

## **CHAPTER 8 RULES OF JUVENILE PROCEDURE**

### **DISCOVERY AND NOTICE OF DEFENSES**

Rule 8.1	Scope of discovery
Rule 8.2	Delinquency proceedings
Rule 8.3	Child in need of assistance and termination proceedings

### **MOTION PRACTICE**

Rule 8.4	General rule
Rule 8.5	Motions for continuance in all proceedings

### **PRETRIAL CONFERENCES**

Rule 8.6	Pretrial conferences discretionary
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### **SPEEDY HEARING**

Rule 8.7	General rule
Rule 8.8	Delinquency
Rule 8.9	Motion to waive jurisdiction
Rule 8.10	Hearings regarding waiver
Rule 8.11	Child in need of assistance adjudicatory hearings
Rule 8.12	Temporary removal hearings

### **DELINQUENCY PROCEEDINGS**

Rule 8.13	Corroboration of accomplice or solicited person
Rule 8.14	Suppression of evidence
Rule 8.15	Multiple juvenile defendants
Rule 8.16	Evidence at detention, shelter care, and waiver hearings
Rule 8.17	Venue in delinquency cases where child has been placed in another judicial district

### **CINA AND TERMINATION PROCEEDINGS**

Rule 8.18	Child abuse reports
Rule 8.19	Admissibility of evidence at temporary removal hearings, hearings for removal of sexual offenders and physical abusers from the residence, and examination hearings
Rule 8.20	Motions to vacate an order for termination of parental rights
Rule 8.21	CINA and termination of parental rights orders, informational notice regarding appeal

### **PROCEDURE FOR JUDICIAL WAIVER OF PARENTAL NOTIFICATION**

Rule 8.22	General principles
Rule 8.23	Petition for waiver
Rule 8.24	Appointment of counsel
Rule 8.25	Appointment of guardian ad litem
Rule 8.26	Advisory notice to minor
Rule 8.27	Scheduling
Rule 8.28	Notice of hearing
Rule 8.29	Burden of proof and standard of evidence
Rule 8.30	Record required
Rule 8.31	Order granting or denying petition
Rule 8.32	Confidentiality of documents and hearings
Rule 8.33	Juvenile Procedure Forms — General
	Form 1: Petition for Family in Need of Assistance
	Form 2: Order Setting Hearing, Appointing Counsel and Giving Notice (Family in Need of Assistance)

	Form 3:	Financial Affidavit of Parent and Application for Appointment of Counsel for <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other
	Form 3A:	Order for Appointment of Counsel for <input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other
	Form 4:	Financial Affidavit of 600A Respondent and Application for Appointment of Counsel
	Form 4A:	Order for Appointment of Counsel for 600A Respondent
	Form 5:	Financial Affidavit of Petitioner Under Iowa Code Chapter 600A
	Form 5A:	Order for Payment of Respondent's Court Appointed Attorney Fees and Costs
Rule 8.34		Juvenile Procedure Forms — Judicial Waiver of Parental Notification
	Form 1:	Petition for Waiver of Parental Notification of Minor's Abortion
	Form 2:	Declaration of Minor who has Filed Pseudonymous Petition to Waive Parental Notification
	Form 3:	Order Appointing Counsel for a Minor
	Form 4:	Order Appointing a Guardian Ad Litem for a Minor
	Form 5:	Advisory Notice to Minor
	Form 6:	Order Setting Hearing on Petition for Waiver of Parental Notification of Minor's Abortion
	Form 7:	Findings of Fact, Conclusions of Law and Order
	Form 8:	Certification that Waiver of Parental Notification is Deemed Authorized
	Form 9:	Notice of Appeal

#### **EMANCIPATION OF MINORS**

Rule 8.35	Emancipation orders
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#### **PARENT REPRESENTATION**

Rule 8.36	Educational requirements for court-appointed attorneys representing parents
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#### **MINOR GUARDIANSHIPS**

Rule 8.37	Juvenile Procedure Forms — Minor Guardianships
	Form 1: Protected Information Disclosure
	Form 2: Background Check Information for a Proposed Guardian of a Minor
	Form 3: Affidavit of Parental Consent
	Form 4: Guardian's Initial Care Plan for Protected Minor
	Form 5: Guardian's Annual Report for Protected Minor
	Form 6: Guardian's Final Report for Protected Minor
Rules 8.38 to 8.40	Reserved

#### **RESTRAINT OF JUVENILES DURING COURT PROCEEDINGS**

Rule 8.41	Routine use of restraints prohibited
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## CHAPTER 8 RULES OF JUVENILE PROCEDURE

### DISCOVERY AND NOTICE OF DEFENSES

**Rule 8.1 Scope of discovery.** In order to provide adequate information for informed decision making and to expedite trials, minimize surprise, afford opportunity for effective cross-examination and meet the requirements of due process, discovery prior to trial and other judicial hearings should be as full and free as possible consistent with protection of persons and effectuation of the goals of the juvenile justice system.

[Report February 21, 1985, effective July 1, 1985; November 9, 2001, effective February 15, 2002]

**Rule 8.2 Delinquency proceedings.**

**8.2(1) Access to records.** Upon the request of counsel for a juvenile who has been referred for intake screening on a delinquency complaint, the state shall give the juvenile's counsel access to all documents, reports and records within or which come within its possession or control that concern the juvenile or the alleged offense.

**8.2(2) Informal discovery sufficient.** Although informal discovery methods are preferred, upon good cause shown, depositions and interrogatories by any party may be permitted by the court in delinquency proceedings except where they conflict with these rules or with statutes. Ordinarily, however, depositions and interrogatories shall not be permitted for issues arising under Iowa Code section 232.45(6)(b) after filing of a motion to waive jurisdiction.

**8.2(3) Affirmative defenses.** If a juvenile alleged to have committed a delinquent act intends to rely upon the affirmative defenses of insanity, diminished responsibility, intoxication, entrapment, or self-defense [justification], the juvenile shall file written notice of the intention not later than the time set by the court for said filing and in any event not less than ten calendar days prior to the adjudicatory hearing, except for good cause shown.

**8.2(4) State's right to expert examination.** Where a juvenile has given notice of the use of the defense of insanity or diminished responsibility and intends to call an expert witness or witnesses on that issue at trial, the juvenile shall, within the time provided for the filing of pretrial motions, file written notice of the name of such witness. Upon such notice or as otherwise appropriate the court may upon application order the examination of the juvenile by a state-named expert or experts whose names shall be disclosed to the juvenile prior to examination.

**8.2(5) Notice of alibi.** If a juvenile alleged to have committed a delinquent act intends to offer an alibi defense, the juvenile shall file written notice of such intention not later than the time set by the court for the filing of pretrial motions or at such later time as the court directs. The notice of alibi defense shall state the specific place or places the juvenile claims to have been at the time of the alleged offense and the names and addresses of the witnesses upon whom the juvenile intends to rely to establish such alibi. In the event that a juvenile shall file such notice the prosecuting attorney shall file written notice of the names and addresses of the witnesses the state proposes to offer in rebuttal to discredit the alibi. Such notice shall be filed within ten days after the filing of the juvenile's witness list, or within such other time as the court may direct.

**8.2(6) Failure to comply.** If either party fails to abide with the notice requirements of rule 8.2(3), 8.2(4), or 8.2(5), such party may not offer evidence on the issue of alibi, insanity, diminished responsibility, intoxication, entrapment, or self-defense without leave of court for good cause shown. In granting leave, the court may impose terms and conditions including a delay or continuance of trial. The right of a juvenile to give evidence of alibi, insanity, diminished responsibility, intoxication, entrapment, or self-defense in his or her own testimony is not limited by this rule.

**8.2(7) Multiple offenses.** Two or more delinquent acts which arise from the same transaction or occurrence or from two or more transactions or occurrences constituting parts of a common scheme or plan, when alleged and prosecuted contemporaneously, shall be alleged and prosecuted as separate counts in a single delinquency petition unless, for good cause shown, the juvenile court in its discretion determines otherwise.

**8.2(8) Separate petition(s).** In cases not subject to rule 8.2(7), a separate delinquency petition shall be filed for each delinquent act.

[Report February 21, 1985, effective July 1, 1985; April 7, 2000, effective July 1, 2000; November 9, 2001, effective February 15, 2002; February 22, 2002, effective May 1, 2002]

**Rule 8.3 Child in need of assistance and termination proceedings.** Although informal discovery methods are preferred, Iowa R. Civ. P. divisions V and VII, governing discovery, depositions and perpetuation of testimony, shall apply to proceedings under Iowa Code chapter 232, divisions III and IV, where not otherwise inconsistent with these rules or applicable statutes.  
[Report February 21, 1985, effective July 1, 1985; November 9, 2001, effective February 15, 2002]

#### MOTION PRACTICE

**Rule 8.4 General rule.** Any motion filed with the juvenile court shall be promptly brought to the attention of the judge or referee by the moving party.  
[Report February 21, 1985, effective July 1, 1985; November 9, 2001, effective February 15, 2002]

**Rule 8.5 Motions for continuance in all proceedings.** A motion for continuance shall not be granted except for good cause. Any order granting a continuance shall state the grounds therefor.  
[Report February 21, 1985, effective July 1, 1985; November 9, 2001, effective February 15, 2002]

#### PRETRIAL CONFERENCES

**Rule 8.6 Pretrial conferences discretionary.** In all actions the juvenile court may in its discretion order all parties to the action to appear for a pretrial conference to consider such matters as will promote a fair and expeditious trial.  
[Report February 21, 1985, effective July 1, 1985; November 9, 2001, effective February 15, 2002]

#### SPEEDY HEARING

**Rule 8.7 General rule.** It is the public policy of the state of Iowa that proceedings involving delinquency or child in need of assistance be concluded at the earliest possible time consistent with a fair hearing to all parties.  
[Report February 21, 1985, effective July 1, 1985; November 9, 2001, effective February 15, 2002]

**Rule 8.8 Delinquency.** If a child against whom a delinquency petition has been filed has not waived the right to a speedy adjudicatory hearing, the hearing must be held within 60 days after the petition is filed or the court shall order the petition dismissed unless good cause to the contrary is shown.

**8.8(1)** Entry of a consent decree shall be deemed a waiver of the child's right to a speedy hearing.

**8.8(2)** The provisions contained herein shall be applicable notwithstanding a motion or hearing to waive jurisdiction pursuant to rule 8.9 or 8.10.

[Report February 21, 1985, effective July 1, 1985; November 9, 2001, effective February 15, 2002]

**Rule 8.9 Motion to waive jurisdiction.** A motion under Iowa Code section 232.45 must be filed within ten days of the filing of the petition.  
[Report February 21, 1985, effective July 1, 1985; November 9, 2001, effective February 15, 2002]

**Rule 8.10 Hearings regarding waiver.** A hearing on a motion to waive jurisdiction filed pursuant to Iowa Code section 232.45 shall be held within 30 days of the filing of said motion unless good cause to the contrary is shown.  
[Report February 21, 1985, effective July 1, 1985; November 9, 2001, effective February 15, 2002]

**Rule 8.11 Child in need of assistance adjudicatory hearings.** The adjudicatory hearing on a child in need of assistance petition shall be held within 60 days of the filing of said petition unless good cause to the contrary is shown. Failure to comply with this rule shall not result in automatic dismissal, but any such failure may be urged as grounds for discretionary dismissal.  
[Report February 21, 1985, effective July 1, 1985; November 9, 2001, effective February 15, 2002]

**Rule 8.12 Temporary removal hearings.** Whenever a child has been removed pursuant to Iowa Code section 232.78 or 232.79, a hearing under Iowa Code section 232.95 shall be held within ten days of such removal.  
[Report February 21, 1985, effective July 1, 1985; November 9, 2001, effective February 15, 2002]

## DELINQUENCY PROCEEDINGS

**Rule 8.13 Corroboration of accomplice or solicited person.** An adjudication of delinquency shall not be entered against a juvenile based upon the testimony of an accomplice or a solicited person unless corroborated by other evidence which tends to connect the juvenile with the commission of the offense; and the corroboration is not sufficient if it merely shows the commission of the offense or the circumstances thereof. Corroboration of the testimony of victims shall not be required.

[Report April 7, 2000, effective July 1, 2000; November 9, 2001, effective February 15, 2002]

**Rule 8.14 Suppression of evidence.** Motions to suppress evidence shall be raised by motion of the juvenile specifying the ground upon which the juvenile claims the search and seizure to be unlawful. Motions to suppress evidence shall be filed not later than the time set by the court for said filing and in any event not less than ten calendar days prior to the adjudicatory hearing, except for good cause shown.

[Report April 7, 2000, effective July 1, 2000; November 9, 2001, effective February 15, 2002]

**Rule 8.15 Multiple juvenile defendants.** Two or more juveniles may be tried jointly if in the discretion of the court a joint trial will not result in prejudice to one or more of the parties. Otherwise, the juvenile defendants shall be tried separately. When tried jointly, the juvenile defendants shall be adjudged separately on each count.

[Report April 7, 2000, effective July 1, 2000; November 9, 2001, effective February 15, 2002]

**Rule 8.16 Evidence at detention, shelter care, and waiver hearings.** The probable cause finding made at a shelter or detention hearing under Iowa Code section 232.44 and at waiver of jurisdiction hearings under Iowa Code section 232.45 shall be based upon substantial evidence, which may be hearsay in whole or in part, provided there is a substantial basis for believing the source of the hearsay to be credible and for believing that there is a factual basis for the information furnished. The juvenile defendant may cross-examine witnesses and may introduce evidence in his or her own behalf.

