

In the Supreme Court of Iowa

**In the Matter of Adoption of New)
Forms for Applications to)
Modify Child Support in Chapter)
17 of the Iowa Court Rules)**

Order

The Iowa Supreme Court adopts the attached self-represented litigant forms for applications to modify child support. Litigants may use these forms immediately. The new forms (rule 17.300 forms 301-328) replace the family law forms contained in rule 17.300 and numbered FL—17.301 through FL—17.328 in Chapter 17 of the Iowa Court Rules, Forms for Self-Represented Litigants. The forms FL—17.301 through FL—17.328 are rescinded effective May 31, 2014.

The new forms are available at no cost on the Iowa Judicial Branch website.

The court also revises rule 17.300 in Chapter 17 of the Iowa Court Rules, effective immediately. The revisions to rule 17.300 conform the list of forms in the rule to the numbering of the new forms for applications to modify child support. New rule 17.300 is also attached to this order.

Implementation of electronic filing across the state necessitates revisions to court forms to be fully compatible with the Electronic Document Management System (EDMS). Rather than proceeding with two sets of forms (one for filing electronically and one for filing in paper), the new child support modification forms are designed for self-represented litigants filing with EDMS or filing in paper. Also, each new form is fillable and savable and includes instructions for litigants embedded in the form itself instead of contained in a separate document. The forms have been restructured to have an appearance

more consistent with the balance of forms in the Iowa Court Rules. The new forms do not include substantive legal changes from the FL-numbered forms.

The new forms for applications to modify child support are effective immediately. Litigants may use the modification forms numbered FL—301 et seq. through May 31, 2014.

Dated this 6th day of March, 2014.

The Supreme Court of Iowa

By Mark S. Cady
Mark S. Cady, Chief Justice

Rule 17.300 Forms for modifying child support. The following forms are for use in actions to modify a current child support order from an Iowa court.

- Form ~~FL-17.301~~: Application to Modify Child Support ~~Only~~
- Form ~~FL-17.302~~: ~~Application~~ Coversheet for a an Application to Modify Modification of Child Support Only
- Form ~~FL-17.303~~: Confidential Information Form
- Form ~~FL-17.304~~: Original Notice for Personal Service
- Form 304a: Original Notice for Personal Service
- Form ~~FL-17.305~~: Acceptance of Service
- Form ~~FL-17.306~~: Directions for Service of Original ~~Work~~ Notice
- ~~Form~~ Forms ~~FL-17.307 and 17.308~~: Reserved
- Form ~~FL-17.309~~: Application and Affidavit to Defer Payment of Costs
- Form ~~FL-17.310 to 17.314~~: ~~Reserved~~
- Form 310: Affidavit of Service of Original Notice and Application to Modify Child Support
- Form 311: Protected Information Disclosure
- Forms 312 to 314: Reserved
- Form ~~FL-17.315~~: Answer to Application to Modify Child Support ~~Only~~
- Form ~~FL-17.316~~: General Answer to Application to Modify Child Support ~~Only~~
- ~~Form~~ Forms ~~FL-17.317 to 17.321~~: Reserved
- Form ~~FL-17.322~~: Motion in a Child Support Modification
- Form ~~FL-17.323~~: Response to a Motion in a Child Support Modification
- Form ~~FL-17.324~~: Child Support Modification Financial Statement
- Form ~~FL-17.325~~: Affidavit of Mailing Notice
- Form ~~FL-17.326~~: Notice of Intent to File Written Application for Default Decree


Form ~~FL-17.327~~: Request for Relief in an Application to Modify Child Support
Only


Form ~~FL-17.328~~: Settlement Agreement for an Application to Modify Child
Support Only

Rule 17.300—Form 301: Application to Modify Child Support

Read the *Guide to Representing Yourself in a Child Support Modification Case in Iowa* on the Iowa Judicial Branch website before using this form.

- You cannot use this form to change child custody, physical care, or visitation arrangements.
- You cannot use this form if there is no current Iowa court order or decree setting child support.
- Use this form only if you want to increase, decrease, or stop child support.
- “Applicant” is the person who files the first paper (an Application) to start a case to modify (change) child support. Applicant could have been either Petitioner or Respondent in the original case.

