home who receive SSD benefits *Use initials only.*

First, middle, & last initials of each child	Birth year
(a)	
(b)	
(c)	

First, middle, & last initials of each child	Birth year
(d)	
(e)	
(f)	

☐ Check this box if you have attached a sheet listing additional children who receive Supplemental Security Disability (SSD).

4. Costs for Health Insurance, Medical Support, and Dental Care**A. Costs for Petitioner** *If you are Respondent, give your best estimate for each amount.***(1) Petitioner has health insurance available through employer.**

- a. ☐ True
- b. ☐ False

If you check a, list the frequency and cost of health insurance paid.

If you check b, continue to (2).

**How often paid? W = Weekly B = Bi-weekly (every other week) M = Monthly
T = Two times a month*

Type of employer health insurance	How often paid?* W,B,M,T	Cost
Single health insurance		\$
Family health insurance		\$

(2) Petitioner has health insurance through a source other than employer.

- a. ☐ True
- b. ☐ False

If you check a, list the frequency and cost of health insurance paid.

If you check b, continue to (3).

**How often paid? W = Weekly B = Bi-weekly (every other week) M = Monthly
T = Two times a month*

Rule 17.200—Form 224: *Financial Affidavit for a Dissolution of Marriage with Children*, continued

Type of other health insurance	How often paid?*	Cost
	<i>W,B,M,T</i>	
Single health insurance		\$
Family health insurance		\$

(3) Petitioner pays **medical support** for the child or children as required by court order.

- a. ☐ True
- b. ☐ False

*If you check a, list the frequency and cost of medical support paid.**If you check b, continue to (4).*

*How often paid? *W = Weekly B = Bi-weekly (every other week) M = Monthly*
T = Two times a month

Medical support paid to	How often paid?*	Cost
	<i>W,B,M,T</i>	
		\$
		\$
		\$

(4) Petitioner has **dental insurance** available through employer.

- a. ☐ True
- b. ☐ False

*If you check a, list the frequency and cost of dental insurance paid.**If you check b, continue to (5).*

*How often paid? *W = Weekly B = Bi-weekly (every other week) M = Monthly*
T = Two times a month

Type of employer dental insurance	How often paid?*	Cost
	<i>W,B,M,T</i>	
Single dental insurance		\$
Family dental insurance		\$

(5) Petitioner has **dental insurance** through a source other than employer.

- a. ☐ True
- b. ☐ False

*If you check a, list the frequency of other dental insurance paid.**If you check b, continue to (6).*

*How often paid? *W = Weekly B = Bi-weekly (every other week) M = Monthly*
T = Two times a month

Rule 17.200—Form 224: *Financial Affidavit for a Dissolution of Marriage with Children*, continued

Type of other dental insurance	How often paid?* <i>W,B,M,T</i>	Cost
Single dental insurance		\$
Family dental insurance		\$

(6) Petitioner pays other medical expenses not covered by insurance.

- a. ☐ True
b. ☐ False

If you check a, list the cost and frequency of other medical expenses paid that are not covered by insurance. Include all medical, dental, vision, etc. expenses as one lump sum.

If you check (6)b, continue to 4B, Costs for Respondent.

**How often paid? W = Weekly B = Bi-weekly (every other week) M = Monthly
T = Two times a month*

How often paid?* <i>W,B,M,T</i>	Cost
	\$
	\$

B. Costs for Respondent *If you are Petitioner, give your best estimate for each amount.***(1) Respondent has health insurance available through employer.**

- a. ☐ True
b. ☐ False

If you check a, list the frequency and cost of health insurance paid.

If you check b, continue to (2).

**How often paid? W = Weekly B = Bi-weekly (every other week) M = Monthly
T = Two times a month*

Type of employer health insurance	How often paid?* <i>W,B,M,T</i>	Cost
Single health insurance		\$
Family health insurance		\$

(2) Respondent has health insurance through a source other than employer.

- a. ☐ True
b. ☐ False

If you check a, list the frequency and cost of health insurance paid.

If you check b, continue to (3).

**How often paid? W = Weekly B = Bi-weekly (every other week) M = Monthly
T = Two times a month*

Rule 17.200—Form 224: *Financial Affidavit for a Dissolution of Marriage with Children*, continued

Type of other health insurance	How often paid?*	Cost
	<i>W,B,M,T</i>	
Single health insurance		\$
Family health insurance		\$

(3) Respondent pays **medical support** for the child or children as required by court order.a. ☐ Trueb. ☐ False*If you check a, list the frequency and cost of medical support paid.**If you check b, continue to (4).*

*How often paid? *W* = Weekly *B* = Bi-weekly (every other week) *M* = Monthly
T = Two times a month

Medical support paid to	How often paid?*	Cost
	<i>W,B,M,T</i>	
		\$
		\$
		\$

(4) Respondent has **dental insurance** available through employer.a. ☐ Trueb. ☐ False*If you check a, list the frequency and cost of dental insurance paid.**If you check b, continue to (5).*

*How often paid? *W* = Weekly *B* = Bi-weekly (every other week) *M* = Monthly
T = Two times a month

Type of employer dental insurance	How often paid?*	Cost
	<i>W,B,M,T</i>	
Single dental insurance		\$
Family dental insurance		\$

(5) Respondent has **dental insurance** through a source other than employer.a. ☐ Trueb. ☐ False*If you check a, list the frequency of other dental insurance paid.**If you check (5)b, continue to (6).*

*How often paid? *W* = Weekly *B* = Bi-weekly (every other week) *M* = Monthly
T = Two times a month

Rule 17.200—Form 224: *Financial Affidavit for a Dissolution of Marriage with Children*, continued

Type of other dental insurance	How often paid?* W,B,M,T	Cost
Single dental insurance		\$
Family dental insurance		\$

(6) Respondent pays other medical expenses not covered by insurance.a. ☐ Trueb. ☐ False

If you check a, list the cost and frequency of other medical expenses paid that are not covered by insurance. Include all medical, dental, vision, etc. expenses as one lump sum.

If you check (6)b, continue to 5, Expenses.

*How often paid? W = Weekly B = Bi-weekly (every other week) M = Monthly
T = Two times a month

How often paid?* W,B,M,T	Cost
	\$
	\$

5. Expenses**A. Living arrangements**

Check one

(1) ☐ My spouse and I live in the same home.(2) ☐ My spouse and I do not live in the same home.**B. My expenses**

Note: You must complete this section if you or your spouse want spousal support (alimony).

*How often paid?: W = Weekly B = Bi-weekly (every other week) M = Monthly
T = Two times a month A = Annually

Type of expense	Paid to	How often paid?* W,B,M,T,A	Monthly payment
(1) House payment or rent			\$
(2) Food At home & restaurants			\$
(3) Transportation (gas, bus fare) Not car loan payments – see (12).			\$
(4) Clothing			\$
(5) Medical, dental Not health insurance payments – see (10).			\$

Rule 17.200—Form 224: *Financial Affidavit for a Dissolution of Marriage with Children*, continued

(6) Utilities (<i>gas, electric</i>)			\$
(7) Phone			\$
(8) Cable / satellite television / internet			\$
(9) Car insurance payment			\$
(10) Health insurance payment			\$
(11) Credit card payments			\$
(12) Car loan payments			\$
(13) Other loan payments			\$
(14) Other expense <i>Identify:</i>			\$
(15) Other expense <i>Identify:</i>			\$
(16) Other expense <i>Identify:</i>			\$
(17) Totals from attached sheets, if any ☐ <i>Check this box if you have attached a sheet with additional information on your expenses.</i>			\$
Total expenses			\$ 0.00

Continued on next page

Rule 17.200—Form 224: *Financial Affidavit for a Dissolution of Marriage with Children*, continued

6. Attorney Help

Check one

- A. ☐ An attorney did not help me prepare or fill in this paper.
- B. ☐ An attorney helped me prepare or fill in this paper.

If you check B, you must fill in the following information:

Name of attorney or organization, if any		Attorney's P.I.N. # – Ask the attorney		
Business address of attorney or organization		City	State	ZIP code
()	()			
Attorney's phone number	Attorney's fax number – optional	Attorney's email address – optional		

7. Certification of Service by Mailing or Delivery

*Section 8 to be completed only if filing in paper or if the other party is exempt from electronic filing.
This document, if filed electronically, will automatically be served on registered parties.*

I, _____, certify that on _____, 20____
Print your name *Month* *Day* *Year*

I mailed or gave a copy of this Financial Affidavit to the other party or the other party's attorney at this address:

Name of person to whom I delivered or mailed it

<i>Party's or attorney's mailing address</i>	<i>City</i>	<i>State</i>	<i>ZIP code</i>
--	-------------	--------------	-----------------

8. Oath and Signature

I, _____, certify under penalty of perjury and pursuant to the
Print your name

laws of the State of Iowa that I have read this Financial Affidavit and that the information I have provided in this Financial Affidavit is true and correct.

Signed on: Month, Day, 20Year Your signature*

<i>Mailing address</i>	<i>City</i>	<i>State</i>	<i>ZIP code</i>
------------------------	-------------	--------------	-----------------

() _____
Phone number Email address Additional email address – if available

** Whether filing electronically or in paper, you must **handwrite** your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*

Rule 17.200—Form 225: Affidavit of Mailing Notice

Petitioner: You **must** file this Affidavit if you served Notice by Publication in a newspaper and you ask the court for a divorce Decree by default. Petitioner **must** also complete the oath and signature section on the next page.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for _____ County <i>County where your case is filed</i>	
Upon the Petition of Petitioner <i>Full name: first, middle, last</i> and concerning Respondent <i>Full name: first, middle, last</i>	Equity case no. _____ Affidavit of Mailing Notice

1. Attorney Help

Check one

- A. ☐ An attorney did not help me prepare or fill in this paper.
 B. ☐ An attorney helped me prepare or fill in this paper.

If you check B, you must fill in the following information:

<i>Name of attorney or organization, if any</i>	<i>Attorney's P.I.N. # – Ask the attorney</i>		
<i>Business address of attorney or organization</i>	<i>City</i>	<i>State</i>	<i>ZIP code</i>
<i>()</i> <i>Attorney's phone number</i>	<i>()</i> <i>Attorney's fax number – optional</i>	<i>Attorney's email address – optional</i>	

Petitioner's Oath and Signature on next page

Rule 17.200—Form 225: *Affidavit of Mailing Notice*, continued**2. Petitioner's Oath and Signature**

I, _____, certify under penalty of perjury and pursuant to the
Print your name
 laws of the State of Iowa that on the _____ day of _____, 20____, I sent by ordinary
Day Month Year
 mail with proper postage, the following paper or papers:

Check one

- ☐ Original Notice and Petition for Dissolution of Marriage, or
☐ Notice of Intent to File a Written Application for Default Decree

to Respondent's last-known address as follows:

Respondent's street address City State ZIP code

_____, 20____
*Signed on: Month Day Year Petitioner's signature**

Mailing address City State ZIP code

(_____) _____
Phone number Email address Additional email address – if available

* Whether filing electronically or in paper, you must *handwrite* your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.

Rule 17.200—Form 226: Notice of Intent to File Written Application for Default Decree

Petitioner: If Respondent has not filed an Answer or Motion within 20 days from the date of Service of the Original Notice or date of the Acceptance of Service, you may seek a Default Decree.

Before Petitioner asks the court for a Default Decree of Dissolution of Marriage, Petitioner must file this form (226).

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for _____ County <i>County where your case is filed</i>	
Upon the Petition of Petitioner <i>Full name: first, middle, last</i> and concerning Respondent <i>Full name: first, middle, last</i>	Equity case no. _____ Notice of Intent to File Written Application for Default Decree

To: _____
Respondent's first name Middle name Last name

Date of Notice: _____, 20____
Month Day Year

Important Notice to Respondent:

You are in default because you have failed to take action required of you in this case.

Unless you act within **10 days** from the date of this Notice, a Default Decree of Dissolution of Marriage will be entered against you without a hearing, and you may lose your property or other important rights.

You should seek legal advice at once.

Handwritten signature of Petitioner or attorney if filing in paper or /s/ _____
Electronic signature of Petitioner or Attorney if filing electronically

The person who provided the signature above must fill in the information below.

Present street address (If attorney, firm address) City State ZIP code

(_____) _____
Phone number Email address

Instructions for Petitioner** Filing your Notice electronically**

EDMS will automatically serve Respondent unless Respondent is exempt from electronic filing requirements.

** Filing your Notice in paper (if you have received permission from the court to file in paper)**

1. Deliver a copy of this form to Respondent by mail or in person.
2. Complete form 225 and file the original at the clerk of court's office.
3. File the original of this form (226) at the clerk of court's office.
4. Keep a copy for your records.

Rule 17.200—Form 227: Request for Relief in a Dissolution of Marriage with Children

Use this form only if you have filed a Petition for Dissolution of Marriage (201) and:

- Your spouse (Respondent) did not file an Answer, or
- Your spouse will not work with you to prepare a Settlement Agreement (228).

Caution: This form may require you to provide protected or sensitive information.

 If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure form (211) if you have not already done so.

 If filing in paper, you may use form 211 to provide any protected information in full if you have not already done so.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for _____ County
County where your case is filed

Upon the Petition of

Petitioner Full name: first, middle, last

and concerning

Respondent Full name: first, middle, last

Equity case no. _____

Request for Relief in a Dissolution of Marriage with Children

1. Personal Information Fill in all information that you know. If you have been assaulted by your spouse and you fear for your safety, you may leave your address, phone number, and email blank.

I am

Check A or B and fill in C and D.

A. ☐ Petitioner

B. ☐ Respondent

C. Petitioner's birth year and present residence: _____
Birth year

Petitioner's present street address City State ZIP code

County Phone number Email address

D. Respondent's birth year and present residence: _____
Birth year

Respondent's present street address City State ZIP code

County Phone number Email address

Rule 17.200—Form 227: *Request for Relief in a Dissolution of Marriage with Children*, continued

2. Request for Relief

A. Children *Check all that are true*

- (1) ☐ Petitioner and Respondent agree to the custody and visitation set out in the Agreed Parenting Plan (229). *A parenting plan must be provided to the court with the Request for Relief.*
- (2) ☐ Petitioner and Respondent do not agree about custody and visitation. I filed a Proposed Parenting Plan (230). *A parenting plan must be provided to the court with the Request for Relief.*
- (3) ☐ Petitioner has taken the children in the middle course. *Attach certificate*
- (4) ☐ Respondent has taken the children in the middle course. *Attach certificate*

B. Breakdown of marriage

The marriage is broken down and cannot be saved.

C. Counseling

Counseling will not save the marriage.

D. Waiting period before decree *Check one*

- (1) ☐ More than 90 days have passed since Respondent accepted service or was served with an Original Notice.
- (2) ☐ Fewer than 90 days have passed since Respondent accepted service or was served with an Original Notice, but I want the court to take action right away without a separate hearing because:

This paper explains how I would like to settle all issues in my divorce.

E. Financial affidavits *Check one*

- (1) ☐ I filed a Financial Affidavit (224). I certify that I have fully disclosed all income and the identity and value of all assets and debts.
- (2) ☐ I am asking that the court not require me to file a Financial Affidavit because:

F. Child support *Check all that are true*

The amount of child support is determined using the Iowa Child Support Guidelines. The Iowa Department of Human Services provides a child support estimator on its website. Go to: <https://childsupport.ia.gov/>.