[Report April 7, 2000, effective July 1, 2000; November 9, 2001, effective February 15, 2002]

**Rule 8.17 Venue in delinquency cases where child has been placed in another judicial district.** Where a juvenile has been placed in another judicial district and is alleged to have committed a delinquent act or acts during such placement, venue, for the purpose of conducting the adjudicatory hearing, shall be in the judicial district where the delinquent act or acts are alleged to have occurred. However, the juvenile court which originally placed the juvenile shall have the option of requesting that venue be transferred to it for the purpose of conducting the adjudicatory proceedings. If the juvenile is adjudicated of committing a delinquent act or acts in the judicial district of the juvenile's placement, venue of the matter shall be transferred to the juvenile court which previously placed the child pursuant to the original dispositional order for the purpose of conducting any dispositional and subsequent review hearings.

[Report April 7, 2000, effective July 1, 2000; November 9, 2001, effective February 15, 2002]

## CINA AND TERMINATION PROCEEDINGS

**Rule 8.18 Child abuse reports.** The juvenile court shall retain founded child protective assessment reports for ten years. Notwithstanding the foregoing, when notified by the department of health and human services that the report shall be expunged, the juvenile court shall destroy the report pursuant to Iowa Code section 235A.18. The juvenile court shall retain all other child protective assessment reports for five years from the date of intake at which time the clerk shall destroy the reports. Notwithstanding the foregoing, child protective assessment reports which are received into evidence in a juvenile proceeding shall be retained for so long as the case file is retained and shall not be destroyed pursuant to this rule.

[Report April 7, 2000, effective July 1, 2000; November 9, 2001, effective February 15, 2002; February 22, 2002, effective May 1, 2002; June 30, 2023, temporarily effective July 1, 2023, permanently effective August 30, 2023]

**Rule 8.19 Admissibility of evidence at temporary removal hearings, hearings for removal of sexual offenders and physical abusers from the residence, and examination hearings.** The

finding of imminent risk of harm allowing for the temporary removal of a child from his or her parent, guardian or custodian under Iowa Code section 232.95, the finding that probable cause exists to believe that a sexual or physical abuse has occurred and that the presence of the alleged sexual offender or physical abuser in the child's residence presents a danger to the child's life or physical, emotional or mental health under Iowa Code section 232.82, and the finding that probable cause exists to believe a child is a child in need of assistance pursuant to section 232.2(6)(e) or (f) for purposes of establishing grounds for examination of the child pursuant to Iowa Code section 232.98 shall be made by substantial evidence, which may be hearsay in whole or in part, provided there is a substantial basis for believing the source of the hearsay to be credible and for believing that there is a factual basis for the information furnished.

[Report April 7, 2000, effective July 1, 2000; November 9, 2001, effective February 15, 2002; February 22, 2002, effective May 1, 2002]

**Rule 8.20 Motions to vacate an order for termination of parental rights.** Any request by a biological or putative parent to vacate an order terminating parental rights pursuant to Iowa Code chapter 600A must be filed within 30 days from the entry of said order. The 30-day period for filing a motion to vacate such order shall not be waived or extended.

[Report April 7, 2000, effective July 1, 2000; November 9, 2001, effective February 15, 2002]

**Rule 8.21 CINA and termination of parental rights orders, informational notice regarding appeal.** If a court enters an order in an Iowa Code chapter 232 CINA, termination of parental rights, or post-termination proceeding, the order shall contain a written notice that an appeal by an aggrieved party must be taken pursuant to Iowa R. App. P. 6.101(1)(a), the notice of appeal must be filed within 15 days of the entry of the order, and a petition on appeal must be filed within 15 days thereafter. The absence of such language from an order will not affect the time for filing a notice of appeal or a petition on appeal.

[Report August 31, 2001, effective January 1, 2002; November 9, 2001, effective February 15, 2002; April 21, 2003, effective July 1, 2003; October 31, 2008, effective January 1, 2009]

#### PROCEDURE FOR JUDICIAL WAIVER OF PARENTAL NOTIFICATION

##### **Rule 8.22 General principles.**

**8.22(1)** These rules shall be interpreted to provide expeditious and confidential proceedings in accordance with Iowa Code chapter 135L.

**8.22(2)** All references in these rules to the clerk shall mean the clerk of the district court and shall include the clerk's designee.

[Court Order June 26, 1997, temporary rules effective July 1, 1997; Court Order June 26, 1997, permanent rules effective September 8, 1997; Report November 9, 2001, effective February 15, 2002]

##### **Rule 8.23 Petition for waiver.**

**8.23(1) Form.** A minor who seeks waiver of parental notification prior to obtaining an abortion shall petition the court in a manner substantially complying with the form that accompanies these rules. This form, along with other forms that accompany these rules for use in waiver proceedings, shall be available at the offices of all clerks of court. All petitions shall state the manner by which the minor desires to receive notification of the court's decision and whether a similar petition has previously been presented to and refused by any court.

**8.23(2) Assistance.** The clerk shall assist the minor in completing and filing the petition.

**8.23(3) Filing.** A petition is filed for the purposes of these rules when it is date and time stamped in the clerk's office. The clerk shall present the petition to the court immediately upon filing.

**8.23(4) Anonymity and confidentiality.** The minor may file a petition using a pseudonym and the petition shall not contain any information, such as social security number, address, or name of parents, by which the minor may be identified. A sworn statement containing the case number, and the minor's true name, date of birth, and address shall be filed simultaneously with the pseudonymous petition. The clerk of court shall issue to the minor a certified copy of the sworn statement, which shall identify her to the provider of abortion services as the minor for whom a petition to waive notification was granted or denied. The clerk shall then place the original sworn statement under seal. Notwithstanding

any other provision of Iowa law or these rules, the seal on the statement containing the minor's true name may not be broken except upon court order in exigent circumstances or at the minor's request. [Court Order June 26, 1997, temporary rules effective July 1, 1997; Court Order June 26, 1997, permanent rules effective September 8, 1997; Report November 9, 2001, effective February 15, 2002]

**Rule 8.24 Appointment of counsel.** The clerk shall inform the minor that she has a right to a court-appointed attorney without cost to her. The court shall appoint an attorney for the minor upon her request. The attorney shall serve as counsel on appeal.

[Court Order June 26, 1997, temporary rules effective July 1, 1997; Court Order June 26, 1997, permanent rules effective September 8, 1997; Report November 9, 2001, effective February 15, 2002]

**Rule 8.25 Appointment of guardian ad litem.** The court may appoint a guardian ad litem, and shall appoint a guardian ad litem if the minor is not accompanied by a responsible adult, as that term is defined in the statute, or has not viewed the video under Iowa Code section 135L.2.

[Court Order June 26, 1997, temporary rules effective July 1, 1997; Court Order June 26, 1997, permanent rules effective September 8, 1997; Report November 9, 2001, effective February 15, 2002]

**Rule 8.26 Advisory notice to minor.**

**8.26(1)** Upon the filing of any petition for waiver of parental notification, the clerk shall provide the minor a copy of the Advisory Notice to Minor form that accompanies these rules.

**8.26(2)** The clerk shall document in the court file that a copy of the advisory notice has been provided to the minor.

[Court Order June 26, 1997, temporary rules effective July 1, 1997; Court Order June 26, 1997, permanent rules effective September 8, 1997; Report November 9, 2001, effective February 15, 2002]

**Rule 8.27 Scheduling.** Immediately upon filing the petition, the clerk shall set or secure the date for the hearing and so advise the minor if she is present. Otherwise, notice of hearing shall follow the procedures of rule 8.28. The hearing shall be held within 48 hours of the filing of the petition unless the minor or her attorney requests an extension of time within which a hearing shall be held. If the request for extension of time is granted, the deadline for filing any decision on appeal shall be extended for a like period of time.

[Court Order June 26, 1997, temporary rules effective July 1, 1997; Court Order June 26, 1997, permanent rules effective September 8, 1997; Report November 9, 2001, effective February 15, 2002]

**Rule 8.28 Notice of hearing.** If the court determines that a guardian ad litem and/or an attorney for the minor should be appointed in accordance with Iowa Code section 135L.3(3)(b), the clerk shall notify said person(s) as well as any other person(s) designated by the minor not less than eight hours before the time fixed for a hearing, unless there is a waiver of the notice requirement by said person(s), or the time is reduced or extended by the court. Service of notice may be by acceptance of service. The only notice provided to the minor shall be by the minor making inquiry of the clerk of court following the entry of the order scheduling the hearing. Notice shall be provided by the clerk only to the above-named person(s).

[Court Order June 26, 1997, temporary rules effective July 1, 1997; Court Order June 26, 1997, permanent rules effective September 8, 1997; Report November 9, 2001, effective February 15, 2002]

**Rule 8.29 Burden of proof and standard of evidence.** The minor shall have the burden of proving the allegations of her petition by a preponderance of the evidence.

[Court Order June 26, 1997, temporary rules effective July 1, 1997; Court Order June 26, 1997, permanent rules effective September 8, 1997; Report November 9, 2001, effective February 15, 2002]

**Rule 8.30 Record required.** In accordance with Iowa Code section 624.9, and consistent with the confidentiality requirements of rule 8.32, stenographic notes or electronic recordings shall be taken of all hearings held pursuant to Iowa Code chapter 135L and said record shall not be waived.

[Court Order June 26, 1997, temporary rules effective July 1, 1997; Court Order June 26, 1997, permanent rules effective September 8, 1997; Report November 9, 2001, effective February 15, 2002]

**Rule 8.31 Order granting or denying petition.**

**8.31(1) Time for granting or denying waiver.** An order either granting or denying waiver of parental notification with findings of fact and conclusions of law shall be filed immediately following

the hearing and in no event later than 48 hours from the filing of the petition or from the hearing if an extension is granted under rule 8.27.

**8.31(2) *Procedure in default of hearing and order.*** If the court fails to hold the hearing and rule on the petition within the time provided by these rules, the petition is deemed granted and the waiver is deemed authorized. In the event the petition is deemed authorized, the clerk shall immediately issue the certification form that accompanies these rules to the minor or her attorney.

**8.31(3) *Delivery of order or certification.*** The clerk shall deliver the order under rule 8.31(1), or the certification under rule 8.31(2), in the manner requested by the minor in the petition. The order or certification shall specify the person(s) to whom the clerk shall provide a copy. A copy shall be available to the minor at the clerk's office.

**8.31(4) *Notification of appeal rights.*** If the petition is denied, the order shall include notice of the right to appeal to the Iowa supreme court, the time period within which appeal must be filed and a copy of the applicable rules of appellate procedure.

[Court Order June 26, 1997, temporary rules effective July 1, 1997; Court Order June 26, 1997, permanent rules effective September 8, 1997; Report November 9, 2001, effective February 15, 2002]

### **Rule 8.32 Confidentiality of documents and hearings.**

**8.32(1) *Records.*** In accordance with Iowa Code chapter 135L and these rules, all records of parental notification proceedings are confidential. All confidential records shall be kept sealed and opened only as necessary for the conduct of proceedings for waiver of parental notification, an appeal of the district court decision, or as ordered by a court.

**8.32(2) *Hearings.*** The hearing shall be held in a confidential manner, preferably in chambers. Only the minor, her attorney, her guardian ad litem, and the person(s) whose presence is specifically requested by the minor, her attorney, or her guardian ad litem may attend the hearing on the petition.

**8.32(3) *Purging of files.*** The clerk shall destroy all records and files in the case when one year has elapsed from any of the following, as applicable:

*a.* The date that the court issues an order waiving the notification requirement or the date the waiver is deemed authorized under rule 8.31(2).

*b.* The date after which the court denies the petition for waiver of notification and the decision is not appealed.

*c.* The date after which the court denies the petition for waiver of notification, the decision is appealed, and all appeals are exhausted.

[Court Order June 26, 1997, temporary rules effective July 1, 1997; Court Order June 26, 1997, permanent rules effective September 8, 1997; Report November 9, 2001, effective February 15, 2002]



**Rule 8.33 Juvenile Procedure Forms — General.** The following forms are illustrative and not mandatory, but any particular instrument shall substantially comply with the form illustrated.

**Rule 8.33 — Form 1: *Petition for Family in Need of Assistance.***

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY  
JUVENILE COURT

IN RE THE FAMILY OF _____; UPON THE PETITION OF _____ A CHILD/CHILDREN or A PARENT, GUARDIAN or CUSTODIAN	JUVENILE NO. _____  <p style="text-align: center;"><b>PETITION FOR FAMILY IN NEED OF ASSISTANCE</b></p>
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The petitioner respectfully states to the court that \_\_\_\_\_ [child/children] and \_\_\_\_\_ [parent, guardian or custodian] are a family in need of assistance within the purview of Iowa Code sections 232.122 through 232.127, in that there has been a breakdown in the familial relationship. In support thereof, petitioner states as follows:

Petitioner has sought services from \_\_\_\_\_, a private or public agency, to maintain and improve the familial relationship, but the relationship has not improved and petitioner now requests the aid of the court.

The name(s) and residence(s) of the child/children are \_\_\_\_\_.

The age(s) of the child/children is/are \_\_\_\_\_.

The names and residences of the living parents, guardian or custodian are \_\_\_\_\_.

The name and address of the guardian ad litem are \_\_\_\_\_.

WHEREFORE, the undersigned prays that the court set a time and place for hearing on the petition, appoint counsel for the child, order that notice be directed to all parties in interest in a manner provided by law, and upon hearing adjudicate this family to be a family in need of assistance and make such order or orders as may maintain and improve the familial relationship.

**Oath and Signature**

I, \_\_\_\_\_, have read this Petition, and I certify under penalty *Print your full name: first, middle, last* 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\_\_\_\_\_  
*Petitioner's signature*\*                      *Month*                      *Day*                      *Year*

\_\_\_\_\_  
*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.

SOURCE: Iowa Code §232.125, 232.126, 232.127; 8.33, Form 1.

[Report 1983; November 9, 2001, effective February 15, 2002; Court Order March 31, 2020, temporarily effective March 31, 2020, permanently effective May 30, 2020]

**Rule 8.33 — Form 2: Order Setting Hearing, Appointing Counsel and Giving Notice (Family in Need of Assistance).**

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY  
JUVENILE COURT

IN RE THE FAMILY OF

\_\_\_\_\_;

UPON THE PETITION OF

\_\_\_\_\_  
A CHILD/CHILDREN or A PARENT,  
GUARDIAN or CUSTODIAN

JUVENILE NO. \_\_\_\_\_

**ORDER  
SETTING HEARING, APPOINTING  
COUNSEL AND GIVING NOTICE  
(FAMILY IN NEED OF ASSISTANCE)**

To: \_\_\_\_\_

You are hereby notified that there is presently on file in this court a verified petition alleging the above-named family to be a family in need of assistance; a copy of the petition is attached. An adjudicatory hearing on the merits of the petition is set for the time and place stated below.

You are further notified that the court shall appoint counsel or a guardian ad litem to represent the interests of the child at the adjudicatory hearing unless the child already has such counsel or guardian and that the court shall appoint counsel for the parent, guardian, or custodian if that person desires but is financially unable to employ counsel.

You are further notified that if you wish to state your views, you must appear or in your absence the court may order you to comply with any other reasonable orders designed to maintain and improve the familial relationship.

The court having found that a hearing on this matter should be set, **IT IS HEREBY ORDERED:**

1. That the above matter is set for adjudicatory hearing at \_\_\_\_\_ o'clock \_\_\_\_\_, m., on the \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_, before this court at the \_\_\_\_\_ County Courthouse at \_\_\_\_\_, in the city of \_\_\_\_\_, \_\_\_\_\_ County, Iowa.

2. That \_\_\_\_\_, an attorney practicing before this court, is appointed to represent the child, \_\_\_\_\_, in this matter as guardian ad litem.\*

3. That the clerk of the juvenile court is directed to send by certified mail a copy of this order with the attached petition to the above-named child, child's counsel and said child's parent, guardian or custodian no less than \_\_\_\_\_ days prior to the time set out above, said mailing to serve as notice of said hearing.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Judge

\* Delete this paragraph if the child is already represented by counsel.

SOURCE: Iowa Code §232.126, 232.127; 8.33, Form 2.

[Report 1983; November 9, 2001, effective February 15, 2002]

**Rule 8.33 — Form 3: Financial Affidavit of Parent and Application for Appointment of Counsel for  Child  Parent  Other.**

In the Iowa District Court for \_\_\_\_\_ County (Juvenile Division)

In the Interest of _____,	)	Juvenile No. _____
_____,	)	
_____,	)	Financial Affidavit of Parent and Application
_____,	)	for Appointment of Counsel for
Child(ren).	)	<input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____

**In support of my application for appointment of counsel, and under penalty of perjury, the undersigned states:**

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street address: \_\_\_\_\_  
Street/P.O. Box Apt # City State Zip

Case:  CINA  TPR  Del  Other: \_\_\_\_\_ Relationship to Child(ren):  Parent  Other: \_\_\_\_\_

Do you have a job?  No job  Yes, full time  Yes, part time (list hours per week: \_\_\_\_\_)

Who do you work for? \_\_\_\_\_

How much money do you currently make, before taxes or deductions? \_\_\_\_\_ per  hour  month  year

How much money have you made in the last 12 months from any source, before taxes or deductions? \_\_\_\_\_

How many family members are supported by or live with you? \_\_\_\_\_

If a spouse lives with you, how much money does your spouse make? \_\_\_\_\_ per  hour  month  year

List all other money you, and anyone else living in your household, has coming in: \_\_\_\_\_

List what you own, including money in banks, cars, trucks, other vehicles, land, houses, buildings, cash, or anything else worth more than \$100: \_\_\_\_\_

List amounts you pay monthly for mortgages, rent, car loans, credit cards, child support, and any other debts: \_\_\_\_\_

**I understand I may be required to repay the state for my attorney fees and costs and those of my child, I may be required to sign a wage assignment, and I must report any changes in the information submitted on this financial affidavit. I promise under penalty of perjury that the statements I make in this application are true, and that I am unable to pay for an attorney to represent me.**

Date \_\_\_\_\_

Signature \_\_\_\_\_

[Report February 21, 1985, effective July 1, 1985; November 9, 2001, effective February 15, 2002; November 8, 2012, effective January 7, 2013]

**Rule 8.33 — Form 3A: Order for Appointment of Counsel for  Child  Parent  Other.**

In the Iowa District Court for \_\_\_\_\_ County (Juvenile Division)

<b>In the Interest of</b>	)	Juvenile No. _____
_____	)	
_____	)	<b>Order for Appointment</b>
_____	)	<b>of Counsel for</b>
<b>Child(ren).</b>	)	<input type="checkbox"/> Child <input type="checkbox"/> Parent <input type="checkbox"/> Other: _____

Now on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the court having received and examined the Financial Affidavit of Parent and Application for Appointment of Counsel and having considered not only Child/Applicant's income, but also the availability of any assets subject to execution and the seriousness of the charge or nature of the case, finds the following:

**1. Child/Applicant:**

- Is eligible\* for court-appointed counsel pursuant to Iowa Code section 815.9 because:
  - Child/Applicant's income is **at or below 125%** of the poverty guidelines and Child/Applicant is unable to pay for the cost of an attorney; **or**
  - Child/Applicant's income is **between 125% and 200%** of the poverty guidelines and not appointing counsel would cause Child/Applicant substantial financial hardship; **or**
  - Child/Applicant's Income is **over 200%** of the poverty guidelines, case is a felony-level delinquency, and not appointing counsel would cause Child/Applicant substantial financial hardship.
- Is a child and is otherwise eligible for court-appointed counsel under Iowa Code chapter 232.
- Is not eligible for court-appointed counsel.

**2. Counsel/Guardian ad litem appointed below to represent Child/Applicant is:**

- The local public defender office, nonprofit organization, or attorney designated by the State Public Defender pursuant to Iowa Code section 13B.4(2) to represent indigent persons in this type of case in this county; **or**
- An attorney not designated by the State Public Defender, **and** any local public defender office or other designee of the State Public Defender for this type of case in this county has been contacted and has declined the appointment or withdrawn from the case, or there is no designation for this type of case in this county, **and** the appointed attorney:
  - Has a current contract with the State Public Defender to represent indigent persons in this type of case and in this county; **or**
  - Does not have such a contract, but all attorneys with a contract to represent indigent persons in this type of case in this county have been contacted and no such attorney is available to take this case; **or**
  - Does not have such a contract, but the State Public Defender has been consulted and consents to the appointment.

**It is therefore ordered that Child/Applicant's Application for Appointment of Counsel is**

- Denied.
- Approved, and that \_\_\_\_\_ is appointed to serve as counsel/guardian ad litem in this case for \_\_\_\_\_ at state expense and may be contacted at \_\_\_\_\_.

\_\_\_\_\_  
Judge, \_\_\_\_\_ Judicial District

Copy to:

\* Note: A different standard applies for determining eligibility for appointment of respondent's counsel in a Chapter 600A TPR, and additional findings are required to determine the appropriate party/agency responsible for payment. See Iowa Code §§ 600A.2(11), 600A.6A(2), and 600A.6B. Do not use this form order for 600A TPR Appointments.

**Rule 8.33 — Form 4: Financial Affidavit of 600A Respondent and Application for Appointment of Counsel.**

In the Iowa District Court for \_\_\_\_\_ County (Juvenile Division)

In the Interest of	)	Juvenile No. _____
_____	)	
_____	)	Financial Affidavit of 600A Respondent and
_____	)	Application for Appointment of Counsel
Child(ren).	)	

In support of my application for appointment of counsel, and under penalty of perjury, the undersigned states:

Respondent's name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street address: \_\_\_\_\_  
Street/P.O. Box Apt # City State Zip

Do you have a job?  No job  Yes, full time  Yes, part time (list hours per week: \_\_\_\_\_)

Who do you work for? \_\_\_\_\_

How much money do you currently make, before taxes or deductions? \_\_\_\_\_ per  hour  month  year

How much money have you made in the last 12 months from any source, before taxes or deductions? \_\_\_\_\_

How many family members are supported by or live with you? \_\_\_\_\_

If a spouse lives with you, how much money does your spouse make? \_\_\_\_\_ per  hour  month  year

List all other money you, and anyone else living in your household, has coming in: \_\_\_\_\_

List what you own, including money in banks, cars, trucks, other vehicles, land, houses, buildings, cash, or anything else worth more than \$100: \_\_\_\_\_

List amounts you pay monthly for mortgages, rent, car loans, credit cards, child support, and any other debts: \_\_\_\_\_

**I understand I may be required to repay the state for my attorney fees and costs and those of my child, I may be required to sign a wage assignment, and I must report any changes in the information submitted on this financial affidavit. I promise under penalty of perjury that the statements I make in this application are true, and that I am unable to pay for an attorney to represent me.**

Date \_\_\_\_\_

Signature \_\_\_\_\_

[Report November 8, 2012, effective January 7, 2013]

**Rule 8.33 — Form 4A: Order for Appointment of Counsel for 600A Respondent.**

In the Iowa District Court for \_\_\_\_\_ County (Juvenile Division)

In the Interest of	)	Juvenile No. _____
_____	)	Order for Appointment
_____	)	of Counsel for 600A Respondent
_____	)	
Child(ren).	)	

Now on this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, the court having received and examined the Financial Affidavit of Respondent and Application for Appointment of Counsel and having conducted an in-court colloquy and having considered not only Respondent’s income, but also the availability of any assets subject to execution and the nature and complexity of the case, finds the following:

**1. Respondent:**

- Is eligible for court-appointed counsel pursuant to Iowa Code section 600A.6A because each of the following criteria are met:
  - Respondent requested appointment of counsel; **and**
  - Respondent is indigent (at or below 100% of the poverty guidelines and Respondent is unable to pay for the cost of an attorney); **and**
  - Respondent, because of lack of skill or education, would have difficulty in presenting the person’s version of the facts in dispute, particularly where the presentation of the facts requires the examination or cross-examination of witnesses or the presentation of complex documentary evidence; **and**
  - Respondent has a colorable defense to the termination of parental rights, or there are substantial reasons that make termination of parental rights inappropriate.
- Is not eligible for court-appointed counsel.

**2. Counsel appointed below to represent Respondent:**

- Has a current contract with the State Public Defender to represent indigent persons in this type of case and in this county; **or**
- Does not have such a contract, but all attorneys with a contract to represent indigent persons in this type of case in this county have been contacted and no such attorney is available to take this case; **or**
- Does not have such a contract, but the State Public Defender has been consulted and consents to the appointment.

**It is therefore ordered** that Respondent’s Application for Appointment of Counsel is

- Denied.
- Approved, and that \_\_\_\_\_ is appointed to serve as counsel in this case for Respondent at state expense and may be contacted at \_\_\_\_\_.

\_\_\_\_\_  
Judge, \_\_\_\_\_ Judicial District

Copy to:

[Report November 8, 2012, effective January 7, 2013]

**Rule 8.33 — Form 5: Financial Affidavit of Petitioner Under Iowa Code Chapter 600A.**

In the Iowa District Court for \_\_\_\_\_ County (Juvenile Division)

In the Interest of _____,	)	Juvenile No. _____
_____,	)	
_____,	)	Financial Affidavit of Petitioner Under Iowa
_____,	)	Code Chapter 600A
Child(ren).	)	

Petitioner's name: \_\_\_\_\_ Birth date: \_\_\_\_\_

Home phone: \_\_\_\_\_ Cell phone: \_\_\_\_\_ Email: \_\_\_\_\_

Street address: \_\_\_\_\_  
Street/P.O. Box Apt # City State Zip

Do you have a job?  No job  Yes, full time  Yes, part time (list hours per week: \_\_\_\_\_)

Who do you work for? \_\_\_\_\_

How much money do you currently make, before taxes or deductions? \_\_\_\_\_ per  hour  month  year

How much money have you made in the last 12 months from any source, before taxes or deductions? \_\_\_\_\_

How many family members are supported by or live with you? \_\_\_\_\_

If a spouse lives with you, how much money does your spouse make? \_\_\_\_\_ per  hour  month  year

List all other money you, and anyone else living in your household, has coming in: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List what you own, including money in banks, cars, trucks, other vehicles, land, houses, buildings, cash, or anything else worth more than \$100: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List amounts you pay monthly for mortgages, rent, car loans, credit cards, child support, and any other debts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**I promise under penalty of perjury that the statements I make in this affidavit are true and that I am unable to pay for an attorney to represent Respondent in this case. I also understand that I must report any changes in the information submitted on this financial affidavit.**

Date \_\_\_\_\_

Signature \_\_\_\_\_

[Report November 8, 2012, effective January 7, 2013]

**Rule 8.33 — Form 5A: Order for Payment of Respondent's Court Appointed Attorney Fees and Costs.**

In the Iowa District Court for \_\_\_\_\_ County (Juvenile Division)

<b>In the Interest of</b>	)	<b>Juvenile No.</b> _____
_____	)	
_____	)	<b>Order for Payment of Respondent's Court</b>
_____	)	<b>Appointed Attorney Fees and Costs</b>
<b>Child(ren).</b>	)	
	)	

Now on this \_\_\_\_ day of \_\_\_\_\_, 20\_\_, the court having received and examined the Financial Affidavit of Petitioner Under Iowa Code Chapter 600A finds as follows:

- Petitioner is **not indigent** (over 100% poverty guideline) and is responsible for payment of reasonable attorney's fees to Respondent's court-appointed attorney.
- Petitioner is **indigent** (at or under 100% poverty guideline unless able to pay attorney costs) and the State Public Defender is responsible for payment of reasonable attorney's fees to Respondent's court-appointed attorney under Iowa Code section 600A.6B(3) and Iowa Administrative Code section 493-14.