- (1) ☐ Petitioner shall pay child support to Respondent in the amount of \$ _____ per month.
- (2) ☐ Petitioner shall pay child support to a third party in the amount of \$ _____ per month.

Third party's full name: first, middle, last

Present street address

City

State

ZIP code

County

Rule 17.200—Form 227: *Request for Relief in a Dissolution of Marriage with Children*, continued

- (3) ☐ Respondent shall pay child support to Petitioner in the amount of \$ _____ per month.
- (4) ☐ Respondent shall pay child support to a third party in the amount of \$ _____ per month.

Third party's full name: first, middle, last

Present street address

City

State

ZIP code

County

- (5) Child support payments shall begin on the _____ day of _____, 20____.
- Month* *Year*

for the following children:

First, middle, & last initials of each child	Birth year
a.	
b.	
c.	

First, middle, & last initials of each child	Birth year
d.	
e.	
f.	

☐ Check this box if you are attaching a separate sheet listing additional children.

- (6) ☐ Check here if you want child support to be higher or lower than the Child Support Guidelines amount. *If you check (6), write the amount you want and explain why in b.*

a. Amount requested: \$ _____ per month

b. Child support should be different from the Guidelines amount because:

G. Tax exemption

- (1) I ask the court to set the tax deduction as follows:

Check one for each child

First, middle, & last initials of each child	Birth year	Parent who should now claim child for tax deduction	Every Year	Even Years	Odd Years
a.			☐	☐	☐
b.			☐	☐	☐
c.			☐	☐	☐
d.			☐	☐	☐
e.			☐	☐	☐
f.			☐	☐	☐

☐ Check this box if you are attaching a separate sheet listing additional children.

Rule 17.200—Form 227: *Request for Relief in a Dissolution of Marriage with Children*, continued

(2) The deduction will start in tax year _____
Year

Note: The parent with custody must sign IRS Form 8332 before the non-custodial parent can take the deduction.

Tax forms are available from the IRS website: <http://www.irs.gov>.

The earned income tax credit is not the same as the tax exemption.

H. Health care expenses

I ask the court to set the health care expenses as follows: *Check all that apply*

Petitioner Respondent

- (1) ☐ ☐ will provide medical support (health insurance).
- (2) ☐ ☐ will pay the first \$ _____ of uncovered medical expenses for the children. After that amount is spent, then uncovered medical expenses shall be paid _____ % by Petitioner and _____ % by Respondent.
- (3) ☐ ☐ shall pay cash medical support in the amount of \$ _____ per month.

I. Division of Personal Property *Check one*

- (1) ☐ All of the personal property obtained during the marriage has been divided. I ask that Petitioner will keep the personal property in Petitioner's possession, and Respondent will keep the personal property in Respondent's possession. *If you check (1), skip to J.*
- (2) ☐ Our personal property has not been divided. I ask that our personal property be divided as follows:
- a. Petitioner will get the following as Petitioner's separate personal property:

- b. Respondent will get the following as Respondent's separate personal property:

☐ Check this box if you attached a separate sheet listing additional information about personal property.

Note on retirement accounts and pensions: If the divorce Decree gives you or your spouse part of the other person's retirement account or pension, a separate order called a Qualified Domestic Relations Order (QDRO) must be entered. QDROs are complicated; you should ask an attorney for help with a QDRO.

J. Division of real estate

For each parcel of real estate you own, provide the following information. Attach a separate sheet for each additional parcel.

- (1) Ownership of real estate
Check one
- a. ☐ We do not own any real estate. *If you check a, skip to K.*

Rule 17.200—Form 227: *Request for Relief in a Dissolution of Marriage with Children*, continued

- b. ☐ We own real estate located at: _____
Street address
in the City of _____, County of _____, and
State of _____. This land is described in the deed or contract as follows:

(2) The real estate shall be:

Check one

- a. ☐ Sold and the profit or debt divided _____% to Petitioner and _____% to Respondent.
- b. ☐ Awarded to Petitioner, subject to all liens and mortgages.
- c. ☐ Awarded to Respondent, subject to all liens and mortgages.
- d. ☐ Other *Explain* _____

(3) Additional real estate

- ☐ Check this box if you are attaching separate sheets for additional parcels of real estate.

Changing title to real estate is a complicated and important step in the divorce process. If you will be changing title to real estate, you should talk to an attorney.

K. Division of debts

Check one

- (1) ☐ There are no debts.
- (2) ☐ I have listed all the debts I know about and ask that they be divided as follows:

Attach additional sheets if necessary.

- a. Petitioner will pay the following debts:

i. Business or person to whom a debt is owed	ii. Account number, if any <i>Last 4 numbers only</i>	iii. Total amount still owed
(a)		\$
(b)		\$
(c)		\$
(d)		\$
(e)		\$

- ☐ Check this box if you are attaching a separate sheet listing additional information about Petitioner's debts.

Rule 17.200—Form 227: *Request for Relief in a Dissolution of Marriage with Children*, continued

b. Respondent will pay the following debts:

i. Business or person to whom a debt is owed	ii. Account number, if any <i>Last 4 numbers only</i>	iii. Total amount still owed
(a)		\$
(b)		\$
(c)		\$
(d)		\$
(e)		\$

☐ Check this box if you are attaching a separate sheet listing additional information about Respondent's debts.

c. For any debt we do not know about, the spouse who made the debt will pay that debt.

You may want to close any credit cards and joint bank accounts in the names of both spouses. Closing accounts may limit the funds a former spouse has access to and may limit your liability for your former spouse's debts.

L. Cash payment**I ask that***Check one*

- (1) ☐ Neither Petitioner nor Respondent pay any money to the other.
- (2) ☐ Petitioner pay Respondent \$ _____ to equalize the division of property and debts by _____, 20____.
- Month Day Year*
- (3) ☐ Respondent pay Petitioner \$ _____ to equalize the division of property and debts by _____, 20____.
- Month Day Year*

M. Spousal support (alimony)*Check one***I ask that**

- (1) ☐ Neither Petitioner nor Respondent pay spousal support (alimony) to the other.
- (2) ☐ Spousal support (alimony) be paid as follows: _____

N. Name change*Check one***I ask that my last name**

- (1) ☐ Not be changed.
- (2) ☐ Be changed to: _____ *Name can only be changed to name on birth certificate or name used immediately prior to the marriage.*
- Print your former or birth name*

Rule 17.200—Form 227: *Request for Relief in a Dissolution of Marriage with Children*, continued**O. Court fees***Check one***I ask that**

- (1) ☐ Petitioner will pay all court fees.
(2) ☐ Respondent will pay all court fees.
(3) ☐ Petitioner and Respondent shall each pay one-half of the remaining court fees.
(4) ☐ Petitioner and Respondent shall each pay one-half of the total court fees.

P. Attorney's fees*Check one*

- (1) ☐ I have no attorney's fees.
(2) ☐ I will pay my own attorney's fees.
(3) ☐ I ask that my spouse pay me \$ _____ for attorney's fees.

Q. Necessary documents

I ask that the court require each of us to sign and deliver to each other any papers that may be needed to carry out the terms of the Decree.

R. Other request for relief _____

☐ *Check this box if you have attached a separate sheet listing additional requests for relief.*

3. Statements of Understanding and Fact*Check all that apply*

- A. ☐ I have made a full disclosure of my property and debts to the court.
B. ☐ This request for relief addresses all issues in my divorce.
C. ☐ I want the court to approve this request for relief and make it part of the final Decree.

Continued on next page

Rule 17.200—Form 227: *Request for Relief in a Dissolution of Marriage with Children*, continued**4. Attorney Help***Check one*

- A. ☐ An attorney did not help me prepare or fill in this paper.
- B. ☐ An attorney helped me prepare or fill in this paper.

If you check B, you must fill in the following information:

Name of attorney or organization, if any *Attorney's P.I.N. # – Ask the attorney*

Business address of attorney or organization *City* *State* *ZIP code*

(_____) _____
Attorney's phone number *Attorney's fax number – optional* *Attorney's email address – optional*

5. Certification of Service by Mailing or Delivery*Section 5 to be completed only if filing in paper or if the other party is exempt from electronic filing.**This document, if filed electronically will automatically be served on registered parties.*

I, _____, certify that on _____, 20____
Print your name *Month* *Day* *Year*

I mailed or gave a copy of this Request to the other party or the other party's attorney at this address:

Name of person to whom I delivered or mailed it

Party's or attorney's mailing address *City* *State* *ZIP code*

6. Oath and Signature

I, _____, have read this Request, and I certify under penalty
Print your name

of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Request is true and correct.

Signed on: _____, 20____
Month *Day* *Year* *Your signature**

Mailing address *City* *State* *ZIP code*

(_____) _____
Phone number *Email address* *Additional email address, if applicable*

** Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*

Rule 17.200—Form 228 Settlement Agreement for a Dissolution of Marriage with Children

Use this form only if you and your spouse both agree to the terms of a Settlement Agreement.

Do not use this form if:

- You and your spouse have no children under the age of 18.
- You and your spouse have no children 18 years of age or older who still need support.
- There are no children under age 18 who were adopted or born during this marriage.

Caution: This form may require you to provide protected or sensitive information.

 If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure form (211) if you have not already done so.

 If filing in paper, you may use form 211 to provide any protected information in full.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for _____ County

County where your case is filed

Upon the Petition of

Petitioner *Full name: first, middle, last*

and concerning

Respondent *Full name: first, middle, last*

Equity case no. _____

**Settlement Agreement for a
Dissolution of Marriage with Children**

1. Personal Information Fill in all information that you know. If you have been assaulted by your spouse and you fear for your safety, you may leave your address, phone number, and email blank.

A. Petitioner's birth year and present residence: _____
Birth year

Petitioner's present street address *City* *State* *ZIP code*

County *()* *Phone number* *Email address*

B. Respondent's birth year and present residence: _____
Birth year

Respondent's present street address *City* *State* *ZIP code*

County *()* *Phone number* *Email address*

Rule 17.200—Form 228: *Settlement Agreement for a Dissolution of Marriage with Children*, continued

2. Agreements

We agree to the following:

A. Children *Check all that are true*

- (1) ☐ We agree to the custody and visitation set out in the Agreed Parenting Plan (229).
- (2) ☐ We do not agree about custody and visitation. We each filed a Proposed Parenting Plan (230). *A parenting plan, either form 229 or form 230, must be provided to the court with the Settlement Agreement.*
- (3) ☐ Petitioner has taken the children in the middle course. *Attach certificate.*
- (4) ☐ Respondent has taken the children in the middle course. *Attach certificate.*

B. Breakdown of marriage

The marriage is broken down and cannot be saved.

C. Counseling

Counseling will not save the marriage.

D. Waiting period before decree *Check all that apply*

- (1) ☐ More than 90 days have passed since Respondent accepted service or was served with an Original Notice.
- (2) ☐ Fewer than 90 days have passed since Respondent accepted service or was served with an Original Notice, but we want the court to take action right away without a separate hearing because:

This paper explains how we would like to settle all issues in our divorce.

E. Financial affidavits *Check one*

- (1) ☐ Petitioner or Respondent has filed a Financial Affidavit (224).
If you check (1), check each that is applicable.
 - a. ☐ Petitioner has filed a Financial Affidavit. Petitioner certifies that Petitioner has fully disclosed all income and the identity and value of all assets and debts.
 - b. ☐ Respondent has filed a Financial Affidavit. Respondent certifies that Respondent has fully disclosed all income and the identity and value of all assets and debts.
- (2) ☐ We are asking that the court not require us to file Financial Affidavits because:

F. Child Support *Check all that are true*

Note: The amount of child support is determined using the Iowa Child Support Guidelines. The Iowa Department of Human Service provides a child support estimator on its website. Go to: <https://childsupport.ia.gov/>.

- (1) ☐ Petitioner shall pay child support to Respondent in the amount of \$ _____ per month.
- (2) ☐ Petitioner shall pay child support to a third party in the amount of \$ _____ per month.

Rule 17.200—Form 228: *Settlement Agreement for a Dissolution of Marriage with Children*, continuedThird party's full name: first, middle, lastPresent street addressCityStateZIP codeCounty

- (3) ☐ Respondent shall pay child support to Petitioner in the amount of \$ _____ per month.
- (4) ☐ Respondent shall pay child support to a third party in the amount of \$ _____ per month.

Third party's full name: first, middle, lastPresent street addressCityStateZIP codeCounty

- (5) Child support payments shall begin on the _____ day of _____, 20____,
- Month* *Year*
- for the following children:

First, middle, & last initials of each child	Birth year
a.	
b.	
c.	

First, middle, & last initials of each child	Birth year
d.	
e.	
f.	

- ☐ Check this box if you are attaching a separate sheet listing additional children.

- (6) ☐ Check here if you want child support to be higher or lower than the Child Support Guidelines amount. *If you check (6), write the amount you want and explain why in b.*
- a. Amount requested: \$ _____ per month
- b. Child support should be different from the Guidelines amount because:

G. Tax exemption

- (1) I ask the court to set the tax deduction as:

Check one for each child

First, middle, & last initials of each child	Birth year	Parent who should now claim child for tax deduction	Every Year	Even Years	Odd Years
a.			☐	☐	☐
b.			☐	☐	☐
c.			☐	☐	☐

Rule 17.200—Form 228: *Settlement Agreement for a Dissolution of Marriage with Children*, continued

d.			☐	☐	☐
e.			☐	☐	☐
f.			☐	☐	☐

☐ Check this box if you are attaching a separate sheet listing additional children.

Note: The parent with custody must sign IRS Form 8332 before the non-custodial parent can take the deduction.

Tax forms are available from the IRS website: <http://www.irs.gov>.

The earned income tax credit is not the same as the tax exemption.

(2) The deduction will start in tax year _____.
Year

H. Health care expenses

I ask the court to set the health care expenses as follows: *Check all that apply*

Petitioner Respondent

- (1) ☐ ☐ will provide medical support (health insurance).
- (2) ☐ ☐ will pay the first \$_____ of uncovered medical expenses for the children. After that amount is spent, then uncovered medical expenses shall be paid _____% by Petitioner and _____% by Respondent.
- (3) ☐ ☐ shall pay cash medical support in the amount of \$_____ per month.

I. Division of personal property

Check one

- (1) ☐ We have divided our personal property. Petitioner will keep the personal property in Petitioner's possession. Respondent will keep the personal property in Respondent's possession.
If you check (1), skip to J.
- (2) ☐ Our personal property has not been divided, but we agree it will be divided as follows:
Attach additional sheets if necessary.

a. Petitioner will get the following as Petitioner's separate personal property:

b. Respondent will get the following as Respondent's separate personal property:

Note on retirement accounts and pensions: If the divorce Decree gives you or your spouse part of the other person's retirement account or pension, a separate order called a Qualified Domestic Relations Order (QDRO) must be entered. QDROs are complicated; you should ask an attorney for help with a QDRO.

Rule 17.200—Form 228: *Settlement Agreement for a Dissolution of Marriage with Children*, continued

J. Division of real estate

For each parcel of real estate you own, provide the following information.

Attach a separate sheet for each additional parcel.

(1) Ownership of real estate

Check one

- a. ☐ We do not own any real estate. *If you check a, skip to K.*
- b. ☐ We own real estate located at: _____
Street address

in the City of _____, County of _____, and

State of _____. This land is described in the deed or contract as follows:

(2) The real estate shall be:

Check one

- a. ☐ Sold and the profit or debt divided _____ % to Petitioner and _____ % to Respondent.
- b. ☐ Awarded to Petitioner, subject to all liens and mortgages.
- c. ☐ Awarded to Respondent, subject to all liens and mortgages.
- d. ☐ Other *Explain* _____

(3) Additional real estate

☐ Check this box if you are attaching separate sheets for additional parcels of real estate.

Note: Changing title to real estate is a complicated and important step in the divorce process. If you will be changing title to real estate, you should talk to an attorney.

K. Division of debts

Check all that apply

- (1) ☐ There are no debts.
- (2) ☐ We have listed all the debts that we know about and ask that they be divided as follows:
Attach additional sheets if necessary.

- a. Petitioner will pay the following debts:

i. Business or person to whom a debt is owed	ii. Account number, if any <i>Last 4 numbers only</i>	iii. Total amount still owed
(a)		\$
(b)		\$

Rule 17.200—Form 228: *Settlement Agreement for a Dissolution of Marriage with Children*, continued

(c)		\$
(d)		\$
(e)		\$

☐ Check this box if you are attaching a separate sheet listing additional information about Petitioner's debts.

b. Respondent will pay the following debts:

i. Business or person to whom a debt is owed	ii. Account number, if any <i>Last 4 numbers only</i>	iii. Total amount still owed
(a)		\$
(b)		\$
(c)		\$
(d)		\$
(e)		\$

☐ Check this box if you are attaching a separate sheet listing additional information about Respondent's debts.

c. For any debt we do not know about, the spouse who made the debt will pay that debt.

Note: You may want to close any credit cards and joint bank accounts in the names of both spouses. Closing accounts may limit the funds a former spouse has access to and may limit your liability for your former spouse's debts.

L. Cash payment

We ask that

Check one

- (1) ☐ Neither Petitioner nor Respondent pay any money to the other.
- (2) ☐ Petitioner pay Respondent \$ _____ to equalize the division of property and debts by _____, 20____.
- Month Day Year*
- (3) ☐ Respondent pay Petitioner \$ _____ to equalize the division of property and debts by _____, 20____.
- Month Day Year*

Continued on next page

Rule 17.200—Form 228: *Settlement Agreement for a Dissolution of Marriage with Children*, continued**M. Spousal support (alimony)***Check one***We ask that:**

- (1) ☐ Neither Petitioner nor Respondent pay spousal support (alimony) to the other.
- (2) ☐ Petitioner pay spousal support (alimony) to Respondent as follows:

- (3) ☐ Respondent pay spousal support (alimony) to Petitioner as follows:

N. Name change*Check one***We ask that**

- (1) Petitioner's name

- a. ☐ Not be changed.
- b. ☐ Be changed to:

Print Petitioner's former or birth name

*Name can only be changed to
name on birth certificate or name used
immediately prior to the marriage.*

- (2) Respondent's name

- a. ☐ Not be changed.
- b. ☐ Be changed to:

Print Respondent's former or birth name

*Name can only be changed to
name on birth certificate or name used
immediately prior to the marriage.*

O. Court fees*Check one***We ask that**

- (1) ☐ Petitioner will pay all court fees.
- (2) ☐ Respondent will pay all court fees.
- (3) ☐ Petitioner and Respondent shall each pay one-half of the remaining court fees.
- (4) ☐ Petitioner and Respondent shall each pay one-half of the total court fees.

P. Attorney's fees

- (1) Petitioner's attorney's fees

Check one

- a. ☐ Petitioner has no attorney's fees.
- b. ☐ Petitioner will pay Petitioner's attorney's fees.
- c. ☐ Respondent will pay \$ _____ for Petitioner's attorney's fees.

Rule 17.200—Form 228: *Settlement Agreement for a Dissolution of Marriage with Children*, continued

(2) Respondent's attorney's fees

Check one

- a. ☐ Respondent has no attorney's fees.
b. ☐ Respondent will pay Respondent's attorney's fees.
c. ☐ Petitioner will pay \$ _____ for Respondent's attorney's fees.

Q. Necessary documents

We will sign and promptly deliver to each other any papers that may be needed to carry out this Settlement Agreement.

R. Other agreements

Attach additional sheets if necessary.

Continued on next page

Rule 17.200—Form 228: *Settlement Agreement for a Dissolution of Marriage with Children*, continued**3. Attorney Help***Check one***A. Petitioner**(1) ☐ An attorney did not help me prepare or fill in this paper.(2) ☐ An attorney helped me prepare or fill in this paper.*If you check (2), you must fill in the following information:*_____
Name of attorney or organization, if any *Attorney's P.I.N. # – Ask the attorney*_____
Business address of attorney or organization *City* *State* *ZIP code*(_____) _____
Attorney's phone number *Attorney's fax number – optional* *Attorney's email address – optional***B. Respondent**(1) ☐ An attorney did not help me prepare or fill in this paper.(2) ☐ An attorney helped me prepare or fill in this paper.*If you check (2), you must fill in the following information:*_____
Name of attorney or organization, if any *Attorney's P.I.N. # – Ask the attorney*_____
Business address of attorney or organization *City* *State* *ZIP code*(_____) _____
Attorney's phone number *Attorney's fax number – optional* *Attorney's email address – optional***4. Oaths and Signatures**

This Settlement Agreement addresses all issues in our divorce. We have made a full disclosure of our property and debts to each other. We want the court to approve this Agreement and make it a part of the final Decree.

A. Petitioner's Oath and Signature

I, _____, certify under penalty of perjury and pursuant to the
Print your name

laws of the State of Iowa that I have read this Settlement Agreement and it accurately states how I would like the court to address the issues in my divorce. I know I have the right to talk to an attorney about this Agreement. I am voluntarily signing this Agreement. I am asking that this Settlement Agreement be presented to a judge for approval and filing with the court.

_____, 20_____
Month *Day* *Year* *Petitioner's signature**

Mailing address *City* *State* *ZIP code*

(_____) _____
Phone number *Email address* *Additional email address – if available*

* *Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*

Continued on next page

Rule 17.200—Form 228: *Settlement Agreement for a Dissolution of Marriage with Children*, continued

B. Respondent's Oath and Signature

I, _____, certify under penalty of perjury and pursuant to the
Print your name

laws of the State of Iowa that I have read this Settlement Agreement and it accurately states how I would like the court to address the issues in my divorce. I know I have the right to talk to an attorney about this Agreement. I am voluntarily signing this Agreement. I am asking that this Settlement Agreement be presented to a judge for approval and filing with the court.

_____, 20_____
*Month Day Year Respondent's signature**

Mailing address City State ZIP code

(_____) _____
Phone number Email address Additional email address – if available

** Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*

Rule 17.200—Form 229: Agreed Parenting Plan

Use this form if both spouses agree to everything in the plan regarding child custody and visitation.

Do not use this form if you and your spouse **do not** agree to all child custody and visitation arrangements. Instead, use form 230 to present a Proposed Parenting Plan to the court for the child custody and visitation arrangements you want.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for _____ County <i>County where you are filing this Parenting Plan</i>	
Upon the Petition of Petitioner <i>Full name: first, middle, last</i> and concerning Respondent <i>Full name: first, middle, last</i>	Equity case no. _____ Agreed Parenting Plan

1. Information for the Court

A. The parties agree to this plan.

B. Children *List all children born to or adopted by Petitioner and Respondent.*

First, middle, & last initials of each child	Present age	Gender M F	School	Grade
(1)		☐ ☐		
(2)		☐ ☐		
(3)		☐ ☐		
(4)		☐ ☐		
(5)		☐ ☐		
(6)		☐ ☐		

☐ *Check this box if you are attaching a sheet listing additional children.*

C. Information about the children

Check all that are true

- (1) ☐ The children listed in B are the only children born to or adopted by these parents.
- (2) ☐ One or more of the children is in a juvenile court case. *If you check (2), attach a copy of the order that allows the district court to order child custody and visitation.*

Continued on next page

Rule 17.200—Form 229: *Agreed Parenting Plan*, continued

- (3) ☐ There are children of Petitioner or Respondent not listed in B. *Explain*
- *If there are children born before the marriage, who are not the children of Petitioner or of Respondent, check (3) and explain.*
 - *If there are children of Petitioner and Respondent, but the parental rights have been terminated, check (3) and explain.*

2. Plan

A. Read these definitions of legal custody and physical care:

- (1) **Legal custody** means a parent has legal rights and responsibilities for the child. These include making decisions about medical care, education, extracurricular activities, and religious instruction.
- (2) **Joint legal custody** means both parents have equal legal rights and responsibilities for the child. These include making decisions about medical care, education, extracurricular activities, and religious instruction.
- (3) **Physical care** means providing the main home for the child and taking care of the child.
- (4) **Joint physical care** means both parents have equal rights and responsibilities for providing the main home for the child and taking care of the child.

B. Legal custody should be

Check one

- (1) ☐ Joint legal custody to both parents
- (2) ☐ To Petitioner
- (3) ☐ To Respondent
- (4) ☐ To other person _____
Full name of other person: first, middle, last

C. Physical care should be

Check one

- (1) ☐ To Petitioner *If you check (1), use D for Respondent's visitation.*
- (2) ☐ To Respondent *If you check (2), use D for Petitioner's visitation.*
- (3) ☐ Joint physical care to both parents *If you check (3), use D(12) to explain the joint physical care schedule.*
- (4) ☐ To other person _____
Full name of other person: first, middle, last

D. Visitation

Use D only if one parent will have physical care. This is the schedule for the other parent to see the children.

- (1) Visitation for

Check one

- a. ☐ Petitioner
- b. ☐ Respondent

Rule 17.200—Form 229: *Agreed Parenting Plan*, continued

(2) Visitation permission

Check a, b, or c.

- a. ☐ Visitation should not be allowed because:

- b. ☐ Visitation should be supervised because:

The supervisor for visitation should be _____
Supervisor's full name: first, middle, last

- c. ☐ Regular unsupervised visitation schedule as the parents agree:

Check all that apply

- i. ☐ Reasonable visitation as the parents agree.

- ii. ☐ Mid-week visitation on these days:

M Tu W Th F From _____ a.m. to _____ a.m.
☐ ☐ ☐ ☐ ☐ _____ p.m.

- iii. ☐ Every weekend

Every weekend

From _____ at _____

Day of week *Time*

_____ a.m. _____ a.m.

_____ p.m. to _____ at _____ p.m.

Day of week *Time*

- iv. ☐ Every other weekend

Every other weekend ☐ a.m. ☐ a.m.
From _____ at _____ ☐ p.m. to _____ at _____ ☐ p.m.
Day of week Time Day of week Time

- v. ☐ Other *Describe*

- vi. Visitation will start on _____, 20____
Month Day Year

(3) Detailed holiday schedule

This schedule tells on which holidays the children will be with either Petitioner or Respondent.

Note: You do not have to fill in everything. Any day that is left blank means the children will spend that day with the parent who already has the children on that day.

$P = \text{Petitioner}$ $R = \text{Respondent}$

Holiday	Time		Every year		Even years		Odd years	
			P	R	P	R	P	R
New Year's Eve	:	 a.m.  p.m.						
New Year's Day	:	 a.m.  p.m.						
Martin Luther King, Jr. Day	:	 a.m.  p.m.						

Rule 17.200—Form 229: *Agreed Parenting Plan*, continued

President's Day	:	☐ a.m. ☐ p.m.	☐ ☐	☐ ☐	☐ ☐
Memorial Day	:	☐ a.m. ☐ p.m.	☐ ☐	☐ ☐	☐ ☐
Independence Day <i>July 4th</i>	:	☐ a.m. ☐ p.m.	☐ ☐	☐ ☐	☐ ☐
Labor Day	:	☐ a.m. ☐ p.m.	☐ ☐	☐ ☐	☐ ☐
Veterans' Day <i>November 11th</i>	:	☐ a.m. ☐ p.m.	☐ ☐	☐ ☐	☐ ☐
Thanksgiving Day	:	☐ a.m. ☐ p.m.	☐ ☐	☐ ☐	☐ ☐
Christmas Eve	:	☐ a.m. ☐ p.m.	☐ ☐	☐ ☐	☐ ☐
Christmas Day	:	☐ a.m. ☐ p.m.	☐ ☐	☐ ☐	☐ ☐
Mother's Day	:	☐ a.m. ☐ p.m.	☐ ☐	☐ ☐	☐ ☐
Father's Day	:	☐ a.m. ☐ p.m.	☐ ☐	☐ ☐	☐ ☐
Petitioner's Birthday	:	☐ a.m. ☐ p.m.	☐ ☐	☐ ☐	☐ ☐
Respondent's Birthday	:	☐ a.m. ☐ p.m.	☐ ☐	☐ ☐	☐ ☐
Halloween <i>October 31st</i>	:	☐ a.m. ☐ p.m.	☐ ☐	☐ ☐	☐ ☐
Other: <i>Describe</i>	:	☐ a.m. ☐ p.m.	☐ ☐	☐ ☐	☐ ☐
Other: <i>Describe</i>	:	☐ a.m. ☐ p.m.	☐ ☐	☐ ☐	☐ ☐

(4) Special rules for holidays*Check one*

- a. ☐ If a holiday falls on a Friday or a Monday, the parent with the holiday will have the whole weekend.
- b. ☐ If a holiday falls on a Monday or a Friday, the alternating weekend schedule in D(2)c.iv. will continue. *This means the parent who has the children on the holiday weekend may have the children two weekends in a row.*
- c. ☐ The parents will cooperate and rearrange the alternate weekend schedule so that neither parent will have the children more weekends in a row without contact with the other parent.
- d. ☐

Continued on next page

Rule 17.200—Form 229: *Agreed Parenting Plan*, continued**(5) Summer***Check one*

- a. ☐ Summer school vacation will be divided as Petitioner and Respondent agree.
- b. ☐ Petitioner and Respondent will each have one-half of the summer school vacation with alternate weekends to the other parent. The children will be returned to the parent with physical care at least one week before school starts.
- c. ☐ The parent without physical care will have two weeks of uninterrupted summer visitation with the children and the parent with physical care will have two weeks of uninterrupted summer visitation with the children. During the rest of the summer the weekly visitation schedule should be followed.
- d. ☐ Other *Explain* _____

(6) Winter school holiday*Check one*

- a. ☐ Winter school holidays will be divided as Petitioner and Respondent agree.
- b. ☐ Petitioner and Respondent will each have one-half of the winter school holiday and alternate the first and second half each year.
- c. ☐ Other *Explain* _____

(7) Spring school break*Check one*

- a. ☐ Spring school break will be divided as Petitioner and Respondent agree.
- b. ☐ Spring school break will be alternated every other year between Petitioner and Respondent.
- c. ☐ Petitioner and Respondent will each have one-half of each spring school break.
- d. ☐ Other *Explain* _____
- _____
- _____

(8) The children's birthdays*Check one*

- a. ☐ Petitioner and Respondent will have contact with the children on their birthdays as the parents may agree.
- b. ☐ A child's birthday will be spent with the parent who has the child on that day.
- c. ☐ Each child's birthday will be alternated from year to year between Petitioner and Respondent.
- d. ☐ Petitioner and Respondent will each have no less than two hours of personal contact with the child on the child's birthday.
- e. ☐ Other *Explain* _____

Rule 17.200—Form 229: *Agreed Parenting Plan*, continued

(9) Pick up and drop off

Check all that apply

- a. ☐ The parents will agree about pick up and drop off for each visit.
- b. ☐ The parent with visitation will pick up the children at the other parent's residence at the beginning of visitation and the parent with physical care will pick up the children at the end of visitation.
- c. ☐ Only certain people can help the parents with transportation. If persons other than Petitioner and Respondent will help them provide transportation of the children, only the following persons are permitted to help: _____
- d. ☐ Other arrangements for visitation *For example, Petitioner and Respondent will meet at a location between their residences. Explain* _____

(10) The parent without the children may contact the children by

Check all that apply

- a. ☐ Calling the children

Check one

- i. ☐ At reasonable hours
- ii. ☐ Any day from _____ a.m. to _____ a.m.
_____ p.m. to _____ p.m.