\_\_\_\_\_  
Judge, \_\_\_\_\_ Judicial District

Copy to:

[Report November 8, 2012, effective January 7, 2013]



**Rule 8.34 Juvenile Procedure Forms — Judicial Waiver of Parental Notification.** The following forms are illustrative and not mandatory, but any particular instrument shall substantially comply with the form illustrated.

**Rule 8.34 — Form 1: *Petition for Waiver of Parental Notification of Minor’s Abortion.***

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY  
(JUVENILE DIVISION)

IN THE INTEREST OF

Juvenile No. \_\_\_\_\_

\_\_\_\_\_  
A Minor.

**PETITION FOR WAIVER OF  
PARENTAL NOTIFICATION OF  
MINOR’S ABORTION PURSUANT  
TO IOWA CODE SECTION 135L.3**

I, the above-named minor, state:

1. I am under 18 years of age.
2. I am approximately \_\_\_\_\_ weeks pregnant and seek an abortion by a licensed physician, without notification of a parent.
3. (Check one)
  - \_\_\_\_ a. I am accompanied by a responsible adult (a responsible adult is a person who is 18 or over and who is not associated with the clinic or physician who will perform the abortion).
  - \_\_\_\_ b. I am not accompanied by a responsible adult.
4. (Check one)
  - \_\_\_\_ a. I have viewed the video prepared by the Iowa Department of Public Health that explains my options as a pregnant minor, including parenting, adoption, and abortion.
  - \_\_\_\_ b. I have not viewed the video.
5. (Check one)
  - \_\_\_\_ a. I understand that I have the right to a court-appointed attorney at no cost to me. Please appoint an attorney to represent me.
  - \_\_\_\_ b. I have an attorney to represent me. The attorney’s name, address, and telephone number is \_\_\_\_\_.
6. I understand that this proceeding will be kept secret from my parents and the public. The only persons who may attend any hearing on the petition are myself, my attorney, my guardian ad litem (if one is appointed) and those whose presence I, my attorney, or my guardian ad litem specifically request. I request that the following person(s) be notified of and admitted to all hearings in my case:  
Name(s) and address(es): \_\_\_\_\_.
7. I understand court personnel will not send any papers to my home or try to call me. I would like to be informed of the court’s decision in the following way: \_\_\_\_\_.

I request the following person(s), in addition to my attorney, be contacted and given papers in my case:  
Name(s) and address(es): \_\_\_\_\_.

Petition for Waiver of Parental Notification of Minor's Abortion (*cont'd*)

8. (Check one or both)

- a. I am mature and capable of providing informed consent for the performance of an abortion.
- b. It would not be in my best interests to notify a parent of my abortion for the following reasons:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_.

9. I state on oath that (check one)

- a. I am presenting this request to a court for the first time.
- b. I have made this request to a court before and was refused.

10. The name, business address, and business telephone number (if these are known) of the physician who will perform the abortion is \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_.

**THEREFORE**, I request that the court grant my application to obtain an abortion without notifying a parent.

Signed on this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
 Petitioner (You may sign a name other than your true name, such as Jane Doe)

NOTICE: If you require the assistance of auxiliary aids or services to participate in court because of a disability, immediately call your district ADA coordinator at \_\_\_\_\_. (If you are hearing impaired, call Relay Iowa TTY at 1-800-735-2942).

[Court Order June 26, 1997, temporary rules effective July 1, 1997; Court Order June 26, 1997, permanent rules effective September 8, 1997; Report November 9, 2001, effective February 15, 2002]

**Rule 8.34 — Form 2: Declaration of Minor who has Filed Pseudonymous Petition to Waive Parental Notification.**

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY  
(JUVENILE DIVISION)

IN THE INTEREST OF

Juvenile No. \_\_\_\_\_

\_\_\_\_\_,  
A Minor.

**DECLARATION OF MINOR WHO  
HAS FILED PSEUDONYMOUS PETITION  
TO WAIVE PARENTAL NOTIFICATION  
UNDER IOWA CODE CHAPTER 135L**

NOTICE TO THE CLERK OF COURT: A CERTIFIED COPY OF THIS DECLARATION, WITH THE FILE NUMBER NOTED ON IT, SHOULD BE GIVEN TO THE MINOR AFTER SHE SIGNS IT.

THE ORIGINAL SHOULD IMMEDIATELY BE PLACED IN A SEALED ENVELOPE, WHICH SHOULD BE FILED UNDER SEAL AND KEPT UNDER SEAL AT ALL TIMES.

1. My true name is \_\_\_\_\_, and my address is \_\_\_\_\_  
(print your name)

\_\_\_\_\_  
(print your address)

2. My date of birth is \_\_\_\_\_.

3. I have filed a petition to waive parental notification, under the name \_\_\_\_\_

\_\_\_\_\_ on \_\_\_\_\_  
(date)

I declare, under penalty of perjury, that the foregoing is true and correct.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_  
(You must sign your true name)

[Court Order June 26, 1997, temporary rules effective July 1, 1997; Court Order June 26, 1997, permanent rules effective September 8, 1997; Report November 9, 2001, effective February 15, 2002]

**Rule 8.34 — Form 3: Order Appointing Counsel for a Minor.**

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY  
(JUVENILE DIVISION)

IN THE INTEREST OF

Juvenile No. \_\_\_\_\_

\_\_\_\_\_,  
A Minor.

**ORDER APPOINTING COUNSEL  
FOR A MINOR UNDER  
IOWA CODE SECTION 135L.3(3)(b)**

**THIS MATTER** is before the court upon the minor’s request to waive parental notification of an abortion under Iowa Code chapter 135L. The court finds that counsel should be appointed.

**IT IS ORDERED** that [*name*] \_\_\_\_\_,  
[*address*] \_\_\_\_\_, [*telephone number*] \_\_\_\_\_  
is appointed counsel for the minor at public expense.

The clerk shall provide a copy of this order as specified in Iowa R. Juv. P. 8.28.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
**JUDGE**  
\_\_\_\_\_  
**JUDICIAL DISTRICT OF IOWA**

[Court Order June 26, 1997, temporary rules effective July 1, 1997; Court Order June 26, 1997, permanent rules effective September 8, 1997; Report November 9, 2001, effective February 15, 2002]

**Rule 8.34 — Form 4: Order Appointing a Guardian Ad Litem for a Minor.**

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY  
(JUVENILE DIVISION)

IN THE INTEREST OF

Juvenile No. \_\_\_\_\_

\_\_\_\_\_,

A Minor.

**ORDER APPOINTING A  
GUARDIAN AD LITEM FOR A MINOR  
UNDER IOWA CODE SECTION 135L.3(3)(b)**

**THIS MATTER** is before the court upon the minor's request to waive parental notification of an abortion under Iowa Code chapter 135L. The court finds that a guardian ad litem should be appointed.

**IT IS ORDERED** that [name] \_\_\_\_\_,  
[address] \_\_\_\_\_, [telephone number] \_\_\_\_\_  
be appointed as the guardian ad litem for the minor at public expense.

The clerk shall provide a copy of this order as specified in Iowa R. Juv. P. 8.28.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
**JUDGE**  
\_\_\_\_\_  
**JUDICIAL DISTRICT OF IOWA**

[Court Order June 26, 1997, temporary rules effective July 1, 1997; Court Order June 26, 1997, permanent rules effective September 8, 1997; Report November 9, 2001, effective February 15, 2002]

**Rule 8.34 — Form 5: *Advisory Notice to Minor.***

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY  
(JUVENILE DIVISION)

IN THE INTEREST OF

Juvenile No. \_\_\_\_\_

\_\_\_\_\_,  
A Minor.

**ADVISORY NOTICE TO MINOR**

**YOU ARE NOTIFIED as follows:**

All information in your case is confidential. No papers will be sent to your home, and you will not be contacted by this court. Your name will not be on your court papers.

Your lawyer and your guardian ad litem (if one is appointed) will receive notices about your case. You may also name someone else to get notices. That person's name should be on your petition.

**YOUR CASE NUMBER APPEARS AT THE TOP OF THIS SHEET. KEEP IT IN A SAFE PLACE. YOU CANNOT GET INFORMATION FROM THE CLERK WITHOUT YOUR CASE NUMBER.**

**YOU HAVE BEEN GIVEN A COPY OF THE STATEMENT YOU SIGNED WITH YOUR TRUE NAME. KEEP IT IN A SAFE PLACE. YOU MAY NEED TO SHOW IT TO YOUR DOCTOR TO OBTAIN AN ABORTION WITHOUT NOTIFYING A PARENT.**

Clerk: Complete information below:

1. (a) Your hearing is scheduled for \_\_\_\_\_,  
at the \_\_\_\_\_ County Courthouse in \_\_\_\_\_, Iowa.

**OR**

- (b) You must call the clerk at (\_\_\_\_) \_\_\_\_\_ to obtain the date of the hearing.

2. (a) Your lawyer is \_\_\_\_\_, telephone number \_\_\_\_\_.

**OR**

- (b) You must call the clerk at the above number to get the name of your lawyer.

3. (a) Your guardian ad litem is \_\_\_\_\_,  
telephone number \_\_\_\_\_.

**OR**

- (b) You may call the clerk at the above number to obtain the name of your guardian ad litem.

You may be told of the court's decision immediately after the hearing. If not, you may contact your lawyer or the clerk soon after the hearing to find out if the court has ruled on your petition.

You have a right to a hearing and a decision within 48 hours unless you or your attorney asks for an extension of time. Any extension of time granted for the hearing shall extend the deadline for filing any decision on appeal for a like period of time. If these deadlines are not met you have a right to ask the clerk for a paper that will allow your doctor to perform the abortion without notifying a parent.

If the court does not grant your petition, you will be able to appeal.

Advisory Notice to Minor (*cont'd*)

If the court does not grant your petition and you decide not to appeal, or if your appeal is not granted, you may request that the court appoint a licensed therapist to help you tell your family of your decision and deal with any family problems. The cost of the therapist will be paid for by the court.

I certify that I have given a copy of this advisory notice to the minor.

\_\_\_\_\_  
Clerk of the Court  
\_\_\_\_\_  
\_\_\_\_\_, Iowa \_\_\_\_\_  
County Courthouse

[Court Order June 26, 1997, temporary rules effective July 1, 1997; Court Order June 26, 1997, permanent rules effective September 8, 1997; Report November 9, 2001, effective February 15, 2002]

**Rule 8.34 — Form 6: Order Setting Hearing on Petition for Waiver of Parental Notification of Minor’s Abortion.**

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY  
(JUVENILE DIVISION)

IN THE INTEREST OF

Juvenile No. \_\_\_\_\_

\_\_\_\_\_,  
A Minor.

**ORDER SETTING HEARING ON  
PETITION FOR WAIVER OF  
PARENTAL NOTIFICATION OF  
MINOR’S ABORTION**

**THIS MATTER** came before the court upon the petition of \_\_\_\_\_ that a hearing be held in this matter. The court finds that such a hearing should be scheduled and proper notice should be given in accordance with Iowa R. Juv. P. 8.28.

**IT IS THEREFORE ORDERED** that a hearing on the Petition to Waive Parental Notification of a Minor’s Abortion be held pursuant to Iowa Code section 135L.3 on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, at \_\_\_\_\_ o’clock \_\_\_\_\_ m. at the \_\_\_\_\_ County Courthouse in \_\_\_\_\_, Iowa.

The clerk shall provide a copy of this order as specified in Iowa R. Juv. P. 8.28.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
**JUDGE**  
\_\_\_\_\_  
**JUDICIAL DISTRICT OF IOWA**

[Court Order June 26, 1997, temporary rules effective July 1, 1997; Court Order June 26, 1997, permanent rules effective September 8, 1997; Report November 9, 2001, effective February 15, 2002]



**Rule 8.34 — Form 7: Findings of Fact, Conclusions of Law and Order.**

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY  
(JUVENILE DIVISION)

IN THE INTEREST OF

Juvenile No. \_\_\_\_\_

\_\_\_\_\_,  
A Minor.

**FINDINGS OF FACT,  
CONCLUSIONS OF LAW AND ORDER**

This matter came before the court on \_\_\_\_\_, 20\_\_\_\_, for hearing held pursuant to Iowa Code section 135L.3 on waiver of parental notification of a minor’s abortion. Present for the hearing were the following:

- \_\_\_\_\_, the minor;
- \_\_\_\_\_, the minor’s attorney;
- \_\_\_\_\_, the minor’s guardian ad litem; and
- \_\_\_\_\_.

The proceeding was reported [tape recorded]. The following exhibits and testimony were received into evidence:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The court now makes the following **FINDINGS OF FACT**:

1. Notice of this hearing and a copy of the petition were served in accordance with Iowa R. Juv. P. 8.28.
2. The petitioner is a pregnant minor, \_\_\_\_\_ years of age. She is approximately \_\_\_\_\_ weeks pregnant and seeks an abortion but objects to the notification of a parent.
3. (Check one)
  - \_\_\_ a. The petitioner is mature and capable of providing informed consent for the performance of an abortion. This decision is based upon the following facts: \_\_\_\_\_  
\_\_\_\_\_.

**OR**

- \_\_\_ b. The petitioner is not mature or does not claim to be mature, but notification to the petitioner’s parent is not in the petitioner’s best interest. This decision is based upon the following facts: \_\_\_\_\_  
\_\_\_\_\_.

**OR**

- \_\_\_ c. The petitioner has not shown she is mature and capable of providing informed consent, nor has she shown that notification to a parent is not in her best interest. This decision is based upon the following facts: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_.

Findings of Fact, Conclusions of Law and Order (cont'd)

**CONCLUSIONS OF LAW**

- 1. The court has jurisdiction of the petitioner and the subject matter as provided in Iowa Code chapter 135L.
- 2. The burden of proof is on the petitioner by a preponderance of the evidence.
- 3. (Check one)

a. A preponderance of the evidence shows that the petitioner is mature and capable of providing informed consent for the performance of the abortion within the scope and meaning of Iowa Code section 135L.3(3)(e)(1).

**OR**

b. A preponderance of the evidence shows that the petitioner is not mature or does not claim to be mature, but notification of the abortion to a parent is not in the best interest of the petitioner within the scope and meaning of Iowa Code section 135L.3(3)(e)(2).

**OR**

c. The evidence does not support a judicial waiver of parental notification.

- 4. The notification requirements as provided in Iowa Code section 135L.3 should [should not] be waived.

**IT IS ORDERED, ADJUDGED AND DECREED** that the petition for waiver of parental notification is granted [denied].

The clerk shall provide a copy of this order to the petitioner’s attorney, guardian ad litem, if any, physician, and the following person(s) designated by the petitioner: \_\_\_\_\_

\_\_\_\_\_.

The clerk shall provide notice of this decision to the petitioner as requested in the following manner: \_\_\_\_\_

\_\_\_\_\_.

Notice: (Delete if petition is granted). You have the right to appeal this ruling to the Iowa Supreme Court. You must file a notice of appeal with the district court clerk within 24 hours of this ruling. The rules you must follow for the appeal are attached to this order.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_.

\_\_\_\_\_  
**JUDGE**  
 \_\_\_\_\_  
**JUDICIAL DISTRICT OF IOWA**

[Court Order June 26, 1997, temporary rules effective July 1, 1997; Court Order June 26, 1997, permanent rules effective September 8, 1997; Report November 9, 2001, effective February 15, 2002]

**Rule 8.34 — Form 8: Certification that Waiver of Parental Notification is Deemed Authorized.**

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY  
(JUVENILE DIVISION)

IN THE INTEREST OF  _____, A Minor.	Juvenile No. _____  <b>CERTIFICATION THAT WAIVER OF          PARENTAL NOTIFICATION IS          DEEMED AUTHORIZED</b>
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Pursuant to Iowa Code section 135L.3 the clerk certifies that:

1. The minor's petition for waiver of parental notification was filed on \_\_\_\_\_.
2. \_\_\_\_ (a) A ruling was not made within 48 hours of the filing of said petition,

**OR**

\_\_\_\_ (b) The date for the hearing was extended at the request of the minor to \_\_\_\_\_,  
and a ruling was not made within 48 hours of the extended hearing date.

**THEREFORE**, pursuant to Iowa Code section 135L.3(3)(1), the petition is deemed granted and the waiver of notification requirements is deemed authorized.

Dated: \_\_\_\_\_

\_\_\_\_\_  
 Clerk of the Court  
 \_\_\_\_\_ County Courthouse  
 \_\_\_\_\_, Iowa \_\_\_\_\_

Copies to: (Clerk, *see* Iowa R. Juv. P. 8.31(3))

[Court Order June 26, 1997, temporary rules effective July 1, 1997; Court Order June 26, 1997, permanent rules effective September 8, 1997; Report November 9, 2001, effective February 15, 2002]

**Rule 8.34 — Form 9: *Notice of Appeal.***

IN THE IOWA DISTRICT COURT FOR \_\_\_\_\_ COUNTY  
(JUVENILE DIVISION)

IN THE INTEREST OF

\_\_\_\_\_,

A Minor.

Juvenile No. \_\_\_\_\_

Supreme Court No. \_\_\_\_\_

**NOTICE OF APPEAL**

**TO THE CLERK OF THE DISTRICT COURT, \_\_\_\_\_  
COUNTY, AND TO THE CLERK OF THE SUPREME COURT:**

You are notified that \_\_\_\_\_, the minor, who filed her petition for  
waiver of parental notification on \_\_\_\_\_, hereby appeals the order dated  
\_\_\_\_\_, which denied her petition.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_\_.

\_\_\_\_\_  
Attorney for \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

[Court Order June 26, 1997, temporary rules effective July 1, 1997; Court Order June 26, 1997, permanent rules effective September 8, 1997; Report November 9, 2001, effective February 15, 2002]

## EMANCIPATION OF MINORS

**Rule 8.35 Emancipation orders.**

**8.35(1) *Separate orders.*** The juvenile court shall enter findings of fact and conclusions of law separately from an order granting emancipation of a minor.

**8.35(2) *Confidentiality.*** The separate findings of fact and conclusions of law shall be confidential. Notwithstanding any other confidentiality statute or rule concerning juvenile court records, orders granting emancipation of a minor under Iowa Code chapter 232C shall be considered public records subject to release by the juvenile court.

[Report June 29, 2009, effective August 28, 2009]

## PARENT REPRESENTATION

**Rule 8.36 Educational requirements for court-appointed attorneys representing parents.**

**8.36(1) *Three-hour annual minimum.*** Court-appointed attorneys representing parents in juvenile court are required to participate annually in a minimum of three hours of continuing legal education relating to juvenile court proceedings. An attorney shall not accept juvenile court appointment representing a parent unless the attorney has fulfilled this three-hour minimum requirement either in the previous calendar year or earlier in the calendar year of the appointment.

**8.36(2) *Qualifying courses.***

*a.* For purposes of this rule, “continuing legal education relating to juvenile court proceedings” means instruction that meets all three of the following criteria:

(1) It relates to the legal, ethical, medical, psychological, or social issues arising in juvenile court proceedings.

(2) It has been approved by the Iowa Children’s Justice Initiative.

(3) It has been accredited by the commission on continuing legal education.

*b.* The Iowa Children’s Justice Initiative is responsible for publicizing courses that meet the criteria of rule 8.36(2). It is anticipated that these courses will be available throughout the state at little or no cost to the attorney.

**8.36(3) *Recordkeeping.*** Court-appointed attorneys representing parents in juvenile court proceedings are responsible for maintaining records of their compliance with this rule and reporting required instruction on the annual report required by Iowa Court Rule 41.4. A judge presiding over a juvenile proceeding, or the State Public Defender, may require an attorney to certify compliance with this rule and to provide the attorney’s annual reports and any other records demonstrating compliance with this rule.

**8.36(4) *Effective date.*** This rule applies to court appointments that occur on or after January 1, 2015. Attorneys appointed to represent parents in juvenile court proceedings on or after January 1, 2015, must have completed three hours of continuing legal education relating to juvenile court proceedings either during calendar year 2014 or during calendar year 2015 prior to their appointment. [Court Order October 16, 2013, effective January 1, 2015]

## MINOR GUARDIANSHIPS

**Rule 8.37 Juvenile Procedure Forms — Minor Guardianships.** An individual serving as guardian for a minor guardianship without attorney representation must use forms contained in this rule for required filings. An attorney may use these forms but is not required to do so.

[Court Order December 12, 2019, temporarily effective December 12, 2019, permanently effective February 11, 2020]

**Rule 8.37 — Form 1: Protected Information Disclosure**

- *If information is abbreviated on other rule 8.37 forms, use this form to include protected information in full.*

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**In the Iowa District Court for \_\_\_\_\_ County (Juvenile Division)**

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<p><b>In the Matter of the Guardianship of:</b></p> <p>_____</p> <p><i>Initials of Protected Minor</i></p> <p><b>Protected Minor.</b></p>	<p>Juvenile no. _____</p> <p style="text-align: center;"><b>Protected Information Disclosure</b></p>
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**When protected information, as defined in Iowa Court Rule 16.602, is required by law or is material to the case and is therefore included in nonconfidential documents on nonconfidential cases, a party must record 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 of Electronic Procedure, 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 or partially provided.

**1. Protected Minor.** *The minor who is the subject of the guardianship.*

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

Name \_\_\_\_\_

*First*    *Middle*    *Last*

<b>Protected information type</b>	<b>Complete information</b> <small>(See rules 16.602 and 16.604)</small>	<b>Redacted information</b> <small>(See rule 16.605)</small>
A. Protected Minor’s full name	<i>Full name</i>	<i>Initials only</i>
B. Social security number	- -	<i>Last four digits only</i>
C. Date of birth	/ / <i>mm/dd/yyyy</i>	<i>Year only</i>
D. Personal identification numbers (if no social security number)	<i>Full number</i>	<i>Partial only</i>
E. Other unique identifying numbers	<i>Full number</i>	<i>Partial only</i>
F. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
G. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>

*Continued on next page*

Rule 8.37—Form 1: Protected Information Disclosure, continued

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>

Check this box if you are attaching a separate sheet listing additional information for Protected Minor.

**2. Parent.** *The parent of the minor who is the subject of the guardianship.*

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

Name \_\_\_\_\_  
                     *First*  *Middle*  *Last*

<b>Protected information type</b>	<b>Complete information</b> (See rules 16.602 and 16.604)	<b>Redacted information</b> (See rule 16.605)
A. Social security number	- -	<i>Last four digits only</i>
B. Date of birth	/ / <i>mm/dd/yyyy</i>	<i>Year only</i>
C. Individual taxpayer identification numbers	- -	<i>Last four digits only</i>
D. Personal identification numbers (if no social security number)	<i>Full number</i>	<i>Partial only</i>
E. Other unique identifying numbers	<i>Full number</i>	<i>Partial only</i>
F. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</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>

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

**3. Additional Parent.** *The other parent, if applicable, of the minor who is the subject of the guardianship.*

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

Name \_\_\_\_\_  
                     *First*  *Middle*  *Last*

<b>Protected information type</b>	<b>Complete information</b> (See rules 16.602 and 16.604)	<b>Redacted information</b> (See rule 16.605)
A. Social security number	- -	<i>Last four digits only</i>
B. Date of birth	/ / <i>mm/dd/yyyy</i>	<i>Year only</i>

*Continued on next page*

*Rule 8.37—Form 1: Protected Information Disclosure, continued*

C. Individual taxpayer identification numbers	- -	<i>Last four digits only</i>
D. Personal identification numbers (if no social security number)	<i>Full number</i>	<i>Partial only</i>
E. Other unique identifying numbers	<i>Full number</i>	<i>Partial only</i>
F. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</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>

*Check this box if you are attaching a separate sheet listing additional information for Additional Parent.*

**4. Proposed Guardian or Guardian.** *The proposed, or current, guardian of the protected minor.*

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

Name \_\_\_\_\_  
*First*
*Middle*
*Last*

<b>Protected information type</b>	<b>Complete information</b> (See rules 16.602 and 16.604)	<b>Redacted information</b> (See rule 16.605)
A. Social security number	- -	<i>Last four digits only</i>
B. Date of birth	/ / <i>mm/dd/yyyy</i>	<i>Year only</i>
C. Individual taxpayer identification numbers	- -	<i>Last four digits only</i>
D. Personal identification numbers (if no social security number)	<i>Full number</i>	<i>Partial only</i>
E. Other unique identifying numbers	<i>Full number</i>	<i>Partial only</i>
F. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</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>

*Check this box if you are attaching a separate sheet listing additional information for Proposed Guardian or Guardian.*

***Continued on next page***



Rule 8.37—Form 1: Protected Information Disclosure, continued

**5. Information provided by:**

_____	/s/ _____
<i>Printed name</i>	<i>Signature</i>

\_\_\_\_\_  
*Law firm, if applicable*

\_\_\_\_\_  
*Mailing address*

_____	_____	_____
<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</i>	<i>Year</i>
<i>Date signed</i>		

**Rule 8.37 — Form 2: Background Check Information for a Proposed Guardian of a Minor****Instructions:**

- Iowa Code section 232D.307 requires the court to conduct a criminal records check and checks of the child abuse, dependent adult abuse, and sex offender registry for a proposed guardian of a minor, and requires the proposed guardian to pay the background check fee (\$15.00). *Note: The clerk of court will keep this information form confidential.*
- Do not give copies of this form to anyone except the clerk of court or your attorney, if you have one.
- If there is no existing guardianship approved by the court, file this form and a Petition to Establish a Guardianship for a Minor with the clerk of court.

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

**In the Iowa District Court for \_\_\_\_\_ County (Juvenile Division)**

**In the Matter of the Guardianship of:**

\_\_\_\_\_  
*Initials of Protected Minor*

**Protected Minor.**

Juvenile no. \_\_\_\_\_

**Background Check Information for a  
Proposed Guardian of a Minor**

Iowa Code § 232D.307

Guardian states as follows:

**1. Proposed Guardian's personal information**

**A. Current legal name**

\_\_\_\_\_  
*Full first name*      \_\_\_\_\_  
*Full middle name*  
*(write "N/A" if no middle name)*      \_\_\_\_\_  
*Full last name*

**B. Personal identifying information**

\_\_\_\_\_  
*Date of birth (month/day/year)*      \_\_\_\_\_  
*Gender*      \_\_\_\_\_  
*Social security number*

**C. All other names ever used (including any other previous legal names and nicknames)**

Alternate name #1 \_\_\_\_\_  
*Full first name*      \_\_\_\_\_  
*Full middle name*  
*(write "N/A" if no middle name)*      \_\_\_\_\_  
*Full last name*

Alternate name #2 \_\_\_\_\_  
*Full first name*      \_\_\_\_\_  
*Full middle name*  
*(write "N/A" if no middle name)*      \_\_\_\_\_  
*Full last name*

***Continued on next page***

Rule 8.37—Form 2: Background Check Information for a Proposed Guardian of a Minor, continued

Alternate name #3	<i>Full first name</i>	<i>Full middle name (write "N/A" if no middle name)</i>	<i>Full last name</i>
Alternate name #4	<i>Full first name</i>	<i>Full middle name (write "N/A" if no middle name)</i>	<i>Full last name</i>
Alternate name #5	<i>Full first name</i>	<i>Full middle name (write "N/A" if no middle name)</i>	<i>Full last name</i>
Alternate name #6	<i>Full first name</i>	<i>Full middle name (write "N/A" if no middle name)</i>	<i>Full last name</i>
Alternate name #7	<i>Full first name</i>	<i>Full middle name (write "N/A" if no middle name)</i>	<i>Full last name</i>
Alternate name #8	<i>Full first name</i>	<i>Full middle name (write "N/A" if no middle name)</i>	<i>Full last name</i>
Alternate name #9	<i>Full first name</i>	<i>Full middle name (write "N/A" if no middle name)</i>	<i>Full last name</i>

**2. Certification and release authorization**

**Certification:** I confirm that the information provided above is true and correct.

**Release Authorization:** I give permission for the court to conduct an Iowa criminal history record check with the Division of Criminal Investigation (DCI). Any criminal history data concerning me maintained by the DCI may be released as allowed by law. I understand this can include information concerning cases expunged from court records, successful completion of the terms of a deferred judgment, if any, and arrests without dispositions.