Phone number () _____
Phone number where children can be contacted

- b. ☐ Emailing the children at this address: _____
Email where children can be contacted
- c. ☐ Other *Explain* _____

(11) Changes to the schedule

Check all that apply

- a. ☐ The parties may agree to additional visitation or changes to the schedule.
- b. ☐ If one parent fails to arrive at the appointed time, then the other parent will wait for at least _____ minutes before cancelling the visit.
- c. ☐ No changes allowed except by a court order.
- d. ☐ Other *Explain* _____

Continued on next page

Rule 17.200—Form 229: *Agreed Parenting Plan*, continued

(12) Joint physical care plan

Use only if both Petitioner and Respondent are given joint physical care.

- a. How Petitioner and Respondent will make decisions about the children: *For example, decisions on school, medical care, religion, and other decisions parents make for their children.*
- b. How the children's time will be divided between Petitioner and Respondent: *You may use sections 3, 4, 5, 6, 7, and 8 for holidays, school breaks, and birthdays.*
- c. How the children's expenses will be paid: *For example, expenses such as clothes, activities, and school fees.* _____
- d. How Petitioner and Respondent will deal with major changes or disagreements about the children (including changes due to the children's age and development):
- e. Other issues:

(13) Resolving disagreements

Check one

Before going to court to resolve disagreements, Petitioner and Respondent will

- a. ☐ Ask the following person to help them resolve disagreements:

<i>Name</i>		<i>Relationship to parties</i>		<i>() Phone number</i>	
<i>Present street address</i>		<i>City</i>		<i>State</i>	<i>ZIP code</i>

- b. ☐ Go to mediation. *Do not check if mediation will not work because of domestic violence or an injunction.*

Continued on next page

Rule 17.200—Form 229: *Agreed Parenting Plan*, continued**3. Attorney Help***Check one***A. Petitioner**

- (1) ☐ An attorney did not help me prepare or fill in this paper.
- (2) ☐ An attorney helped me prepare or fill in this paper.

If you check (2), you must fill in the following information:

_____ <i>Name of attorney or organization, if any</i>		_____ <i>Attorney's P.I.N. # – Ask the attorney</i>	
_____ <i>Business address of attorney or organization</i>		_____ <i>City</i>	_____ <i>State</i>
_____ <i>Attorney's phone number</i>	_____ <i>Attorney's fax number – optional</i>	_____ <i>Attorney's email address – optional</i>	

B. Respondent

- (1) ☐ An attorney did not help me prepare or fill in this paper.
- (2) ☐ An attorney helped me prepare or fill in this paper.

If you check (2), you must fill in the following information:

_____ <i>Name of attorney or organization, if any</i>		_____ <i>Attorney's P.I.N. # – Ask the attorney</i>	
_____ <i>Business address of attorney or organization</i>		_____ <i>City</i>	_____ <i>State</i>
_____ <i>Attorney's phone number</i>	_____ <i>Attorney's fax number – optional</i>	_____ <i>Attorney's email address – optional</i>	

4. Oaths and Signatures

This Agreed Parenting Plan addresses all custody and visitation issues in our divorce. We want the court to approve this Agreed Parenting Plan and make it a part of the final Decree.

A. Petitioner's Oath and Signature

I, _____, certify under penalty of perjury and pursuant to the
Print Petitioner's name

laws of the State of Iowa that I have read this Agreed Parenting Plan, and I agree with the Plan. I ask the court to adopt this Agreed Parenting Plan.

_____, 20_____
Month Day Year *Petitioner's signature**

Mailing address *City* *State* *ZIP code*

(_____) _____
Phone number *Email address* *Additional email address – if available*

** Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*

Continued on next page

Rule 17.200—Form 229: *Agreed Parenting Plan*, continued

B. Respondent's Oath and Signature

I, _____, certify under penalty of perjury and pursuant to the
Print Respondent's name

laws of the State of Iowa that I have read this Agreed Parenting Plan, and I agree with the Plan. I ask the court to adopt this Agreed Parenting Plan.

_____, 20_____
*Month Day Year Respondent's signature**

Mailing address City State ZIP code

(_____) _____
Phone number Email address Additional email address – if available

** Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*

[Court Order December 19, 2013]

Rule 17.200—Form 230: Proposed Parenting Plan

Use this form if you and your spouse do not agree to all child custody and visitation arrangements

Do not use this form if both spouses agree to everything in this plan. Instead, use form 229 to tell the court what you both want your plan to be.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for _____ County

County where you are filing this Parenting Plan

Upon the Petition of

Equity case no. _____

Petitioner Full name: first, middle, last

Proposed Parenting Plan

and concerning

Respondent Full name: first, middle, last

I am

Check one

- A. ☐ Petitioner
B. ☐ Respondent

1. Information for the Court

A. **Children** List all children born to or adopted by Petitioner and Respondent.

First, middle, & last initials of each child	Present age	Gender M F	School	Grade
(1)		☐ ☐		
(2)		☐ ☐		
(3)		☐ ☐		
(4)		☐ ☐		
(5)		☐ ☐		
(6)		☐ ☐		

☐ Check this box if you are attaching a separate sheet listing additional children.

B. Information about the children

- (1) ☐ The children listed in A are the only children born to or adopted by these parents.
- (2) ☐ One or more of the children is in a juvenile court case. If you check (2), attach a copy of the order that allows the district court to order child custody and visitation.
- (3) ☐ There are children of Petitioner or Respondent not listed in B. Explain
- If there are children born before the marriage, who are not the children of Petitioner or of Respondent, check (3) and explain.

Rule 17.200—Form 230: *Proposed Parenting Plan*, continued

- *If there are children of Petitioner and Respondent, but the parental rights have been terminated, check (3) and explain.*

C. Special concerns about the children*Check all that are true*

- (1) ☐ Breastfeeding infant
- (2) ☐ Child with a disability
- (3) ☐ Other *Explain* _____

D. Information about the parents*Check all that are true*

- (1) ☐ Petitioner receives public assistance, Title XIX, or FIP.
- (2) ☐ Respondent receives public assistance, Title XIX, or FIP.
- (3) ☐ Petitioner plans to move within the next year.
- (4) ☐ Respondent plans to move within the next year.
- (5) ☒ This is the Parenting Plan for before the move.
- (6) ☒ This is the Parenting Plan for after the move.

E. Special concerns about the parents*Check all that are true*

- (1) ☐ Petitioner has an alcohol or drug problem.
- (2) ☐ Respondent has an alcohol or drug problem.
- (3) ☐ Petitioner does not have a driver's license.
- (4) ☐ Respondent does not have a driver's license.
- (5) ☐ Petitioner's home environment is not suitable. *Explain in 11.*
- (6) ☐ Respondent's home environment is not suitable. *Explain in 11.*
- (7) ☐ Petitioner is in jail or a mental health institution. *Explain in 11.*
- (8) ☐ Respondent is in jail or a mental health institution. *Explain in 11.*
- (9) ☐ Petitioner is protected under a Domestic Abuse Protective Order. *Explain in 11.*
- (10) ☐ Respondent is protected under a Domestic Abuse Protective Order. *Explain in 11.*
- (11) ☐ *Explain:* _____

Rule 17.200—Form 230: *Proposed Parenting Plan*, continued**2. Plan****A. Read these definitions of legal custody and physical care:**

- (1) **Legal custody** means a parent has legal rights and responsibilities for the child. These include making decisions about medical care, education, extracurricular activities, and religious instruction.
- (2) **Joint legal custody** means both parents have equal legal rights and responsibilities for the child. These include making decisions about medical care, education, extracurricular activities, and religious instruction.
- (3) **Physical care** means providing the main home for the child and taking care of the child.
- (4) **Joint physical care** means both parents have equal rights and responsibilities for providing the main home for the child and taking care of the child.

B. Legal custody should be*Check one*

- (1) ☐ Joint legal custody to both parents
- (2) ☐ To Petitioner
- (3) ☐ To Respondent
- (4) ☐ To other person _____
Full name of other person: first, middle, last

C. Physical care should be*Check one*

- (1) ☐ To Petitioner *If you check (1), use D for Respondent's visitation.*
- (2) ☐ To Respondent *If you check (2), use D for Petitioner's visitation.*
- (3) ☐ Joint physical care to both parents *If you check (3), use D(12) to explain the joint physical care schedule.*
- (4) ☐ To other person _____
Full name of other person: first, middle, last

D. Visitation*Use D only if one parent will have physical care. This is the schedule for the other parent to see the children.***(1) Visitation for***Check one*

- a. ☐ Petitioner
- b. ☐ Respondent

(2) Visitation permission*Check a, b, or c.*

- a. ☐ Visitation should not be allowed because:

- b. ☐ Visitation should be supervised because:

Rule 17.200—Form 230: *Proposed Parenting Plan*, continued

The supervisor for visitation should be _____
Supervisor's full name: first, middle last

- c. ☐ Regular unsupervised visitation schedule as the parents agree:

Check all that apply

- i. ☐ Reasonable visitation as the parents agree.

- ii. ☐ Mid-week visitation on these days:

M Tu W Th F From _____ a.m. to _____ p.m.
☐ ☐ ☐ ☐ ☐

- iii. ☐ Every weekend ☐ a.m. ☐ a.m.
 From _____ at _____ ☐ p.m. to _____ at _____ ☐ p.m.
Day of week Time Day of week Time

- iv. ☐ Every other weekend ☐ a.m. ☐ a.m.
 From _____ at _____ ☐ p.m. to _____ at _____ ☐ p.m.
Day of week Time Day of week Time

- v. ☐ Other *Describe*

- vi. Visitation will start on _____, 20____
Month Day Year

(3) Detailed holiday schedule

This schedule tells on which holidays the children will be with either Petitioner or Respondent.

You do not have to fill in everything. Any day that is left blank means the children will spend that day with the parent who already has the children on that day.

P = Petitioner R = Respondent

Holiday	Time	Every year		Even years		Odd years	
		P	R	P	R	P	R
New Year's Eve	: ☐ a.m. ☐ p.m.	☐	☐	☐	☐	☐	☐
New Year's Day	: ☐ a.m. ☐ p.m.	☐	☐	☐	☐	☐	☐
Martin Luther King, Jr. Day	: ☐ a.m. ☐ p.m.	☐	☐	☐	☐	☐	☐
President's Day	: ☐ a.m. ☐ p.m.	☐	☐	☐	☐	☐	☐
Memorial Day	: ☐ a.m. ☐ p.m.	☐	☐	☐	☐	☐	☐
Independence Day <i>July 4th</i>	: ☐ a.m. ☐ p.m.	☐	☐	☐	☐	☐	☐
Labor Day	: ☐ a.m. ☐ p.m.	☐	☐	☐	☐	☐	☐
Veterans' Day <i>November 11th</i>	: ☐ a.m. ☐ p.m.	☐	☐	☐	☐	☐	☐
Thanksgiving Day	: ☐ a.m. ☐ p.m.	☐	☐	☐	☐	☐	☐
Christmas Eve	: ☐ a.m. ☐ p.m.	☐	☐	☐	☐	☐	☐
Christmas Day	: ☐ a.m. ☐ p.m.	☐	☐	☐	☐	☐	☐

Rule 17.200—Form 230: *Proposed Parenting Plan*, continued

Mother's Day	:	☐ a.m. ☐ p.m.	☐ ☐	☐ ☐	☐ ☐
Father's Day	:	☐ a.m. ☐ p.m.	☐ ☐	☐ ☐	☐ ☐
Petitioner's Birthday	:	☐ a.m. ☐ p.m.	☐ ☐	☐ ☐	☐ ☐
Respondent's Birthday	:	☐ a.m. ☐ p.m.	☐ ☐	☐ ☐	☐ ☐
Halloween <i>October 31st</i>	:	☐ a.m. ☐ p.m.	☐ ☐	☐ ☐	☐ ☐
Other: <i>Describe</i>	:	☐ a.m. ☐ p.m.	☐ ☐	☐ ☐	☐ ☐
Other: <i>Describe</i>	:	☐ a.m. ☐ p.m.	☐ ☐	☐ ☐	☐ ☐

(4) Special rules for holidays

Check one

- a. ☐ If a holiday falls on a Friday or a Monday, the parent with the holiday will have the whole weekend.
- b. ☐ If a holiday falls on a Monday or a Friday, the alternating weekend schedule in 3.a.iii. will continue.
- c. ☐ If a holiday falls on a Monday or a Friday, the alternating weekend schedule in D(2)c.iv. will continue. *This means the parent who has the children on the holiday weekend may have the children two weekends in a row.*
- d. ☐ Other *Explain* _____

(5) Summer

Check one

- a. ☐ Summer school vacation will be divided as Petitioner and Respondent agree.
- b. ☐ Petitioner and Respondent will each have one-half of the summer school vacation with alternate weekends to the other parent. The children will be returned to the parent with physical care at least one week before school starts.
- c. ☐ The parent without physical care will have two weeks of uninterrupted summer visitation with the children and the parent with physical care will have two weeks of uninterrupted summer visitation with the children. During the rest of the summer the weekly visitation schedule should be followed.
- d. ☐ Other *Explain* _____

Continued on next page

Rule 17.200—Form 230: *Proposed Parenting Plan*, continued

(6) Winter school holiday

Check one

- a. ☐ Winter school holidays will be divided as Petitioner and Respondent agree.
- b. ☐ Petitioner and Respondent will each have one-half of the winter school holiday and alternate the first and second half each year.
- c. ☐ Other *Explain* _____

(7) Spring school break

Check one

- a. ☐ Spring school break will be divided as Petitioner and Respondent agree.
- b. ☐ Spring school break will be alternated every other year between Petitioner and Respondent.
- c. ☐ Petitioner and Respondent will each have one-half of each spring school break.
- d. ☐ Other *Explain* _____
- _____
- _____

(8) The children's birthdays

Check one

- a. ☐ Petitioner and Respondent will have contact with the children on their birthdays as the parents may agree.
- b. ☐ A child's birthday will be spent with the parent who has the child on that day.
- c. ☐ Each child's birthday will be alternated from year to year between Petitioner and Respondent.
- d. ☐ Petitioner and Respondent will each have no less than two hours of personal contact with the child on the child's birthday.
- e. ☐ Other *Explain* _____

(9) Pick up and drop off

Check all that apply

- a. ☐ The parents will agree about pick up and drop off for each visit.
- b. ☐ The parent with visitation will pick up the children at the other parent's residence at the beginning of visitation and the parent with physical care will pick up the children at the end of visitation.
- c. ☐ Only certain people can help the parents with transportation. If persons other than Petitioner and Respondent will help them provide transportation of the children, only the following people are permitted to help: _____

Rule 17.200—Form 230: *Proposed Parenting Plan*, continued

- d. ☐ Other arrangements for visitation (for example, Petitioner and Respondent will meet at a location between their residences): *Explain* _____

(10) The parent without the children may contact the children by

Check all that apply

- a. ☐ Calling the children

Check one

- i. ☐ At reasonable hours
- ii. ☐ Any day from _____ 8 a.m. _____ 8 a.m.
_____ 8 p.m. to _____ 8 p.m.