<i>Signature of Proposed Guardian</i>	<i>Month</i>	<i>Day</i>	<i>Year</i>
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*\*Handwrite your signature on this form. Scan the form after signing it and file it electronically.*

**Rule 8.37 — Form 3: *Affidavit of Parental Consent*****Instructions:**

- This form must be completed by each parent who has legal custody of the minor and is consenting to the guardianship of the minor.
- Each signing parent must complete and provide a separate form.

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

<b>In the Iowa District Court for _____ County (Juvenile Division)</b>	
<b>In the Matter of the Guardianship of:</b>  _____ <i>Initials of Protected Minor</i>  <b>Protected Minor.</b>	Juvenile no. _____  <div style="text-align: center;"><b>Affidavit of Parental Consent</b></div> <div style="text-align: right; font-size: small; margin-top: 20px;">Iowa Code § 232D.203</div>

I certify the following: *Read, complete, and check each item if you agree.*

I, \_\_\_\_\_, am the \_\_\_\_\_  
*Print your name* *Parental relationship*  
 of \_\_\_\_\_ (Minor).  
*Initials of minor*

I currently have legal custody of Minor.

Minor is in need of a guardianship because *Check all that apply*

I have a physical or mental illness that prevents me from providing care and supervision of Minor.

I am, or soon will be, incarcerated or imprisoned.

I am, or soon will be, on active military duty.

Other: *Explain*

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I have read the Petition for Guardianship filed with this Affidavit.

I understand the nature of the guardianship proposed in the Petition for Guardianship.

I knowingly and voluntarily consent to the proposed guardianship.

I have had sufficient opportunity to consult with an attorney regarding this matter.

*Continued on next page*

Rule 8.37—Form 3: Affidavit of Parental Consent, continued

**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*

\_\_\_\_\_  
*Business address of attorney or organization*

\_\_\_\_\_  
*City*    *State*    *ZIP code*

( \_\_\_\_\_ ) \_\_\_\_\_  
*Phone number*    *Fax number*

\_\_\_\_\_  
*Email address*    *Additional email address, if applicable*

**Oath and signature of parent**

I, \_\_\_\_\_, have read this 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 Affidavit is true and correct.

\_\_\_\_\_, 20\_\_\_\_\_  
*Month*                          *Day*                          *Year*                          *Signature\**

\_\_\_\_\_  
*Mailing address*

\_\_\_\_\_  
*City*    *State*    *ZIP code*

( \_\_\_\_\_ ) \_\_\_\_\_  
*Phone number*

\_\_\_\_\_  
*Email address*    *Additional email address, if applicable*

*\*Handwrite your signature on this form. Scan the form after signing it and file it electronically.*

**Rule 8.37 — Form 4: Guardian’s Initial Care Plan for Protected Minor**

**Instructions:**

- Guardian must complete, sign, and file this form with the court within sixty (60) days of appointment.
- Do not include protected information such as Protected Minor’s name. For protected information, complete Rule 8.37—Form 1: Protected Information Disclosure.
- The purpose of the Initial Care Plan is to provide the court with a complete picture of Protected Minor’s current situation, Protected Minor’s needs, and Guardian’s plan to meet those needs.
- Provide as much detailed information as possible.

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

**In the Iowa District Court for \_\_\_\_\_ County (Juvenile Division)**

**In the Matter of the Guardianship of:**

*Initials of Protected Minor*

**Protected Minor.**

Juvenile no. \_\_\_\_\_

**Guardian’s Initial Care Plan for Protected Minor**

Iowa Code § 232D.501(1)(a)

Guardian states as follows:

**1. Guardian’s information**

A. Guardian's name:

*Full name: first, middle, last*

B. Guardian is Minor's: *Check one*

Grandparent

Adult sibling

Other: \_\_\_\_\_

**2. Minor’s information**

A. Minor's age: \_\_\_\_\_.

B. Reason for guardianship:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Check this box if you have attached a sheet with additional information.*

***Continued on next page***

Rule 8.37—Form 4: Guardian’s Initial Care Plan for Protected Minor, continued

**3. Minor’s residence and interaction with Guardian**

**A. Does Minor currently live with Guardian?** Check **Yes** or **No** below.

**Yes**

If you checked **Yes**, complete the next section.

Describe Guardian's daily interaction with Minor:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check this box if you have attached a sheet with additional information.

**No**

If you checked **No**, complete (1)–(6).

(1) Minor’s current residence:

\_\_\_\_\_

Mailing address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

ZIP code

(2) Date Minor began living at current residence:

\_\_\_\_\_, 20\_\_\_\_.

Month Day Year

(3) Explain why Minor does not live with Guardian:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Check this box if you have attached a sheet with additional information.

(4) How often does Guardian plan to visit or have other contacts (e.g., by mail, email, social media, and phone) with Minor? Check all that apply

Daily

Weekly

Monthly

Other: \_\_\_\_\_

*Continued on next page*

Rule 8.37—Form 4: Guardian’s Initial Care Plan for Protected Minor, continued

(5) How does Guardian plan to interact with Minor? *Check all that apply*

- In person
- Mail, email, or social media
- Phone
- Other: \_\_\_\_\_

(6) Describe the types of activities with or on behalf of Minor that Guardian plans:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Check this box if you have attached a sheet with additional information.*

B. Does Minor’s current living situation best meet Minor’s future needs?

- Yes     No

If No, describe Guardian's plan for meeting those needs:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Check this box if you have attached a sheet with additional information.*

**4. Minor’s expenses**

A. Estimate of Minor’s expenses:

Type of expense	Amount estimated <i>Check one</i> <input type="checkbox"/> monthly <input type="checkbox"/> annual
(1) Food <i>At home and restaurants</i>	\$ _____
(2) Clothing	\$ _____

*Continued on next page*



Rule 8.37—Form 4: Guardian’s Initial Care Plan for Protected Minor, continued

(3) Medical, dental <i>Not health insurance payments – see (7).</i>	\$
(4) Transportation	\$
(5) Phone <i>If applicable</i>	\$
(6) Internet <i>If applicable</i>	\$
(7) Health insurance	\$
(8) Educational or vocational training expenses	\$
(9) Other expense <i>Identify:</i>	\$
(10) Other expense <i>Identify:</i>	\$
(11) Other expense <i>Identify:</i>	\$
(12) Other expense <i>Identify:</i>	\$
(13) Totals from attached sheets, if any <input type="checkbox"/> <i>Check this box if you have attached a sheet with additional information regarding expenses.</i>	\$
<b>Total expenses</b>	\$

*Continued on next page*

Rule 8.37—Form 4: Guardian’s Initial Care Plan for Protected Minor, continued

**B. Who will pay Minor’s expenses?** *Check all that apply*

- Guardian
- One or both of Minor’s parents
- A court-appointed conservator:

\_\_\_\_\_  
*Conservator’s full name: first, middle, last*

\_\_\_\_\_  
*Conservator’s mailing address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*

\_\_\_\_\_  
*Email address*

\_\_\_\_\_  
*Additional email address, if applicable*

- Other: \_\_\_\_\_

**C. If Guardian is responsible for paying Minor’s expenses, describe Guardian’s plan for payment of Minor’s living expenses and other expenses:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Check this box if you have attached a sheet with additional information.*

**5. Minor’s health**

**A. Minor’s physical health**

(1) Describe Minor’s current medical health status, identifying any medical concerns:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Check this box if you have attached a sheet with additional information.*

*Continued on next page*

Rule 8.37—Form 4: Guardian's Initial Care Plan for Protected Minor, continued

(2) Guardian's plan for meeting Minor's medical care needs:

Four horizontal lines for text entry.

Check this box if you have attached a sheet with additional information.

B. Minor's dental health

(1) Describe Minor's current dental health status, identifying any dental health concerns:

Four horizontal lines for text entry.

Check this box if you have attached a sheet with additional information.

(2) Guardian's plan for meeting Minor's dental health care needs:

Four horizontal lines for text entry.

Check this box if you have attached a sheet with additional information.

C. Minor's mental health

(1) Describe Minor's current mental health status, identifying any mental, cognitive, behavioral, or emotional concerns:

Four horizontal lines for text entry.

Check this box if you have attached a sheet with additional information.

*Continued on next page*

Rule 8.37—Form 4: Guardian’s Initial Care Plan for Protected Minor, continued

(2) Guardian’s plan for meeting Minor’s mental, cognitive, behavioral, or emotional needs:

Four horizontal lines for writing the guardian's plan.

Check this box if you have attached a sheet with additional information.

D. Other health concerns

(1) Identify any other health care concerns related to Minor:

Four horizontal lines for identifying health care concerns.

Check this box if you have attached a sheet with additional information.

(2) Guardian’s plan for meeting other health care concerns identified:

Four horizontal lines for the guardian's plan.

Check this box if you have attached a sheet with additional information.

6. Minor’s education

A. Minor is: Check one

Preschool age

If you checked the above box, complete the next section.

Is Minor receiving services from a preschool educational program (e.g., Early Access or Head Start)?

Yes  No

If Yes, describe the services:

Three horizontal lines for describing services.

Check this box if you have attached a sheet with additional information.

*Continued on next page*

Rule 8.37—Form 4: Guardian’s Initial Care Plan for Protected Minor, continued

School age and enrolled in or attending school

*If you checked the above box, complete the next section.*

**Minor’s school information:**

\_\_\_\_\_ *School name where Minor is enrolled or attending*

\_\_\_\_\_ *School mailing address*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP code*

School age but not enrolled in or attending school

*If you checked the above box, complete the next section.*

**Explain how Minor’s educational needs will be met:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Check this box if you have attached a sheet with additional information.*

**B. Does Minor receive or need special education or related services?**

Yes  No

**If Yes, describe the services:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Check this box if you have attached a sheet with additional information.*

**C. Does Minor receive or need vocational or training services?**

Yes  No

**If Yes, describe the services:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Check this box if you have attached a sheet with additional information.*

*Continued on next page*

Rule 8.37—Form 4: Guardian’s Initial Care Plan for Protected Minor, continued

D. Guardian’s plan for meeting Minor’s future educational, training, and vocational needs:

Four horizontal lines for writing the guardian's plan.

Check this box if you have attached a sheet with additional information.

**7. Other professional services**

A. Does Minor require any professional services other than those listed above?

Yes  No

*If you checked Yes, complete B and C, otherwise skip to 8.*

B. Other professional services Minor requires:

Four horizontal lines for listing other professional services.

Check this box if you have attached a sheet with additional information.

C. Guardian’s plan to provide the professional services required:

Four horizontal lines for writing the guardian's plan to provide services.

Check this box if you have attached a sheet with additional information.

*Continued on next page*

Rule 8.37—Form 4: Guardian’s Initial Care Plan for Protected Minor, continued

**8. Minor’s contact with parents and other relatives**

*For purposes of this section, a “legal parent” is a person who is recognized by law as a parent to the child because of a birth certificate, affidavit, child support order, or other legal document.*

**A. Information regarding Minor’s legal parent:**

**(1) Contact information:**

\_\_\_\_\_ *Full name: first, middle, last*

\_\_\_\_\_ *Mailing address*

\_\_\_\_\_ *City*

\_\_\_\_\_ *State*

\_\_\_\_\_ *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_

*Phone number*

\_\_\_\_\_ *Email address*

\_\_\_\_\_ *Additional email address, if applicable*

**(2) Will arrangements be made for regular contacts between Minor and this parent?**

Yes  No

If Yes, describe the arrangements. If No, explain why.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Check this box if you have attached a sheet with additional information.*

**B. Information regarding Minor’s other legal parent (if applicable):**

**(1) Contact information:**

\_\_\_\_\_ *Full name: first, middle, last*

\_\_\_\_\_ *Mailing address*

\_\_\_\_\_ *City*

\_\_\_\_\_ *State*

\_\_\_\_\_ *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_

*Phone number*

\_\_\_\_\_ *Email address*

\_\_\_\_\_ *Additional email address, if applicable*

*Continued on next page*

Rule 8.37—Form 4: Guardian's Initial Care Plan for Protected Minor, continued

(2) Will arrangements be made for regular contacts between Minor and this parent?

Yes  No

If Yes, describe the arrangements. If No, explain why.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check this box if you have attached a sheet with additional information.

C. Will arrangements be made for regular contacts between Minor and other relatives (e.g., siblings, grandparents, aunts, and uncles)?

Yes

If you checked **Yes**, complete the following sections as appropriate.

(1) Relative's name: \_\_\_\_\_.

Relationship to Minor: \_\_\_\_\_.

Describe arrangements planned for contact with this person:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check this box if you have attached a sheet with additional information.

*Continued on next page*



Rule 8.37—Form 4: Guardian's Initial Care Plan for Protected Minor, continued

(2) Relative's name: \_\_\_\_\_.

Relationship to Minor: \_\_\_\_\_.

Describe arrangements planned for contact with this person:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check this box if you have attached a sheet with additional information.

Check this box if you have attached a sheet with additional relatives.

No

*If you checked No, complete the next section.*

Explain why:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check this box if you have attached a sheet with additional information.

**9. Additional information**

Additional information that may be useful for the court to know in determining what is in Minor's best interest:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check this box if you have attached a sheet with additional information.