Phone number (_____) _____
Phone number where children can be contacted

- b. ☐ Emailing the children at this address: _____
Email where children can be contacted

- c. ☐ Other *Explain* _____

(11) Changes to the schedule

Check all that apply

- a. ☐ The parties may agree to additional visitation or changes to the schedule.
- b. ☐ If one parent fails to arrive at the appointed time, then the other parent will wait for at least _____ minutes before cancelling the visit.
- c. ☐ No changes allowed except by a court order.
- d. ☐ Other *Explain* _____

(12) Joint physical care plan

Use only if both Petitioner and Respondent are given joint physical care.

- a. How Petitioner and Respondent will make decisions about the children: *For example, decisions on school, medical care, religion, and other decisions parents make for their children.*

- b. How the children's time will be divided between Petitioner and Respondent:
You may use sections 3, 4, 5, 6, 7, and 8 for holidays, school breaks, and birthdays.

Rule 17.200—Form 230: *Proposed Parenting Plan*, continued

- c. How the children's expenses will be paid: *For example, expenses such as clothes, activities, and school fees.* _____
- d. How Petitioner and Respondent will deal with major changes or disagreements about the children (including changes due to the children's age and development): _____
- e. Other issues: _____

(13) Resolving disagreements

Check one

Before going to court to resolve disagreements, Petitioner and Respondent will

- a. ☐ Ask the following person to help them resolve disagreements:

_____	_____	(_____) _____
<i>Name</i>	<i>Relationship to parties</i>	<i>Phone number</i>
_____	_____	_____
<i>Present street address</i>	<i>City</i>	<i>State</i> <i>ZIP code</i>

- b. ☐ Go to mediation. *Do not check if mediation will not work because of domestic violence or an injunction.*

Continued on next page

Rule 17.200—Form 230: *Proposed Parenting Plan*, continued**3. Attorney Help***Check one*

- A. ☐ An attorney did not help me prepare or fill in this paper.
- B. ☐ An attorney helped me prepare or fill in this paper.

If you check B, you must fill in the following information:

Name of attorney or organization, if any *Attorney's P.I.N. # – Ask the attorney*

Business address of attorney or organization *City* *State* *ZIP code*

(_____) _____ (_____) _____
Attorney's phone number *Attorney's fax number – optional* *Attorney's email address – optional*

4. Certification of Service by Mailing or Delivery*Section 4 to be completed only if filing in paper or if the other party is exempt from electronic filing.**This document, if filed electronically will automatically be served on registered parties.*

I, _____, certify that on _____, 20____
Print your name *Month* *Day* *Year*

I mailed or gave a copy of this Proposed Parenting Plan to the other party or the other party's attorney at this address:

Name of person to whom I delivered or mailed it

Party's or attorney's mailing address *City* *State* *ZIP code*

5. Oath and Signature

This Proposed Parenting Plan addresses all custody and visitation issues in our divorce. I want the court to approve this Proposed Parenting Plan and make it a part of the final Decree.

I, _____, certify under penalty of perjury and pursuant to the
Print your name

laws of the State of Iowa that I have read this Proposed Parenting Plan, and I agree with the Plan and the information. I ask the court to adopt this Proposed Parenting Plan.

_____, 20____
Month *Day* *Year* *Your signature**

Mailing address *City* *State* *ZIP code*

(_____) _____
Phone number *Email address* *Additional email address – if available*

* *Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*

Rules 17.201 to 17.299 Reserved.

Rule 17.300 Forms for modifying child support. The following forms are for use in actions to modify a current child support order from an Iowa court.
[Court Order December 19, 2013]

FL-17.301 APPLICATION TO MODIFY CHILD SUPPORT ONLY**PRINT CLEARLY**

A. IN THE DISTRICT COURT FOR _____ COUNTY, IOWA
 (County where the current child support is ordered)

B. UPON THE PETITION OF

PETITIONER (As it is in the original case)

VS

RESPONDENT (As it is in the original case)

Equity case number:

Application to Modify
 Child Support Only
 (CLERK STAMPS HERE)

► **Stop! You must file this form in the same county where your current child support order is entered. If you cannot file it in the same county, see an attorney.**

C. PERSONAL INFORMATION

1. Applicant's (your) name, year of birth and present residence:

_____ (Full name) _____ (Year of birth)

_____ (Present street address) _____ (City) _____ (State) _____ (ZIP Code)

_____ (County) _____ (Phone number)

2. Other parent's name, year of birth, and present residence:

_____ (Full name) _____ (Year of birth)

_____ (Present street address) _____ (City) _____ (State) _____ (ZIP Code)

_____ (County) _____ (Phone number)

3. If someone other than a parent gets child support in this case, write the person's name, year of birth, and present address:

_____ (Full name) _____ (Year of birth)

_____ (Present street address) _____ (City) _____ (State) _____ (ZIP Code)

_____ (County) _____ (Phone number)

D. GENERAL INFORMATION ABOUT THIS CASE

4. Information about the current child support order:

a. Date entered: / /
(Month) (Day) (Year)

b. County and state where the current order is entered: _____

c. Case number on the current child support order: _____

d. (Name) _____ pays child support in this case.

(Name) _____ receives child support in this case.

e. The current child support payment is: \$ _____ per _____
(Week or month)

5. (Check if true.) ☐ A copy of the current child support order is attached.

6. (Check all that are true.)

☐ The Child Support Recovery Unit (CSRU) is involved in this case.

☐ The Collection Services Center (CSC) is involved. The CSC number is: _____

7. (Check if true.)

☐ There are other child support orders for the child or children involved in this case. They are:
(If you check this box, write in the following information.)

Case # _____ County & State _____.

Case # _____ County & State _____.

8. The following children are covered by the current child support order:

<u>First, middle & last initials of each child</u>	<u>Year of birth</u>
--	----------------------

<u>First, middle & last</u>	
<u>initials of each child</u>	<u>Year of birth</u>

(1) _____

(5) _____

(2) _____

(6) _____

(3) _____

(7) _____

(4) _____

(8) _____

Note: If you need more lines to list the children, attach a separate sheet and check this box: ☐

► Stop! If there is a court order that sets up custody and you need to change custody, you cannot use this form. Talk to an attorney if you need to change custody

- 9.** Child support should be changed because: *(Check all that are true.)*
- a. ☐ There is a juvenile court order that changed where the child or children were living. The person paying support has custody of the children. *(If you check a., write in the county where the juvenile court order was entered and the case number.)*
- County: _____ Case #: _____
- b. ☐ One or more of the children live with the parent who is paying support. There is no court order that sets up custody.
- c. ☐ One or more of the children no longer qualify for child support.
- d. ☐ My income has gone down.
- e. ☐ The other parent's income has gone up.
- f. ☐ Other reason *(explain)*: _____
- _____
- _____

- 10.** Child support should be: *(Check all that apply; if you check more than one please explain on the blank lines.)*
- a. ☐ Raised _____
- b. ☐ Lowered _____
- c. ☐ Stopped _____
- _____

- 11.** Tax deduction for the child or children. *(Check the one that is true.)*
- a. ☐ There is no court order at this time on tax deductions.
- b. ☐ A court order currently says who gets the tax deduction for the child or children and it should stay the same.
- c. ☐ A court order currently says who gets the tax deduction for the child or children and it should be changed.

- 12.** Health care expenses for the child or children. *(Check the one that is true.)*
- a. ☐ There is no court order at this time on who pays health care expenses.
- b. ☐ A court order currently says who pays for health care expenses for the child or children and it should stay the same.
- c. ☐ A court order currently says who pays for health care expenses and it should be changed. *(If you check this box, explain what you want in **15** below.)*

- 13.** The other party is: *(Check all that are true.) (If you check a. or b. see the instructions.)*
- a. ☐ In the military service. *(Give the location.)* _____
- b. ☐ In prison or jail. *(Give the location.)* _____

- 14.** *(Check if true.)*
- ☐ There is a "protective order" or a "no contact order" between any of the parties and me. *If you check the box, write in the following information (Required):*
- a. County and state where the order came from: _____
- b. Court case number: _____

15. Other information: _____

E. REQUEST OF THE APPLICANT *(You are the Applicant)*

- 16.** Applicant asks the court to: *(Check all that apply.)*
- a. ☐ Raise the current child support payment.
 - b. ☐ Lower the current child support payment.
 - c. ☐ End the current child support payment.
 - d. ☐ Set child support for the parent who does not have the children.
 - e. ☐ Change who gets the tax deduction for the child or children.
 - f. ☐ Change who pays for health care expenses for the child or children.
 - g. ☐ Order that the other party pay the court fees.
 - h. ☐ Order that the other party pay my attorney fees.
 - i. ☐ Other request: _____
- _____

F. ATTORNEY HELP

- (Check one.)*
- a. ☐ An attorney did not help me prepare or fill in this paper.
 - b. ☐ An attorney helped me prepare or fill in this paper.
- (If you check b., you must fill in the following information.)*

(Name of attorney or organization, if any)

(Attorney's P.I.N. # – Ask the attorney)

(Business address of attorney or organization)

(City)

(State)

(ZIP Code)

(_____) _____
(Attorney's phone number – Required) *(Attorney's fax number, if there is one)*

G. OATH AND SIGNATURE

I, _____, certify under penalty of perjury and pursuant to the laws of the state of Iowa that the information I have provided in this Application is true and correct.

(Your signature – Required) _____

(Your mailing address – Required)

(City – Required)

(State, ZIP Code – Required)

(E-mail address – Optional)

(_____) _____
(Fax number – Optional)

NOTICE TO APPLICANT: You must serve this form and an Original Notice (**FL-17.304**) on the other parties. If the Child Support Recovery Unit (CSRU) is involved in this case (see item 6, above), you must also serve both forms on the CSRU. See the instructions for forms **FL-17.301** and **FL-17.304**.

FL-17.302 APPLICATION COVERSHEET FOR A MODIFICATION OF CHILD SUPPORT ONLY

1. NAME & ADDRESS of Applicant Applicant's Name _____ Applicant's Street Address _____ City, State, ZIP Code _____ Applicant's Telephone Number: () _____	FOR COURT USE ONLY CASE NUMBER: _____ COUNTY WHERE CASE WAS FILED: _____ _____
2. CASE NAME (As it is in the Application) _____ Petitioner vs. _____ Respondent	

3. NATURE OF THE CASE: Check the box to the left of the one case category that most accurately describes your primary case. If you are making more than one type of claim, check the one that involves the largest amount of damages or the one you consider most important.

Check one in this column

LAW: Contract/ Commercial Claim	↓ EQUITY - Domestic Relations	EQUITY - Other
Debt collection (LA-C1)	Dissolution — children involved (CD-DC)	Mortgage foreclosure (EQ-EM)
Employment-related claim (LA-C3)	Dissolution — no children (CD-DN)	Other real property claim (EQ-ER)
Other contract or commercial claim (LA-C9)	Modification -- children involved (CD-MC)	Other equity (EQ-EO)
	Modification — no children (CD-MN)	
LAW: Tort - Personal Injury (P.I.)	236 — Domestic abuse (DA-DA)	OTHER CIVIL ACTIONS
Motor vehicle accident (LA-T2)	234 — Foster care (DR-D1)	Administrative appeal to dist. court (CV-V1)
Premises liability / slip & fall (LA-T3)	252A -- Support action (FL-D2)	Change of name (CN-CN)
Malpractice: medical or dental (LA-T1)	252A.18 - Foreign support (DR-D3)	Distress warrant (CV-V2)
Products liability (toxic chem. / subst.) (LA-T8)	252B.11 - Cost recovery (DR-D4)	Foreign judgment entry (CV-V3)
Products liability (not toxic substance) (LA-T4)	252C - Administrative Order (DR-D5)	Lien (LN - IE, IH, IM or IO)
Wrongful death (LA-T7)	252D - Income withholding (DR-D6)	Post conviction relief (PC-PC)
Other negligent / intentional P.I. (LA-T9)	252E - Medical support (DR-D7)	Seized property / forfeiture (SP-SP)
	252F/ -- 600B — Paternity (DR-D8)	Transcript of judgment (TJ-TJ)
LAW: Tort - Other damages (no P.I.)	252K - UFISA (DR-R1)	Other civil action (CV-V9)
Professional malpractice - no P.I. (LA-T5)	598B — Out of state custody (DR-R2)	FOR COURT USE ONLY
Fraud / business tort (LA - C2)	600 — Adoption (AT-AT)	
Other tort - property/financial damages (LA-T6)	Other domestic relations action (DR-D9)	

***NOTE TO APPLICANT:**

- ☐ Pursuant to 1.301(2) of the Iowa Rules of Civil Procedure, a cover sheet **must** accompany each civil petition except: small claims, probate, or commitment actions.
- ☐ **DO NOT SERVE THIS COVER SHEET ON THE RESPONDENT (the other parent).**
- ☐ A cover sheet is not required when filing a counterclaim or cross-claim.
- ☐ This cover sheet is for statistical purposes only. It shall have no legal effect in the case.

[Court Order June 17, 2008]

FL-17.303 CONFIDENTIAL INFORMATION FORM

A. IN THE DISTRICT COURT FOR _____ **COUNTY, IOWA**
(County where Application is filed)

B. UPON THE PETITION OF

PETITIONER (As it is in the Application)

VS

RESPONDENT (*As it is in the Application*)

Equity case number:

Confidential Information Form
(CLERK STAMPS HERE)

C. APPLICANT'S INFORMATION *(The person who files the Application to modify child support)*

Name: _____

Last *First* *Middle*

Address: _____

Street Number City State ZIP Code

Soc. Security #: _____ Drivers License #: _____

Birth Date: _____ Telephone #: _____

Employer: _____

Employer's Address: _____

Street Number *City* *State* *ZIP Code*

Employer's Telephone #: _____

D. OTHER PARTY'S INFORMATION

Name: _____

Last *First* *Middle*

Address: _____

Street Number City State ZIP Code

Soc. Security #: _____ Drivers License #: _____

Birth Date: _____ Telephone #: _____

FL-17.303 CONFIDENTIAL INFORMATION FORM

Employer: _____

Employer's Address: _____

Street Number
City
State
ZIP Code

Employer's Telephone #: _____

E. CHILDREN'S INFORMATION*Fill in the name and other information for each child in this case:***1.** Name: _____

Last
First
Middle

Soc. Security #: _____ Birth Date: _____

2. Name: _____

Last
First
Middle

Soc. Security #: _____ Birth Date: _____

3. Name: _____

Last
First
Middle

Soc. Security #: _____ Birth Date: _____

4. Name: _____

Last
First
Middle

Soc. Security #: _____ Birth Date: _____

5. Name: _____

Last
First
Middle

Soc. Security #: _____ Birth Date: _____

If there are more than five children, attach an additional sheet with this same information for the others and check here: ☐**F. SIGNATURE**

The party or parties submit the above information in compliance with the Court's Order and with the knowledge the information will be used to enforce any support Order under the *Code of Iowa*, Chapters 234, 252A, 252C, 252F, 252H, 252K, or 600B, as provided for in Section 598. The parties must promptly file with the Clerk of the District Court or the Child Support Recovery Unit an update of this information if their address or employment change.

Information given by: _____

(Print your full name)

(Your signature)

(Date)

IMPORTANT NOTICE: DO NOT GIVE COPIES OF THIS FORM TO ANYONE EXCEPT THE CLERK OF DISTRICT COURT

FL-17.304 ORIGINAL NOTICE FOR PERSONAL SERVICE**PRINT CLEARLY**

A. IN THE DISTRICT COURT FOR _____ COUNTY, IOWA
(County where the Application is filed)

B. UPON THE PETITION OF

PETITIONER *(As it is in the Application)*

VS

RESPONDENT *(As it is in the Application)*

Equity case number:

Original Notice for
 Personal Service
(CLERK STAMPS HERE)

C. TO *(Print name(s) clearly):* _____

- The Applicant (the other party) has filed a lawsuit asking for a change in child support.
- A copy of the filed Application to Modify Child Support Only is attached to this Notice.
- The Applicant is not represented by an attorney.

(Applicant's name)

(Applicant's address)

(Applicant's phone number)

(Applicant's fax number, if any)

- You must file an Answer or a Motion with the clerk of district court in the above county within 20 days after you receive this Original Notice. If you received Application form **FL-17.301** you may use Answer form **FL-17.315**.
- After you file your Answer or Motion, you must serve a copy of it on the other party or parties.
- If you do not file an Answer or Motion within 20 days after receiving this Notice, the court may enter a judgment against you granting the Applicant's requests in the Application.
- If you need assistance to participate in court due to a disability, immediately call your district ADA coordinator at _____. If you are hearing impaired, call Relay Iowa TTY at 1-800-735-2942.

(seal)

Clerk of Court or Designee:

 _____ County Courthouse, in _____, Iowa
(city)

IMPORTANT:

YOU SHOULD TALK TO AN ATTORNEY AT ONCE TO PROTECT YOUR INTERESTS.

FL-17.305 ACCEPTANCE OF SERVICE**PRINT CLEARLY**

A. IN THE DISTRICT COURT FOR _____ **COUNTY, IOWA**
(County where the Application is filed)

B. UPON THE PETITION OF

PETITIONER *(As it is in the Application)*

VS

RESPONDENT *(As it is in the Application)*

Equity case number:

Acceptance of Service
(CLERK STAMPS HERE)

C. ACCEPTANCE OF SERVICE, OATH, AND SIGNATURE
--

I received a copy of the Original Notice and the Application for this case. I have read this Acceptance of Service. I certify, as required by Iowa law and under penalty of perjury, that the information I have provided is true and correct.

_____, 20_____ <i>(Date)</i>	_____ <i>(Served Party's signature – Required)</i>
_____ <i>(Served Party's mailing address)</i>	_____ <i>(City)</i>
_____ <i>(Phone number, if available)</i>	_____ <i>(Fax number, if available)</i>

NOTICE

By signing this you are not agreeing to what the Applicant wants. You only agree that you received a copy of the Original Notice and Application.

FL-17.306 DIRECTIONS FOR SERVICE OF ORIGINAL NOTICE

PRINT CLEARLY

A.

(County where Application is filed)

(Equity case number)

B. NAME AND LOCATION OF SHERIFF OR OTHER PROCESS SERVER *(Check one and fill in blanks.)*

☐ SHERIFF: County <i>(Address)</i> <i>(City, State, and ZIP Code)</i>	☐ OTHER PROCESS SERVER: <i>(Name of other person serving the Notice)</i> <i>(Address)</i> <i>(City, State, and ZIP Code)</i>
---	--

C. PERSON TO BE SERVED: _____ <i>(Name of person being served)</i> _____ <i>(Address)</i> _____ <i>(City, State, and ZIP Code)</i> (_____) _____ <i>(Phone number)</i>	D. PERSON REQUESTING SERVICE: _____ <i>(Name of person requesting service)</i> _____ <i>(Address)</i> _____ <i>(City, State, and ZIP Code)</i> (_____) _____ <i>(Phone number)</i>
--	--

E. SPECIAL INSTRUCTIONS FOR SERVICE: _____

F. COSTS OF SERVICE: *(Check one.)*

- ☐ Applicant will pay the Sheriff or other process server.
- ☐ Deferred by court order: _____
(Clerk of Court: Sign only if deferred by court order)

G. AFTER COMPLETION OF SERVICE, NOTIFY THE PERSON REQUESTING SERVICE.

DATE & SIGNATURE: _____, 20____
(Date) (Your signature)

FL-17.309 APPLICATION AND AFFIDAVIT TO DEFER PAYMENT OF COSTS**PRINT CLEARLY**

A. IN THE DISTRICT COURT FOR _____ **COUNTY, IOWA**
(County where the Application is filed)

B. UPON THE PETITION

PETITIONER *(As it is in the Application)*

VS

RESPONDENT *(As it is in the Application)*

Equity case number:

**Application and Affidavit to
Defer Payment of Costs**
(CLERK STAMPS HERE)

C. REQUEST

1. My name is: _____ *(Print clearly.)*

2. *(Check all that apply.)*

- a. ☐ I am unable to pay the filing fee or service costs or other court costs.
- b. ☐ I ask the Court for permission to proceed without prepayment of costs and fees.
- c. ☐ I am filing this application and affidavit in good faith.
- d. ☐ I believe I am entitled to what I am asking for in this case.

D. FINANCIAL INFORMATION

3. Number of people living in my household: _____

4. My household income is \$_____ per month.
(Put the amount of all income and benefits before deductions.)

5. List where your household income comes from (examples: employer or benefits such as unemployment, Title 19, FIP): _____

6. My household has the following monthly expenses:

- a. Rent or mortgage \$ _____
- b. Utilities \$ _____
- c. Telephone \$ _____
- d. Food \$ _____
- e. Transportation \$ _____

7. I have \$ _____ in cash, checking and savings.**E. ATTORNEY HELP**

- (Check one.) a. ☐ An attorney did not help me prepare or fill in this paper.
- b. ☐ An attorney helped me prepare or fill in this paper. (If you check b., you must fill in the following information.)

(Name of attorney or organization, if any)	(Attorney's P.I.N. # – Ask the attorney)
(Business address of attorney or organization)	(City) (State) (ZIP Code)
() (Attorney's phone number – Required)	() (Attorney's fax number, if there is one)

F. OATH AND SIGNATURE

I, _____, certify that on _____, 20____,

(Print your name) (Month & day) (Year)

I mailed or gave a copy of this form to the other party or the other party's attorney at this address:

(Name of person to whom I delivered or mailed it)

(Person's street address) (City) (State) (ZIP Code)

I also certify under penalty of perjury and pursuant to the laws of the state of Iowa that I have read this form and that the information I have provided in it is true and correct.

(Your signature – Required) _____

(Your mailing address – Required) (City – Required) (State, ZIP Code – Required)

(E-mail address – Optional) ()
(Fax number – Optional)

FL-17.315 ANSWER TO APPLICATION TO MODIFY CHILD SUPPORT ONLY**PRINT CLEARLY**

A. IN THE DISTRICT COURT FOR _____ **COUNTY, IOWA**
(County where the Application is filed)

B. UPON THE PETITION OF

PETITIONER *(As it is in the Application)*

VS

RESPONDENT *(As it is in the Application)*

Equity case number:

**Answer to Application to
 Modify Child Support Only
 (CLERK STAMPS HERE)**

► **STOP! Use this form only if you are responding to an Application for Modification of Child Support on form **FL-17.301**. For all other situations, see the instructions for this form.**

C. PERSONAL INFORMATION

1. *(Check only one. If you check the second box, fill in the blanks.)*

- ☐ The Applicant's year of birth and present residence are correct in the Application.
☐ The Applicant's year of birth and present residence are:

(Name) _____
(Year of birth)

(Present street address) _____
(City) _____
(State) _____
(ZIP Code)

(County) _____
 () _____
(Phone number)

2. Response *(Check only one. If you check the second box, fill in the blanks.)*

- ☐ My year of birth and present residence are correct in the Application.
☐ My year of birth and present residence are:

(Name) _____
(Year of birth)

(Present street address) _____
(City) _____
(State) _____
(ZIP Code)

(County) _____
 () _____
(Phone number)

3. (Check only one. If you check the third box, fill in the blanks.)

- ☐ There is no non-parent who gets child support in this case.
- ☐ The year of birth and present residence of the non-parent getting child support are correct in the Application.
- ☐ The correct identifying information for the non-parent receiving child support is:

(Name) _____ (Year of birth)

(Present street address) _____ (City) _____ (State) _____ (ZIP Code)

(County) _____ () _____
(Phone number)

D. GENERAL INFORMATION ABOUT THIS CASE**4.**

a. (Check only one. If you check the second box, fill in the blanks.)

- ☐ The date of the current child support order is correct in the Application.
- ☐ The correct date of the current child support order is: ____ / ____ / ____.
Month Day Year

b. (Check only one. If you check the second box, fill in the blanks.)

- ☐ The county and state of the current child support order are correct in the Application.
- ☐ The correct county and state of the current child support order are:

County: _____ State: _____

c. (Check only one. If you check the second box, fill in the blank.)

- ☐ The case number of the current child support order is correct in the Application.
- ☐ The correct case number of the current child support order is: _____.

d. (Check only one. If you check the second box, fill in the blanks.)

- ☐ The Application correctly states who receives and who pay child support.
- ☐ The correct information is that (name) _____ pays child support in this case and (name) _____ receives child support.

e. (Check only one. If you check the second box, fill in the blanks.)

- ☐ The Application correctly states the amount of child support ordered.
- ☐ The correct currently ordered child support payment is: \$ _____ per _____.
(week or month)

5. (Check only one.)

- a. ☐ A copy of the current child support order was attached to the Application.
- b. ☐ A copy of the current child support order was not attached to the Application.

6. (Check only one. If you check the second box, fill in the blank.)

- a. ☐ The Child Support Recovery Unit and/or the Collection Services Center are not involved.
- b. ☐ The child support recovery unit and/or the Collection Services Center (CSC) are involved.

The CSC number for payments is _____.

7. *(Check only one. If you check the second box, fill in the blanks.)*

- a. ☐ There are no other child support orders for the child or children involved in this case.
- b. ☐ There are other child support cases for the child or children involved in this case. They are
 Case # _____, County and State _____
 Case # _____, County and State _____

8. *(Check only one. If you check the second box, fill in the blanks.)*

- a. ☐ The Application correctly identifies the children covered by the current child support order.
- b. ☐ The Application does not correctly identify the children covered by the current child support order. *(Identify the children covered.)* The following children are covered by the current support order:

<u>First, middle & last initials of each child</u>	<u>Year of birth</u>
(1) _____	_____
(2) _____	_____
(3) _____	_____
(4) _____	_____
(5) _____	_____
(6) _____	_____

(If you attach a separate sheet with an additional child or children, check this box ☐.)

9.

- a. *(Check only one.)*
☐ It is correct that there is a juvenile court order changing placement and that the person paying support has the child or children.
☐ There is no juvenile court order that gives care of the child to the party paying support.
- b. *(Check only one.)*
☐ It is correct that one or more of the children now live with the person paying support.
☐ None of the children live with the person who is ordered to pay support.
- c. *(Check only one.)*
☐ It is correct that one or more of the children no longer qualifies for support.
☐ There has been no change in the number of children who qualify for support.
- d. *(Check only one.)*
☐ I agree that the other party's income has gone down.
☐ I do not agree that the other party's income has gone down.
- e. *(Check only one.)*
☐ I agree that my income has gone up.
☐ I do not agree that my income has gone up.

f. ☐ My response to the other reason in the Application: _____

10. Child support should: *(Check all that apply. If you check more than one, explain on the blank lines.)*

- a. ☐ Be raised _____
b. ☐ Be lowered _____
c. ☐ Be stopped _____
d. ☐ Not be changed _____

11. *(Check only one.)*

- a. ☐ There is no court order at this time on tax deductions for the child or children.
b. ☐ A court order currently says who gets the tax deduction for the child or children and it should stay the same.
c. ☐ A court order currently says who gets the tax deduction for the child or children and it should be changed.

12. *(Check only one.)*

- a. ☐ There is no court order at this time on who pays for health care expenses for the child or children.
b. ☐ A court order currently says who pays for health care expenses for the child or children and it should stay the same.
c. ☐ A court order currently says who pays for health care expenses for the child or children and it should be changed.

13. I am: *(Check all that are true and fill in the blanks for the ones you check.)*

- a. ☐ In the military service. *(Give the location.)*

- b. ☐ In prison or jail. *(Give the location.)*

14. *(Check if true, and fill in the blanks if you check the box.)*

- ☐ There is a "protective order" or a "no contact order" between the other party and me. If this box is checked, write in the following information *(Required)*:

(County)

(State)

(Case number)

15. Other: _____

E. REQUEST**16.** I ask the court to: *(Check all that apply.)*

- a. ☐ Dismiss the request for a change in child support.
- b. ☐ Raise child support.
- c. ☐ Lower child support.
- d. ☐ Stop child support completely.
- e. ☐ Leave the dependant's deduction for income tax unchanged.
- f. ☐ Change the party who gets the dependant's deduction for income tax.
- g. ☐ Leave the responsibility for health insurance expenses unchanged.
- h. ☐ Change the responsibility for health insurance expenses.
- i. ☐ Order that the other party pay the court fees.
- j. ☐ Order that the other party pay my attorney fees.
- k. ☐ Other request: _____

F. ATTORNEY HELP

- (Check one.)*
- a. ☐ An attorney did not help me prepare or fill in this paper.
 - b. ☐ An attorney helped me prepare or fill in this paper. *(If you check b., you must fill in the following information.)*

(Name of attorney or organization, if any)

(Attorney's P.I.N. # – Ask the attorney)

(Business address of attorney or organization)

(City)

(State)

(ZIP Code)

(_____)_____
(Attorney's phone number – Required)

(_____)_____
(Attorney's fax number, if there is one)

G. OATH AND SIGNATURE

I, _____, certify that on _____, 20____,
(Print your name) (Month & day) (Year)

I mailed or gave a copy of this form to the other party or the other party's attorney at this address:

(Name of person to whom I delivered or mailed it)

(Person's street address)

(City)

(State)

(ZIP Code)

I also certify under penalty of perjury and pursuant to the laws of the state of Iowa that I have read this form and that the information I have provided in it is true and correct.

(Your signature - Required) _____

(Your mailing address – Required)

(City – Required)

(State, ZIP Code – Required)

(E-mail address – Optional)

(_____)_____
(Fax number – Optional)

FL-17.316 GENERAL ANSWER TO APPLICATION TO MODIFY CHILD SUPPORT ONLY**PRINT CLEARLY**

A. IN THE DISTRICT COURT FOR _____ **COUNTY, IOWA**
(County where Application is filed)

B. UPON THE PETITION OF

PETITIONER *(As it is in the Application)*

VS

RESPONDENT *(As it is in the Application)*

Equity case number:

**General Answer to Application
to Modify Child Support Only**
(CLERK STAMPS HERE)

► **STOP! If you are responding to an Application labeled FL-17.301 → do not use this form.**
 Use form **FL-17.315**

C. ANSWER

1. I admit that these paragraphs in the Application are true:

(List the numbers of the paragraphs in the Application that you think are true.)