*Continued on next page*

Rule 8.37—Form 4: Guardian’s Initial Care Plan for Protected Minor, continued

**10. Fees for Guardian**

Check one

Fees are applied for. Attach affidavit relative to compensation (Iowa Code section 633.202).

Fees are waived.

**11. Fees for Guardian’s attorney**

Check one

Fees should be set by the court. Attach affidavit relative to compensation (Iowa Code section 633.202).

Fees are not requested.

Fees are waived or not applicable.

**12. 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

\_\_\_\_\_  
Business address of attorney or organization

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
ZIP code

(\_\_\_\_\_) \_\_\_\_\_  
Phone number

\_\_\_\_\_  
Fax number

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Additional email address, if applicable

**13. Oath and signature of Guardian**

I, \_\_\_\_\_, have read this Initial Care Plan, 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 Initial Care Plan is true and correct.

\_\_\_\_\_, 20\_\_\_\_\_  
Month Day Year Signature\*

\_\_\_\_\_  
Mailing address

(\_\_\_\_\_) \_\_\_\_\_  
Phone number

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Additional email address, if applicable

\*Handwrite your signature on this form. Scan the form after signing it and file it electronically.

**Rule 8.37 — Form 5: Guardian’s Annual Report for Protected Minor**

**Instructions:**

- Guardian must complete, sign, and file this form with the court within thirty (30) days of the close of the reporting period.
- Do not include protected information such as Protected Minor’s name. For protected information, complete Rule 8.37—Form 1: Protected Information Disclosure.
- The purpose of the Annual Report is to provide the court with a complete picture of Protected Minor’s current situation as well as developments that occurred during the reporting period.
- Provide as much detailed information as possible. Do not include responses such as “same as last report” or “no change since last report.”

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

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**In the Iowa District Court for \_\_\_\_\_ County (Juvenile Division)**

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<p><b>In the Matter of the Guardianship of:</b></p> <p>_____</p> <p><i>Initials of Protected Minor</i></p> <p><b>Protected Minor.</b></p>	<p>Juvenile no. _____</p> <p style="text-align: center;"><b>Guardian’s Annual Report for Protected Minor</b></p> <p style="text-align: right; font-size: small;">Iowa Code § 232D.501(1)(b)</p>
---	---

Guardian states as follows:

**1. Reporting period**

This report is for the period from: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.

*Month Day Year Month Day Year*

**2. Guardian’s information**

A. Guardian’s name:

\_\_\_\_\_

*Full name: first, middle, last*

B. Guardian is Minor’s: *Check one*

- Grandparent
- Adult sibling
- Other: \_\_\_\_\_

**3. Minor’s information**

Minor’s age: \_\_\_\_\_.

*Continued on next page*

Rule 8.37—Form 5: Guardian’s Annual Report for Protected Minor, continued

**4. Continuation of guardianship**

A. Guardianship is recommended to be: *Check one*

Continued

Terminated

*If you checked Terminated, provide an explanation. A court hearing may be required on the matter of termination.*

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*Check this box if you have attached a sheet with additional information.*

B. Ability of Guardian to continue as guardian: *Check one*

Guardian is able and willing to continue as Guardian.

Guardian is unable or unwilling to continue as Guardian. Explain why:

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*Check this box if you have attached a sheet with additional information.*

C. Assistance requested:

*Identify any assistance Guardian needs in providing or arranging for care of Minor.*

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*Check this box if you have attached a sheet with additional information.*

*Continued on next page*

Rule 8.37—Form 5: Guardian’s Annual Report for Protected Minor, continued

**5. Minor’s residence and interaction with Guardian**

A. Does Minor currently live with Guardian? *Check Yes or No below.*

Yes

*If you checked Yes, complete the next section.*

Describe Guardian’s daily interaction with Minor during the reporting period:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

*Check this box if you have attached a sheet with additional information.*

No

*If you checked No, complete sections (1)–(5).*

(1) Minor’s current residence:

\_\_\_\_\_
Mailing address

\_\_\_\_\_
City State ZIP code

(2) Date Minor began living at current residence:

\_\_\_\_\_ 20\_\_\_\_
Month Day Year

(3) Explain why Minor does not live with Guardian:

\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_
\_\_\_\_\_

*Check this box if you have attached a sheet with additional information.*

(4) What types of contacts did Guardian have with Minor during the reporting period and how often? *Check all that apply*

In person

Daily

Weekly

Monthly

Other: \_\_\_\_\_

*Continued on next page*

Rule 8.37—Form 5: Guardian's Annual Report for Protected Minor, continued

- Mail, email, or social media
  - Daily
  - Weekly
  - Monthly
  - Other: \_\_\_\_\_

- Phone
  - Daily
  - Weekly
  - Monthly
  - Other: \_\_\_\_\_

- Other type of contact: \_\_\_\_\_
  - Daily
  - Weekly
  - Monthly
  - Other: \_\_\_\_\_

(5) Summarize the types of activities with or on behalf of Minor that Guardian performed during the reporting period:

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Check this box if you have attached a sheet with additional information.

B. Does Minor's current living situation best meet Minor's future needs?

- Yes    No

If No, describe Guardian's plan for meeting those needs:

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Check this box if you have attached a sheet with additional information.

*Continued on next page*

Rule 8.37—Form 5: Guardian’s Annual Report for Protected Minor, continued

**6. Minor’s expenses**

**A. Estimate of Minor’s expenses for the next reporting period:**

<b>Type of expense</b>	<b>Amount estimated</b> <i>Check one</i> <input type="checkbox"/> <b>monthly</b> <input type="checkbox"/> <b>annual</b>
(1) Food <i>At home and restaurants</i>	\$
(2) Clothing	\$
(3) Medical, dental <i>Not health insurance payments – see (7).</i>	\$
(4) Transportation	\$
(5) Phone <i>If applicable</i>	\$
(6) Internet <i>If applicable</i>	\$
(7) Health insurance	\$
(8) Educational or vocational training expenses	\$
(9) Other expense <i>Identify:</i>	\$
(10) Other expense <i>Identify:</i>	\$
(11) Other expense <i>Identify:</i>	\$
(12) Other expense <i>Identify:</i>	\$
(13) Totals from attached sheets, if any <input type="checkbox"/> <i>Check this box if you have attached a sheet with additional information regarding expenses.</i>	\$
<b>Total expenses</b>	\$

*Continued on next page*

Rule 8.37—Form 5: Guardian’s Annual Report for Protected Minor, continued

**B. Who will pay Minor’s expenses?** *Check all that apply*

- Guardian
- One or both of Minor’s parents
- A court-appointed conservator:

\_\_\_\_\_  
*Conservator’s full name: first, middle, last*

\_\_\_\_\_  
*Conservator’s mailing address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP code*

(\_\_\_\_\_)\_\_\_\_\_  
*Phone number*

\_\_\_\_\_  
*Email address*

\_\_\_\_\_  
*Additional email address, if applicable*

- Other: \_\_\_\_\_

**C. If Guardian is responsible for paying Minor’s expenses, describe Guardian’s plan for payment of Minor’s living expenses and other expenses during the next reporting period:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Check this box if you have attached a sheet with additional information.*

**7. Minor’s health**

**A. Minor’s physical health**

- (1) Summarize Minor’s medical health status during the reporting period, identifying any medical concerns that occurred:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- Check this box if you have attached a sheet with additional information.*

*Continued on next page*



Rule 8.37—Form 5: Guardian’s Annual Report for Protected Minor, continued

(2) Guardian’s plan for meeting Minor’s future medical care needs:

Four horizontal lines for text entry.

Check this box if you have attached a sheet with additional information.

B. Minor’s dental health

(1) Summarize Minor’s dental health status during the reporting period, identifying any dental concerns that occurred:

Four horizontal lines for text entry.

Check this box if you have attached a sheet with additional information.

(2) Guardian’s plan for meeting Minor’s future dental health care needs:

Four horizontal lines for text entry.

Check this box if you have attached a sheet with additional information.

C. Minor’s mental health

(1) Summarize Minor’s mental health status during the reporting period, identifying any mental, cognitive, behavioral, or emotional concerns that occurred:

Four horizontal lines for text entry.

Check this box if you have attached a sheet with additional information.

*Continued on next page*

Rule 8.37—Form 5: Guardian’s Annual Report for Protected Minor, continued

(2) Guardian’s plan for meeting Minor’s future mental, cognitive, behavioral, or emotional needs:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check this box if you have attached a sheet with additional information.

D. Other health concerns

(1) Summarize any other health care concerns related to Minor that occurred during the reporting period:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check this box if you have attached a sheet with additional information.

(2) Guardian’s plan for meeting other health care concerns identified:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check this box if you have attached a sheet with additional information.

8. Minor’s education

A. Minor is: Check one

Preschool age

*If you checked the above box, complete the next section.*

Did Minor receive services from a preschool educational program (e.g., Early Access or Head Start) during the reporting period?

Yes  No

If Yes, describe the services:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check this box if you have attached a sheet with additional information.

**Continued on next page**

Rule 8.37—Form 5: Guardian’s Annual Report for Protected Minor, continued

School age and enrolled in or attending school

*If you checked the above box, complete the next section.*

**Minor’s school information:**

\_\_\_\_\_  
*School name where Minor is enrolled or attending*

\_\_\_\_\_  
*School mailing address*

\_\_\_\_\_ *City*                      \_\_\_\_\_ *State*                      \_\_\_\_\_ *ZIP code*

School age but not enrolled in or attending school

*If you checked the above box, complete the next section.*

**Explain how Minor’s educational needs were met during the reporting period and how Minor’s educational needs will be met in the future:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Check this box if you have attached a sheet with additional information.*

**B. Did Minor receive special education or related services during the reporting period?**

Yes     No

**If Yes, describe the services:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Check this box if you have attached a sheet with additional information.*

**C. Did Minor receive vocational or training services during the reporting period?**

Yes     No

**If Yes, describe the services:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Check this box if you have attached a sheet with additional information.*

***Continued on next page***

Rule 8.37—Form 5: Guardian’s Annual Report for Protected Minor, continued

D. Guardian’s plan for meeting Minor’s educational, training, and vocational needs during the next reporting period:

Four horizontal lines for text entry.

Check this box if you have attached a sheet with additional information.

**9. Other professional services**

A. Did Minor receive any professional services other than those listed above during the reporting period?

Yes  No

If Yes, describe the other professional services Minor received during the reporting period:

Four horizontal lines for text entry.

Check this box if you have attached a sheet with additional information.

B. Does Guardian plan to provide Minor with any professional services other than those listed above during the next reporting period?

Yes  No

If Yes, describe the other professional services Guardians plan to provide Minor during the next reporting period:

Four horizontal lines for text entry.

Check this box if you have attached a sheet with additional information.

*Continued on next page*

Rule 8.37—Form 5: Guardian’s Annual Report for Protected Minor, continued

**10. Minor’s contact with parents and other relatives**

*For purposes of this section, a “legal parent” is a person who is recognized by law as a parent to the child because of a birth certificate, affidavit, child support order, or other legal document.*

**A. Information regarding Minor’s legal parent:**

**(1) Contact information:**

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*Full name: first, middle, last*

---

*Mailing address*

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<i>City</i>	<i>State</i>	<i>ZIP code</i>
-------------	--------------	-----------------

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*( )*

*Phone number*

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<i>Email address</i>	<i>Additional email address, if applicable</i>
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**(2) How often did this parent interact with Minor during the reporting period?**

- No visits
- Daily
- Weekly
- Monthly
- Other: \_\_\_\_\_

**(3) If this parent interacted with Minor during the reporting period, describe the interactions, including whether the interactions were in person, and provide a summary of the interactions:**

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*Check this box if you have attached a sheet with additional information.*

*Continued on next page*

Rule 8.37—Form 5: Guardian’s Annual Report for Protected Minor, continued

(4) Will arrangements be made for regular contacts between Minor and this parent during the next reporting period?

Yes  No

If Yes, describe the arrangements. If No, explain why.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check this box if you have attached a sheet with additional information.

**B. Information regarding Minor’s other legal parent (if applicable):**

(1) Contact information:

\_\_\_\_\_  
*Full name: first, middle, last*

\_\_\_\_\_  
*Mailing address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*

\_\_\_\_\_  
*Email address*

\_\_\_\_\_  
*Additional email address, if applicable*

(2) How often did this parent interact with Minor during the reporting period?

No visits

Daily

Weekly

Monthly

Other: \_\_\_\_\_

(3) If this parent interacted with Minor during the reporting period, describe the interactions, including whether the interactions were in person, and provide a summary of the interactions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check this box if you have attached a sheet with additional information.

*Continued on next page*

Rule 8.37—Form 5: Guardian’s Annual Report for Protected Minor, continued

(4) Will arrangements be made for regular contacts between Minor and this parent during the next reporting period?

Yes  No

If Yes, describe the arrangements. If No, explain why.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check this box if you have attached a sheet with additional information.

C. Did Minor interact with any other relatives during the reporting period?

Yes

If you checked Yes, complete the following sections as appropriate.

(1) Relative’s name: \_\_\_\_\_.

Relationship to Minor: \_\_\_\_\_.

Describe the interactions, including whether the interactions were in person, and provide a summary of the interactions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check this box if you have attached a sheet with additional information.

Will arrangements be made for regular contacts between Minor and this relative during the next reporting period?

Yes  No

If Yes, describe the arrangements. If No, explain why.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check this box if you have attached a sheet with additional information.

*Continued on next page*

Rule 8.37—Form 5: Guardian’s Annual Report for Protected Minor, continued

(2) Relative’s name: \_\_\_\_\_.

Relationship to Minor: \_\_\_\_\_.

Describe the interactions, including whether the interactions were in person, and provide a summary of the interactions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check this box if you have attached a sheet with additional information.

Will arrangements be made for regular contacts between Minor and this relative during the next reporting period?

Yes  No

If Yes, describe the arrangements. If No, explain why.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check this box if you have attached a sheet with additional information.