2. I deny these paragraphs in the Application are true:

(List the numbers of the paragraphs in the Application that you think are false.)

3. I do not know whether these paragraphs in the Application are true:

(List the numbers of the paragraphs in the Application that you are not sure about.)

4. I deny anything in the Application that is not admitted in this Answer.

5. Other information: _____

D. REQUEST

I ask the court to:

E. ATTORNEY HELP

- (Check one.) a. ☐ An attorney did not help me prepare or fill in this paper.
 b. ☐ An attorney helped me prepare or fill in this paper. (If you check b., you must fill in the following information.)

(Name of attorney or organization, if any)	(Attorney's P.I.N. # – Ask the attorney)		
(Business address of attorney or organization)	(City)	(State)	(ZIP Code)
()	()		
(Attorney's phone number – Required)	(Attorney's fax number, if there is one)		

F. OATH AND SIGNATURE

I, _____, certify that on _____, 20_____,
 (Print your name) (Month & day) (Year)
 I mailed or gave a copy of this form to the other party or the other party's attorney at this address:

(Name of person to whom I delivered or mailed it)			
(Person's street address)	(City)	(State)	(ZIP Code)

I also certify under penalty of perjury and pursuant to the laws of the state of Iowa that I have read this form and that the information I have provided in it is true and correct.

(Your signature – Required) _____

(Your mailing address – Required)	(City – Required)	(State, ZIP Code – Required)
	()	
(E-mail address – Optional)	(Fax number – Optional)	

FL-17.322 MOTION**PRINT CLEARLY**

A. IN THE DISTRICT COURT FOR _____ **COUNTY, IOWA**
(County where the Application is filed)

B. UPON THE PETITION

PETITIONER *(As it is in the Application)*

VS.

RESPONDENT *(As it is in the Application)*

Case Number:

Motion
(CLERK STAMPS HERE)

C. REQUEST

1. My name is: _____

2. I ask the court to: *(Check all that apply.)*

- a. ☐ Change the hearing date that has been set for _____, 20____.
- b. ☐ Set a hearing date for a modification of child support.
- c. ☐ Other request *(explain)*: _____
- _____

3. I am making this request because: _____

D. ATTORNEY HELP

- (Check one.)* a. ☐ An attorney did not help me prepare or fill in this paper.
- b. ☐ An attorney helped me prepare or fill in this paper. *(If you check b., you must fill in the following information.)*

(Name of attorney or organization, if any)

(Attorney's P.I.N. # – Ask the attorney)

(Business address of attorney or organization)

(City)

(State)

(ZIP Code)

(_____) _____
(Attorney's phone number – Required)

(_____) _____
(Attorney's fax number, if there is one)

E. CERTIFICATION AND SIGNATURE

I, _____, certify that on _____, 20_____,
(Print your name) (Month & day) (Year)

I mailed or gave a copy of this form to the other party or the other party's attorney at this address:

(Name of person to whom I delivered or mailed it)

(Person's street address) (City) (State) (ZIP Code)

I also certify under penalty of perjury and pursuant to the laws of the state of Iowa that I have read this form and that the information I have provided in it is true and correct.

(Your signature – Required) _____

(Your mailing address – Required) (City – Required) (State, ZIP Code – Required)

(E-mail address – Optional) ()
(Fax number – Optional)

FL-17.323 RESPONSE TO A MOTION**PRINT CLEARLY**

A. IN THE DISTRICT COURT FOR _____ **COUNTY, IOWA**
(County where you're the Application is filed)

B. UPON THE PETITION OF

PETITIONER *(As it is in the Application)*

VS.

RESPONDENT *(As it is in the Application)*

Equity case number:

Response to a Motion
(CLERK STAMPS HERE)

C. RESPONSE TO THE MOTION

1. My name is _____

2. The other party filed a Motion on *(date stamped on Motion)*: _____, 20____.
(Month & day) (Year)

3. My response to the Motion: *(Check one; if you check "a.," write your reason on the blank lines.)*

a. ☐ I object to the request(s) in the Motion because:

b. ☐ I do not object to the request(s) in the Motion

D. ATTORNEY HELP

(Check one.) a. ☐ An attorney did not help me prepare or fill in this paper.

b. ☐ An attorney helped me prepare or fill in this paper. *(If you check b., you must fill in the following information.)*

_____ *(Name of attorney or organization, if any)* _____ *(Attorney's P.I.N. # – Ask the attorney)*

_____ *(Business address of attorney or organization)* _____ *(City)* _____ *(State)* _____ *(ZIP Code)*

(_____) _____
(Attorney's phone number – Required) (Attorney's fax number, if there is one)

E. CERTIFICATION AND SIGNATURE

I, _____, certify that on _____, 20_____,
(Print your name) (Month & day) (Year)

I mailed or gave a copy of this form to the other party or the other party's attorney at this address:

(Name of person to whom I delivered or mailed it)

(Person's street address) (City) (State) (ZIP Code)

I also certify under penalty of perjury and pursuant to the laws of the state of Iowa that I have read this form and that the information I have provided in it is true and correct.

(Your signature – Required) _____

(Your mailing address – Required) (City – Required) (State, ZIP Code – Required)

(E-mail address – Optional) ()
(Fax number – Optional)

FL-17.324 CHILD SUPPORT MODIFICATION FINANCIAL STATEMENT**PRINT CLEARLY**

A. IN THE DISTRICT COURT FOR _____ COUNTY, IOWA
(County where the Application is filed)

B. UPON THE PETITION OF _____

PETITIONER *(As it is in the Application)*

VS

RESPONDENT *(As it is in the Application)*

Equity case number: _____

**Child Support Modification
 Financial Statement
 (CLERK STAMPS HERE)**

I, *(print your name)* _____, state that the following is a true and complete statement of the requested information:

C. MY INCOME

(Because this financial statement will become public record, you are not required to list the name of your employer(s).)

1. Income from my employment

a. Job / Title: _____

Gross income: \$ _____ per _____
 -- Before taxes *(week or month)*

Net income: \$ _____ per _____
 -- After taxes *(week or month)*

b. Job / Title: _____

Gross income: \$ _____ per _____
 -- Before taxes *(week or month)*

Net income: \$ _____ per _____
 -- After taxes *(week or month)*

2. Other Income: \$ _____ per _____ Describe source of income: _____
(week or month)

3. Income from Social Security Disability (SSD) Benefits

a. Total SSD benefits paid to you for your disability:

(1) Amount paid for your expenses: \$ _____ per month

(2) Amount paid for your children's expenses: \$ _____ per month

b. List the initials (first, middle, last) and birth year of the children in your home who receive SSD benefits:

Child's initials (first, middle, last)	Birth year:
(1) _____	_____
(2) _____	_____
(3) _____	_____
(4) _____	_____
(5) _____	_____

c. The following are my children who receive Social Security Disability benefits but live with someone else:

Child's initials (first, middle, last):	Amount of SSD benefit:	Name of person receiving payment:
(1) _____	\$ _____ per month	_____
(2) _____	\$ _____ per month	_____
(3) _____	\$ _____ per month	_____
(4) _____	\$ _____ per month	_____
(5) _____	\$ _____ per month	_____

d. Total SSD benefits paid to someone else for the children in "2.c.": \$ _____ per month

e. Total SSD benefits paid to you because you are the spouse of the disabled parent:

\$ _____ per month

D. MY DEDUCTIONS

4. Tax Status:

- a. I am currently married to the other parent. *(Check one.)* ☐ Yes ☐ No
 b. I have custody of the child or children in this case. *(Check one.)* ☐ Yes ☐ No

5. Number of exemptions: Yourself: 1 Children: _____

6. Income tax withheld: Federal: \$ _____ per _____
 State: \$ _____ per _____

7. FICA *(Social Security & Medicare)*: \$ _____ per _____

8. Mandatory pension contribution: \$ _____ per _____

9. Union dues: \$ _____ per _____

10. Dependent health insurance premium: \$ _____ per _____

Name(s) of dependent(s) covered: _____

11. Actual medical support paid for the child or children as required by court order:

Paid to:	Amount:
_____	\$ _____ per _____
_____	\$ _____ per _____
_____	\$ _____ per _____

12. Parent's medical expenses that have not been paid by insurance: \$ _____ per _____

(This includes individual health insurance premiums or individual health care expenses that are not covered by insurance but the amount cannot exceed \$25 per month.)

13. Prior court-ordered child support or alimony:

Paid to:	Amount:
_____	\$ _____ per _____
_____	\$ _____ per _____
_____	\$ _____ per _____

14. Qualified additional dependent deduction

*List the name and birth year of each child you are the legal parent of. **Do not include any children covered by the child support order involved in this case.***

Child's initials (*First, middle, last*)

Birth year:

a. _____	_____
b. _____	_____
c. _____	_____
d. _____	_____
e. _____	_____

15. Actual child care expense due to employment (*custodial parent only*): \$ _____ per _____

16. Extraordinary visitation

Number of Court Ordered Overnights: _____

NOTE: *If the court ordered equally shared physical care for the children, this credit does not apply.*

E. MY ASSETS**17.** (1) Bank Name: _____

Amount in: Checking account: \$ _____ Savings account: \$ _____

(2) Bank Name: _____

Amount in: Checking account: \$ _____ Savings account: \$ _____

If you have additional bank accounts, attach an additional page and check this box. ☐**18.** Real Estate (*street address*): __________
(City) (State) (ZIP Code)

Purchase Price: \$ _____ Amount you still owe: \$ _____

If you own additional real estate, attach an additional page and check this box. ☐**19.** Current value of: Stocks: \$ _____ Bonds: \$ _____**20.** Vehicles (*cars, trucks, vans, motorcycles, boats*):

a. Type: _____ Year: _____ Model: _____ Current value: \$ _____

b. Type: _____ Year: _____ Model: _____ Current value: \$ _____

c. Type: _____ Year: _____ Model: _____ Current value: \$ _____

If you own additional vehicles, attach an additional page and check this box. ☐**F. MY EXPENSES**

(1) House payment or rent: \$ _____ per _____

(2) Utilities: \$ _____ per _____

(3) Meals or food: \$ _____ per _____

(4) Telephone: \$ _____ per _____

(5) Clothing: \$ _____ per _____

(6) Cable/satellite T.V.: \$ _____ per _____

(7) Medical/ Dental: \$ _____ per _____

(8) Car expenses: \$ _____ per _____

(9) Other expenses: \$ _____ per _____ Describe: _____

(10) Other expenses: \$ _____ per _____ Describe: _____

(11) Other expenses: \$ _____ per _____ Describe: _____

G. MY DEBTS *(Regular payments owed for borrowed money)**(For example: credit cards, department stores, loan companies, banks, auto loans)*

(1) Payable to:	(2) Item or Service	(3) Payment Amount	(4) Balance Due
(a) _____	_____	\$ _____ per _____	\$ _____
(b) _____	_____	\$ _____ per _____	\$ _____
(c) _____	_____	\$ _____ per _____	\$ _____
(d) _____	_____	\$ _____ per _____	\$ _____
(e) _____	_____	\$ _____ per _____	\$ _____

If you have additional debts, attach an additional page and check this box ☐**H. CURRENT SPOUSE'S INCOME** *(If you are not currently married, skip to I.)*

(1) Job / Title: _____	(2) Job / Title: _____
Gross income: \$ _____ per _____ -- Before taxes <i>(week or month)</i>	Gross income: \$ _____ per _____ -- Before taxes <i>(week or month)</i>
Net income: \$ _____ per _____ -- After taxes <i>(week or month)</i>	Net income: \$ _____ per _____ -- After taxes <i>(week or month)</i>

(3) Other Income: \$ _____ per _____ Describe source of income: _____

I. ATTORNEY HELP

- (Check one.) a. ☐ An attorney did not help me prepare or fill in this paper.
b. ☐ An attorney helped me prepare or fill in this paper. *(If you check b., you must fill in the following information.)*

_____ <i>(Name of attorney or organization, if any)</i>	_____ <i>(Attorney's P.I.N. # – Ask the attorney)</i>
_____ <i>(Business address of attorney or organization)</i>	_____ <i>(City)</i>
	_____ <i>(State)</i>
	_____ <i>(ZIP Code)</i>
(_____) _____ <i>(Attorney's phone number – Required)</i>	(_____) _____ <i>(Attorney's fax number, if there is one)</i>

Continued on the next page

J. OATH AND SIGNATURE

I, _____, certify that on _____, 20____,

(Print your name) (Month & day) (Year)

I mailed or gave a copy of this form to the other party or the other party's attorney at this address:

(Name of person to whom I delivered or mailed it)

<i>(Person's street address)</i>	<i>(City)</i>	<i>(State)</i>	<i>(ZIP Code)</i>
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I also certify under penalty of perjury and pursuant to the laws of the state of Iowa that I have read this form and that the information I have provided in it is true and correct.

(Your signature – Required) _____

(Your mailing address – Required) *(City – Required)* *(State, ZIP Code – Required)*

(E-mail address – Optional)

()

(Fax number – Optional)

FL-17.325 AFFIDAVIT OF MAILING NOTICE**PRINT CLEARLY**

A. IN THE DISTRICT COURT FOR _____ **COUNTY, IOWA**
(County where the Application is filed)

B. UPON THE PETITION OF

PETITIONER *(As it is in the Application)*

VS

RESPONDENT *(As it is in the Application)*

Equity case number:

Affidavit of Mailing Notice
(CLERK STAMPS HERE)

C. ATTORNEY HELP

- (Check one.)* a. ☐ An attorney did not help me prepare or fill in this paper.
 b. ☐ An attorney helped me prepare or fill in this paper. *(If you check b., you must fill in the following information.)*

(Name of attorney or organization, if any)

(Attorney's P.I.N. # – Ask the attorney)

(Business address of attorney or organization)

(City)

(State)

(ZIP Code)

(_____)_____
(Attorney's phone number – required)

(_____)_____
(Attorney's fax number, if there is one)

D. OATH AND SIGNATURE

I, the undersigned, certify under penalty of perjury and pursuant to the laws of the state of Iowa that on the _____ day of _____, 20____, I sent by ordinary mail, with proper postage affixed, the following paper or papers *(check each that applies)*:

☐ Notice of Intent to File a Written Application for Default Decree

☐ Other document *(describe)*: _____

to the other party at his or her last known address as follows:

Name: _____

Address: _____

City: _____ State: _____ ZIP Code: _____

My signature: _____

Notice to the Applicant: You *must* file this form at the district court clerk's office if you ask the court for a final Decree for Modification of Child Support Only by default.

FL-17.326 NOTICE OF INTENT TO FILE WRITTEN APPLICATION FOR DEFAULT DECREE**PRINT CLEARLY**

A. IN THE DISTRICT COURT FOR _____ COUNTY, IOWA
(County where the Application is filed)

B. UPON THE PETITION OF

 PETITIONER *(As it is in the Application)*

VS

 RESPONDENT *(As it is in the Application)*

Equity case number:

**Notice of Intent to File an
 Application for
 Default Decree**
(CLERK STAMPS HERE)

C.
 TO: _____
(Other party's name: first, middle, last)

DATE OF NOTICE: _____

IMPORTANT NOTICE

YOU ARE IN DEFAULT BECAUSE YOU HAVE FAILED TO TAKE ACTION REQUIRED OF YOU IN THIS CASE. UNLESS YOU ACT WITHIN **TEN DAYS** FROM THE DATE OF THIS NOTICE, A DEFAULT DECREE OF CHILD SUPPORT MODIFICATION WILL BE ENTERED AGAINST YOU WITHOUT A HEARING, AND YOU MAY LOSE IMPORTANT RIGHTS. YOU SHOULD SEEK LEGAL ADVICE AT ONCE.

Signature

Street Address

City

State

ZIP Code

Telephone Number

Instructions for the Applicant:

- (1) Deliver a copy of this form to the other party by mail or in-person.
- (2) Complete an Affidavit of Mailing Notice (**FL-17.325**) and file the original at the district court clerk's office.
- (3) File the original of this form (**FL-17.326**) at the district court clerk's office.
- (4) Keep a copy of each form for your records.

FL-17.327**REQUEST FOR RELIEF IN AN APPLICATION TO MODIFY CHILD SUPPORT ONLY****PRINT CLEARLY**

A. IN THE DISTRICT COURT FOR _____ **COUNTY, IOWA**
(County where the Application was filed)

B. UPON THE PETITION OF

PETITIONER *(As it is in the application)*

VS

RESPONDENT *(As it is in the application)*

Equity case number:

**Request for Relief in an
 Application to Modify
 Child Support Only
 (CLERK STAMPS HERE)**

C. PERSONAL INFORMATION

1. Mother: _____
(Name)

(Present street address) (City) (State) (ZIP Code)

(County) (Year of birth)

2. Father: _____
(Name)

(Present street address) (City) (State) (ZIP Code)

(County) (Year of birth)

3. Person -- other than a parent -- who is receiving child support in this case:

(Name)

(Present street address) (City) (State) (ZIP Code)

(County) (Year of birth)

D. REQUEST FOR RELIEF**4. Child Support** (Check all that are true and fill in the blanks for the ones you check.)

- a. ☐ Child support should be raised from \$_____ per month to \$_____ per month beginning on the _____ day of _____, 20____ for (list the children and birth year):

<u>First, middle & last initials of each child</u>	<u>Year of birth</u>	<u>First, middle & last initials of each child</u>	<u>Year of birth</u>
(1) _____	_____	(5) _____	_____
(2) _____	_____	(6) _____	_____
(3) _____	_____	(7) _____	_____
(4) _____	_____	(8) _____	_____

- b. ☐ Child support should be lowered from \$_____ per month to \$_____ per month beginning on the _____ day of _____, 20____ for (list the children and birth year):

<u>First, middle & last initials of each child</u>	<u>Year of birth</u>	<u>First, middle & last initials of each child</u>	<u>Year of birth</u>
(1) _____	_____	(5) _____	_____
(2) _____	_____	(6) _____	_____
(3) _____	_____	(7) _____	_____
(4) _____	_____	(8) _____	_____

- c. ☐ Check here if you want child support to be higher or lower than the Child Support Guidelines amount. (If you check this, write the amount you want and explain why.)

(1) Amount requested: \$_____ per month

(2) Why it should be different than the Guidelines amount: _____

- d. ☐ Child support should be stopped beginning on the _____ day of _____, 20____, for (list the children and birth year):

<u>First, middle & last initials of each child</u>	<u>Year of birth</u>	<u>First, middle & last initials of each child</u>	<u>Year of birth</u>
(1) _____	_____	(5) _____	_____
(2) _____	_____	(6) _____	_____
(3) _____	_____	(7) _____	_____
(4) _____	_____	(8) _____	_____

5. Tax dependency deduction (Check the one that is true; if you check c. -- fill in the blanks.)

- a. ☐ There is no court order at this time on tax dependency deduction.
- b. ☐ A court order currently says who gets the tax dependency deduction for the child or children and it should stay the same.
- c. ☐ A court order currently says who gets the tax dependency deduction for the child or children and it should be changed to the following:

	<u>First, middle & last initials of each child</u>	<u>Year of birth</u>	<u>Parent who will now claim child for the tax deduction</u>
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____
(4)	_____	_____	_____
(5)	_____	_____	_____
(6)	_____	_____	_____

If there are more than six children, attach an additional sheet with this information – and check this box. ☐

6. Health care expenses (Check the one that is true.)

- a. ☐ There is no court order at this time on who pays health care expenses.
- b. ☐ A court order currently says who pays for health care expenses for the child or children and it should stay the same.
- c. ☐ A court order currently says who pays for health care expenses for the child or children and it should be changed to the following:

	<u>First, middle & last initials of each child</u>	<u>Year of birth</u>	<u>Parent who should now provide health insurance coverage</u>
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____
(4)	_____	_____	_____
(5)	_____	_____	_____
(6)	_____	_____	_____

If there are more than six children, attach an additional sheet with this information – and check this box. ☐

(Fill in the blanks.)

I should pay _____% of the out-of-pocket health care expenses.

The other parent should pay _____% of the out-of-pocket health care expenses.

7. Court Fees *(Check one.)*

- a. ☐ All court fees should be paid by me.
 b. ☐ All court fees should be paid by the other parent.
 c. ☐ The other parent and I should pay one-half of the remaining court fees.
 d. ☐ The other parent and I should pay one-half of the total court fees.

8. Attorney's Fee. *(Check one.)*

- a. ☐ I have no attorney's fees
 b. ☐ I will pay my own attorney's fees
 c. ☐ I ask that the other parent pay me \$_____ for attorney's fees.

9. Necessary Documents. I ask that the court require each of us to sign and deliver to each other any papers that may be needed to carry out the terms of the order.**10. Other Request for Relief** *(Attach additional sheets if necessary.)*

11. Statements of Understanding and Fact *(Check all that apply.)*

- a. ☐ I have made a full disclosure of my income to the court.
 b. ☐ This request for relief addresses all issues in the Application to Modify Child Support Only.
 c. ☐ I want this Request for Relief to be approved by the court and made part of the final order.

E. ATTORNEY HELP

- (Check one.)* a. ☐ An attorney did not help me prepare or fill in this paper.
 b. ☐ An attorney helped me prepare or fill in this paper. *(If you check b., you must fill in the following information.)*

_____ <i>(Name of attorney or organization, if any)</i>	_____ <i>(Attorney's P.I.N. # – Ask the attorney)</i>
_____ <i>(Business address of attorney or organization)</i>	_____ <i>(City)</i>
	_____ <i>(State)</i>
	_____ <i>(ZIP Code)</i>
(_____)_____ <i>(Attorney's phone number – Required)</i>	(_____)_____ <i>(Attorney's fax number, if there is one)</i>

F. OATH AND SIGNATURE

I, _____, certify that on _____, 20_____,
(Print your name) (Month & day) (Year)

I mailed or gave a copy of this form to all other parties and attorneys (*list the names*):

I also certify under penalty of perjury and pursuant to the laws of the state of Iowa that I have read the "Request for Relief" above and it accurately states how I would like the court to address the issues in the Application to Modify Child Support Only. I ask that this document be presented to a judge for approval and filing with the court.

(Your signature - Required) _____

(Your mailing address - Required) (City - Required) (State, ZIP Code - Required)

(E-mail address - Optional) ()
(Fax number - Optional)

FL-17.328**SETTLEMENT AGREEMENT FOR AN APPLICATION TO MODIFY CHILD SUPPORT ONLY****PRINT CLEARLY**

A. IN THE DISTRICT COURT FOR _____ **COUNTY, IOWA**
(County where the Application was filed)

B. UPON THE PETITION OF

PETITIONER *(As it is in the application)*

VS

RESPONDENT *(As it is in the application)*

Equity case number:

**Settlement Agreement for an
Application to Modify
Child Support Only**
(CLERK STAMPS HERE)

C. PERSONAL INFORMATION

1. Mother: _____
(Name)

_____ *(Present street address)* _____ *(City)* _____ *(State)* _____ *(ZIP Code)*

_____ *(County)* _____ *(Year of birth)*

2. Father: _____
(Name)

_____ *(Present street address)* _____ *(City)* _____ *(State)* _____ *(ZIP Code)*

_____ *(County)* _____ *(Year of birth)*

3. Person -- other than a parent -- who is receiving child support in this case:

_____ *(Name)*

_____ *(Present street address)* _____ *(City)* _____ *(State)* _____ *(ZIP Code)*

_____ *(County)* _____ *(Year of birth)*

D. AGREEMENT**4. Child Support** (Check all that are true and fill in the blanks for the ones you check.)

- a. ☐ Child support should be raised from \$_____ per month to \$_____ per month beginning on the _____ day of _____, 20____ for (list the children and birth year):

<u>First, middle & last initials of each child</u>	<u>Year of birth</u>	<u>First, middle & last initials of each child</u>	<u>Year of birth</u>
(1) _____	_____	(5) _____	_____
(2) _____	_____	(6) _____	_____
(3) _____	_____	(7) _____	_____
(4) _____	_____	(8) _____	_____

- b. ☐ Child support should be lowered from \$_____ per month to \$_____ per month beginning on the _____ day of _____, 20____ for (list the children and birth year):

<u>First, middle & last initials of each child</u>	<u>Year of birth</u>	<u>First, middle & last initials of each child</u>	<u>Year of birth</u>
(1) _____	_____	(5) _____	_____
(2) _____	_____	(6) _____	_____
(3) _____	_____	(7) _____	_____
(4) _____	_____	(8) _____	_____

- c. ☐ Check here if you want child support to be higher or lower than the Child Support Guidelines amount. (If you check this, write the amount you want and explain why.)

(1) Amount requested: \$_____ per month

(2) Why it should be different than the Guidelines amount: _____

- d. ☐ Child support should be stopped beginning on the _____ day of _____, 20____, for (list the children and birth year):

<u>First, middle & last initials of each child</u>	<u>Year of birth</u>	<u>First, middle & last initials of each child</u>	<u>Year of birth</u>
(1) _____	_____	(5) _____	_____
(2) _____	_____	(6) _____	_____
(3) _____	_____	(7) _____	_____
(4) _____	_____	(8) _____	_____

5. Tax dependency deduction (Check the one that is true; if you check c. -- fill in the blanks.)

- a. ☐ There is no court order at this time on tax dependency deduction.
- b. ☐ A court order currently says who gets the tax dependency deduction for the child or children and it should stay the same.
- c. ☐ A court order currently says who gets the tax dependency deduction for the child or children and it should be changed to the following:

	<u>First, middle & last initials of each child</u>	<u>Year of birth</u>	<u>Parent who will now claim child for the tax deduction</u>
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____
(4)	_____	_____	_____
(5)	_____	_____	_____
(6)	_____	_____	_____

If there are more than six children, attach an additional sheet with this information – and check this box. ☐

6. Health care expenses (Check the one that is true.)

- a. ☐ There is no court order at this time on who pays health care expenses.
- b. ☐ A court order currently says who pays for health care expenses for the child or children and it should stay the same.
- c. ☐ A court order currently says who pays for health care expenses for the child or children and it should be changed to the following:

	<u>First, middle & last initials of each child</u>	<u>Year of birth</u>	<u>Parent who should now provide health insurance coverage</u>
(1)	_____	_____	_____
(2)	_____	_____	_____
(3)	_____	_____	_____
(4)	_____	_____	_____
(5)	_____	_____	_____
(6)	_____	_____	_____

If there are more than six children, attach an additional sheet with this information – and check this box. ☐

(Fill in the blanks.)

The mother should pay _____% of the out-of-pocket health care expenses.

The father should pay _____% of the out-of-pocket health care expenses.

7. Court Fees *(Check one.)*

- a. ☐ All court fees will be paid by the mother.
 b. ☐ All court fees will be paid by the father.
 c. ☐ Each parent shall pay one-half of the remaining court fees.
 d. ☐ Each parent shall pay one-half of the total court fees.

8. Attorney's Fee.

a. Mother's attorney's fees. *(Check one.)*

- (1) ☐ Mother has no attorney's fees
 (2) ☐ Mother will pay her own attorney's fees
 (3) ☐ Father will pay \$_____ for Mother's attorney's fees.

b. Father's attorney's fees. *(Check one.)*

- (1) ☐ Father has no attorney's fees
 (2) ☐ Father will pay his own attorney's fees
 (3) ☐ Mother will pay \$_____ for Father's attorney's fees.

9. Necessary Documents. We will sign and promptly deliver to each other any papers that may be needed to carry out this agreement.**10. Other Agreements** *(Attach additional sheets if necessary.)*

11. Statements of Understanding and Fact *(Check all that apply.)*

- a. ☐ We have made a full disclosure of our income to the court.
 b. ☐ This Settlement Agreement addresses all issues in the application to modify child support only.
 c. ☐ We want this request to be approved by the court and made part of the final order.

E. ATTORNEY HELP

- 12. Mother** *(Check one.)* a. ☐ An attorney did not help me prepare or fill in this paper.
 b. ☐ An attorney helped me prepare or fill in this paper. *(If you check b., you must fill in the following information.)*

_____ <i>(Name of attorney or organization, if any)</i>	_____ <i>(Attorney's P.I.N. # – Ask the attorney)</i>
_____ <i>(Business address of attorney or organization)</i>	_____ <i>(City)</i>
	_____ <i>(State)</i>
	_____ <i>(ZIP Code)</i>
(_____)_____ <i>(Attorney's phone number – Required)</i>	(_____)_____ <i>(Attorney's fax number, if there is one)</i>

- 13. Father** (Check one.) a. ☐ An attorney did not help me prepare or fill in this paper.
 b. ☐ An attorney helped me prepare or fill in this paper. (If you check b., you must fill in the following information.)

<i>(Name of attorney or organization, if any)</i>	<i>(Attorney's P.I.N. # – Ask the attorney)</i>
<i>(Business address of attorney or organization)</i>	<i>(City) (State) (ZIP Code)</i>
()	()
<i>(Attorney's phone number – Required)</i>	<i>(Attorney's fax number, if there is one)</i>

F. OATH AND SIGNATURE

This Settlement Agreement addresses all issues in the Application to Modify Child Support Only. We have made a full disclosure of our income to each other. We want this agreement to be approved by the court and made part of the final order.

Mother's Oath and Signature:

I certify under penalty of perjury and pursuant to the laws of the state of Iowa that I have read the "Settlement Agreement" above and it accurately states how I would like the court to address the issues in the Application to Modify Child Support Only. I know I have the right to talk to an attorney about this agreement. I am voluntarily signing this agreement. I am asking that this document be presented to a Judge for approval and filing with the court.

<i>Date signed</i>	<i>Mother's signature</i>
	<i>Mother's printed name</i>

Father's Oath and Signature:

I certify under penalty of perjury and pursuant to the laws of the state of Iowa that I have read the "Settlement Agreement" above and it accurately states how I would like the court to address the issues in the Application to Modify Child Support Only. I know I have the right to talk to an attorney about this agreement. I am voluntarily signing this agreement. I am asking that this document be presented to a Judge for approval and filing with the court.

<i>Date signed</i>	<i>Father's signature</i>
	<i>Father's printed name</i>

STOP! If the Child Support Recovery Unite (CSRU) is involved in this case, or if a person other than a parent receives child support in this case, he or she must sign this form (see below).

Signature of Person Other than a Parent:

Signature – Person other than parent

Date signed

*Printed name***Signature of CSRU Representative:**

Signature – CSRU representative

Date signed

Printed name