Check this box if you have attached a sheet with additional relatives.

No

If you checked No, complete the next section.

Explain why:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check this box if you have attached a sheet with additional information.

**Continued on next page**



Rule 8.37—Form 5: Guardian’s Annual Report for Protected Minor, continued

**11. Additional information**

Additional information that may be useful for the court to know in determining what is in Minor’s best interest:

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Check this box if you have attached a sheet with additional information.

**12. Fees for Guardian**

Check one

- Fees are applied for. Attach affidavit relative to compensation (Iowa Code section 633.202).
- Fees are waived.

**13. Fees for Guardian’s attorney**

Check one

- Fees should be set by the court. Attach affidavit relative to compensation (Iowa Code section 633.202).
- Fees are not requested.
- Fees are waived or not applicable.

**14. 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*

---

*Business address of attorney or organization*

---

<i>City</i>	<i>State</i>	<i>ZIP code</i>
<i>( )</i>		
<i>Phone number</i>	<i>Fax number</i>	
<i>Email address</i>	<i>Additional email address, if applicable</i>	

*Continued on next page*

Rule 8.37—Form 5: Guardian’s Annual Report for Protected Minor, continued

**15. Oath and signature of Guardian**

I, \_\_\_\_\_, have read this Annual Report, 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 Annual Report is true and correct.

\_\_\_\_\_, 20\_\_\_\_  
*Month Day Year Signature\**

\_\_\_\_\_  
*Mailing address*

\_\_\_\_\_  
*City State ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*

\_\_\_\_\_  
*Email address Additional email address, if applicable*

*\*Handwrite your signature on this form. Scan the form after signing it and file it electronically.*

**Rule 8.37 — Form 6: Guardian’s Final Report for Protected Minor**

**Instructions:**

- Guardian must complete, sign, and file this form with the court within thirty (30) days of the termination of the guardianship.
- Do not include protected information such as Protected Minor’s name. For protected information, complete Rule 8.37—Form 1: Protected Information Disclosure.
- The purpose of the Final Report is to provide the court with a complete picture of Protected Minor’s current situation as well as developments that occurred during the reporting period prior to the termination of the guardianship.
- Provide as much detailed information as possible. Do not include responses such as “same as last report” or “no change since last report.”

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

**In the Iowa District Court for \_\_\_\_\_ County (Juvenile Division)**

**In the Matter of the Guardianship of:**

\_\_\_\_\_  
*Initials of Protected Minor*

**Protected Minor.**

Juvenile no. \_\_\_\_\_

**Guardian’s Final Report for Protected Minor**

Iowa Code § 232D.501(1)(c)

Guardian states as follows:

**1. Reporting period**

This report is for the period from: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_.  
*Month Day Year Month Day Year*

**2. Guardian’s information**

A. Guardian’s name:

\_\_\_\_\_  
*Full name: first, middle, last*

B. Guardian is Minor’s: *Check one*

Grandparent

Adult sibling

Other: \_\_\_\_\_

**3. Minor’s information**

Minor’s age: \_\_\_\_\_.

*Continued on next page*

Rule 8.37—Form 6: Guardian’s Final Report for Protected Minor, continued

**4. Termination of guardianship**

The guardianship has been or should be terminated because: *Check one*

- Minor is no longer a minor
- Minor is deceased
- Minor is now adopted
- Minor is now emancipated
- A different guardian was appointed
- Other reason:

---



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*Check this box if you have attached a sheet with additional information.*

**5. Minor’s residence and interaction with Guardian**

Does Minor currently live with Guardian? *Check Yes or No below.*

Yes

*If you checked Yes, complete the next section.*

Describe Guardian’s daily interaction with Minor during the reporting period:

---



---



---



---

*Check this box if you have attached a sheet with additional information.*

No

*If you checked No, complete sections (1)–(5).*

(1) Minor’s current residence:

\_\_\_\_\_

*Mailing address*

\_\_\_\_\_

*City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP code*

(2) Date Minor began living at current residence:

\_\_\_\_\_, 20\_\_\_\_.

*Month* \_\_\_\_\_ *Day* \_\_\_\_\_ *Year*

***Continued on next page***

Rule 8.37—Form 6: Guardian’s Final Report for Protected Minor, continued

(3) Explain why Minor does not live with Guardian:

---



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Check this box if you have attached a sheet with additional information.

(4) What types of contacts did Guardian have with Minor during the reporting period and how often? Check all that apply

In person

Daily

Weekly

Monthly

Other: \_\_\_\_\_

Mail/email

Daily

Weekly

Monthly

Other: \_\_\_\_\_

Phone

Daily

Weekly

Monthly

Other: \_\_\_\_\_

Other type of contact: \_\_\_\_\_

Daily

Weekly

Monthly

Other: \_\_\_\_\_

*Continued on next page*

Rule 8.37—Form 6: Guardian's Final Report for Protected Minor, continued

(5) Summarize the types of activities with or on behalf of Minor that Guardian performed during the reporting period:

Four horizontal lines for summarizing activities.

Check this box if you have attached a sheet with additional information.

**6. Minor's expenses**

A. Who will paying Minor's expenses after the termination of this guardianship? *Check all that apply*

- Guardian
- Another guardian
- One or both of Minor's natural parents
- A court-appointed conservator
- Other: \_\_\_\_\_

B. Information regarding payer of Minor's expenses:

\_\_\_\_\_ *Full name: first, middle, last*

\_\_\_\_\_ *Mailing address*

\_\_\_\_\_ *City*    \_\_\_\_\_ *State*    \_\_\_\_\_ *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_ *Phone number*

\_\_\_\_\_ *Email address*    \_\_\_\_\_ *Additional email address, if applicable*

**7. Minor's health**

A. Minor's physical health

Summarize Minor's medical health status during the reporting period, identifying any medical concerns that occurred:

Four horizontal lines for summarizing medical health status.

Check this box if you have attached a sheet with additional information.

*Continued on next page*

Rule 8.37—Form 6: Guardian’s Final Report for Protected Minor, continued

**B. Minor’s dental health**

Summarize Minor’s dental health status during the reporting period, identifying any dental concerns that occurred:

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Check this box if you have attached a sheet with additional information.

**C. Minor’s mental health**

Summarize Minor’s mental health status during the reporting period, identifying any mental, cognitive, behavioral, or emotional concerns that occurred:

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Check this box if you have attached a sheet with additional information.

**D. Other health concerns**

Summarize any other health care concerns related to Minor that occurred during the reporting period:

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Check this box if you have attached a sheet with additional information.

*Continued on next page*

Rule 8.37—Form 6: Guardian’s Final Report for Protected Minor, continued

**8. Minor’s education**

A. Minor is: *Check one*

**Preschool age**

*If you checked the above box, complete the next section.*

Did Minor receive services from a preschool educational program (e.g., Early Access or Head Start) during the reporting period?

Yes    No

If Yes, describe the services:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Check this box if you have attached a sheet with additional information.*

**School age and enrolled in or attending school**

*If you checked the above box, complete the next section.*

Minor’s school information:

\_\_\_\_\_  
*School name where Minor is enrolled or attending*

\_\_\_\_\_  
*School mailing address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP code*

**School age but not enrolled in or attending school**

*If you checked the above box, complete the next section.*

Explain how Minor’s educational needs were met during the reporting period and how Minor’s educational needs will be met in the future:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Check this box if you have attached a sheet with additional information.*

*Continued on next page*



Rule 8.37—Form 6: Guardian’s Final Report for Protected Minor, continued

B. Did Minor receive special education or related services during the reporting period?

Yes  No

If Yes, describe the services:

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Check this box if you have attached a sheet with additional information.

C. Did Minor receive vocational or training services during the reporting period?

Yes  No

If Yes, describe the services:

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Check this box if you have attached a sheet with additional information.

**9. Other professional services**

Did Minor receive any professional services other than those listed above during the reporting period?

Yes  No

If Yes, describe the other professional services Minor received during the reporting period:

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Check this box if you have attached a sheet with additional information.

*Continued on next page*

Rule 8.37—Form 6: Guardian’s Final Report for Protected Minor, continued

**10. Minor’s contact with parents and other relatives**

*For purposes of this section, a “legal parent” is a person who is recognized by law as a parent to the child because of a birth certificate, affidavit, child support order, or other legal document.*

**A. Information regarding Minor’s legal parent:**

**(1) Contact information:**

\_\_\_\_\_ *Full name: first, middle, last*

\_\_\_\_\_ *Mailing address*

\_\_\_\_\_ *City* \_\_\_\_\_ *State* \_\_\_\_\_ *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_ *Phone number*

\_\_\_\_\_ *Email address* \_\_\_\_\_ *Additional email address, if applicable*

**(2) How often did this parent interact with Minor during the reporting period?**

- No visits
- Daily
- Weekly
- Monthly
- Other: \_\_\_\_\_

**(3) If this parent interacted with Minor during the reporting period, describe the interactions, including whether the interactions were in person, and provide a summary of the interactions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Check this box if you have attached a sheet with additional information.*

*Continued on next page*

Rule 8.37—Form 6: Guardian’s Final Report for Protected Minor, continued

**B. Information regarding Minor’s other legal parent (if applicable):**

**(1) Contact information:**

\_\_\_\_\_  
*Full name: first, middle, last*

\_\_\_\_\_  
*Mailing address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*

\_\_\_\_\_  
*Email address*

\_\_\_\_\_  
*Additional email address, if applicable*

**(2) How often did this parent interact with Minor during the reporting period?**

No visits

Daily

Weekly

Monthly

Other: \_\_\_\_\_

**(3) If this parent interacted with Minor during the reporting period, describe the interactions, including whether the interactions were in person, and provide a summary of the interactions:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Check this box if you have attached a sheet with additional information.*

*Continued on next page*

Rule 8.37—Form 6: Guardian's Final Report for Protected Minor, continued

C. Did Minor interact with any other relatives during the reporting period?

Yes

*If you checked Yes, complete the following sections as appropriate.*

(1) Relative's name: \_\_\_\_\_.

Relationship to Minor: \_\_\_\_\_.

Describe the interactions, including whether the interactions were in person, and provide a summary of the interactions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check this box if you have attached a sheet with additional information.

(2) Relative's name: \_\_\_\_\_.

Relationship to Minor: \_\_\_\_\_.

Describe the interactions, including whether the interactions were in person, and provide a summary of the interactions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Check this box if you have attached a sheet with additional information.

Check this box if you have attached a sheet with additional relatives.

*Continued on next page*

Rule 8.37—Form 6: Guardian's Final Report for Protected Minor, continued

No

*If you checked No, complete the next section.*

**Explain why:**

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*Check this box if you have attached a sheet with additional information.*

**11. Additional information**

Additional information that may be useful for the court to know in determining what is in Minor's best interest:

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*Check this box if you have attached a sheet with additional information*

**12. Fees for Guardian**

*Check one*

Fees are applied for. *Attach affidavit relative to compensation (Iowa Code section 633.202).*

Fees are waived.

**13. Fees for Guardian's attorney**

*Check one*

Fees should be set by the court. *Attach affidavit relative to compensation (Iowa Code section 633.202).*

Fees are not requested.

Fees are waived or not applicable.

*Continued on next page*

Rule 8.37—Form 6: Guardian’s Final Report for Protected Minor, continued

**14. 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*

\_\_\_\_\_  
*Business address of attorney or organization*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*

\_\_\_\_\_  
*Fax number*

\_\_\_\_\_  
*Email address*

\_\_\_\_\_  
*Additional email address, if applicable*

**15. Oath and signature of Guardian**

I, \_\_\_\_\_, have read this Final Report, 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 Final Report is true and correct.

\_\_\_\_\_, 20\_\_\_\_\_  
*Month Day Year Signature\**

\_\_\_\_\_  
*Mailing address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*

\_\_\_\_\_  
*Email address*

\_\_\_\_\_  
*Additional email address, if applicable*

*\*Handwrite your signature on this form. Scan the form after signing it and file it electronically.*

**Rules 8.38 to 8.40** Reserved.

#### RESTRAINT OF JUVENILES DURING COURT PROCEEDINGS

**Rule 8.41 Routine use of restraints prohibited.**

**8.41(1)** Instruments of restraint, such as handcuffs, chains, irons, or straitjackets, cloth and leather restraints, and other similar items, will not be used on a child during a court proceeding unless the juvenile court upon the recommendation of the juvenile court officer or the county attorney makes a finding on the record that restraints are necessary due to any of the following:

- a.* Recent behavior of the child has placed others at risk of substantial physical harm.
- b.* Sufficient grounds to believe the child is a substantial flight risk.
- c.* Sufficient grounds to show restraints are necessary to prevent physical harm to the child or another person during the court proceeding.
- d.* There are no less restrictive alternatives to restraints, including the presence of a security officer. The juvenile court officer is not considered a security officer.

**8.41(2)** If the juvenile court officer or the county attorney recommends that restraints are necessary, the juvenile court officer or county attorney must provide notice to the court and the child's attorney outlining the circumstances supporting that recommendation prior to the child's appearance in each court proceeding or as soon as practicable. If notice is not given in writing, a record must be made at the court proceeding.

**8.41(3)** The child's attorney, the juvenile court officer, and the county attorney must have an opportunity to be heard before the court prior to any court proceeding for which any recommendation to restrain the child has been made.

**8.41(4)** For subsequent court proceedings in the same case, the court may rely on a previous finding if the security circumstances relating to the child have not materially changed.

**8.41(5)** Any restraint must allow the child limited movement of the hands to read and handle documents and writings necessary to the hearing. Under no circumstances should a child be restrained using fixed restraints to a wall, floor, or furniture.

**8.41(6)** Any restraint of children in the courtroom must balance legitimate security needs against the care, protection, and positive mental and physical development of the child while preserving the dignity and decorum of the courtroom and security of the court proceeding and court personnel.

[Court Order October 25, 2017, effective December 26, 2017]