 *If filing electronically, you must provide any protected information in full on form 311.*

 *If filing in paper, you may use form 311 to provide any protected information in full.*

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

In the Iowa District Court for _____ County
County of current child support order

Upon the Petition of

Petitioner

Full name of Petitioner as it is in the original case

and concerning

Respondent

Full name of Respondent as it is in the original case

Equity case no. _____
(As stated in the current support order)

Application to Modify Child Support

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

A. Applicant’s (the party seeking to modify child support) information:

<i>Full name: first, middle, last</i>	<i>Birth year</i>
<i>Applicant’s present street address</i>	<i>City</i>
<i>County</i>	<i>State</i>
(_____) _____	<i>ZIP code</i>
<i>Phone number</i>	<i>Email address</i>

B. Other parent’s information:

<i>Full name: first, middle, last</i>	<i>Birth year</i>
<i>Other parent’s present street address</i>	<i>City</i>
<i>County</i>	<i>State</i>
(_____) _____	<i>ZIP code</i>
<i>Phone number</i>	<i>Email address</i>

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

C. Other person (non-parent) who receives child support *Check one*

- (1) There is no other person (non-parent) who receives child support in this case.
- (2) There is another person (non-parent) who receives child support in this case.

If someone other than a parent gets child support in this case, check box (2) and fill in below the person's name, year of birth, present residence, and contact information.

_____ *Full name: first, middle, last*

_____ *Birth year*

_____ *Present street address*

_____ *City*

_____ *State*

_____ *ZIP code*

_____ *County*

(_____) _____ *Phone number*

_____ *Email address*

2. General Information about this Case

A. Current child support order

(1) Date the current child support order was entered: _____, 20____
Month Day Year

(2) County and state where the order was entered: _____
County State

(3) Case number on the current child support order: _____
Case number

(4) Person who pays child support in this case: _____
Name: first, last

(5) Person who receives child support in this case: _____
Name: first, last

(6) Current amount of child support paid: \$ _____ per _____.
Amount Frequency

B. Copy of current child support order *Check one*

- (1) A copy of the current child support order is attached.
- (2) A copy of the current child support order is not attached.

C. Child Support Recovery Unit (CSRU) *Check one*

- (1) The Child Support Recovery Unit (CSRU) is involved in this case. *If CSRU is involved in this case, see the Important Notice to Applicant on page six of this form.*
- (2) The Child Support Recovery Unit (CSRU) is not involved in this case.

D. Collection Services Center (CSC) *Check one*

- (1) The Collection Services Center (CSC) is involved in this case.
The CSC number is: _____
- (2) The Collection Services Center (CSC) is not involved in this case.

E. Other child support orders *Check one*

- (1) There are no other child support orders for the child or children involved in this case.
- (2) There are other child support orders for the child or children involved in this case.

They are:

_____ *Case Number* _____ *County* _____ *State*

_____ *Case Number* _____ *County* _____ *State*

- Check this box if you are attaching a separate sheet listing additional child support orders.

F. The following children are covered by the current child support order:

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

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

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

G. The child support amount should be changed because *Check all that are true*

- (1) There is a juvenile court order that changed where the child or children are living. The person paying support has custody of the children.
If you check (1), write the county where the juvenile court order was entered and the case number.

_____ *County* _____ *Case Number*

- (2) One or more of the children live with the parent who is paying support. There is no court order that sets up custody.
- (3) One or more of the children no longer qualify for child support.
- (4) My (Applicant's) income has gone down.
- (5) Respondent's (other parent's) income has gone up.
- (6) Other reason *Explain*

H. Child support amount should be *Check all that apply*

- (1) Raised *Explain* _____
- (2) Lowered *Explain* _____
- (3) Stopped *Explain* _____

I. Tax deduction for the children

Check (1) or (2)

(1) There is no court order at this time on tax deductions for the children.

(2) There is a court order at this time on tax deductions for the children.

If you check (2), check a or b:

a. A court order currently says who gets the tax deduction for the child or children and it should stay the same.

b. A court order currently says who gets the tax deduction for the child or children and it should be changed. *Explain*

J. Health care expenses for the children

Check (1) or (2)

(1) There is no court order at this time on who pays health care expenses.

(2) There is a court order at this time on who pays health care expenses.

If you check (2), check a or b:

a. A court order currently says who pays for health care expenses for the child or children and it should stay the same.

b. A court order currently says who pays for health care expenses and it should be changed. *Explain*

K. The other party is

Check each that is true

(1) In the military service

(2) In prison or jail at _____ in _____.
Name of facility *State*

L. Protective or no contact order

Check (1) or (2)

(1) There is no "protective order" or "no-contact order" between any of the parties and me (Applicant).

(2) There is a "protective order" or "no-contact order."

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

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

b. Court case number: _____

M. Other information: _____

3. Applicant's Request

A. Applicant asks the court to:

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

- (1) Raise the current child support payment.
- (2) Lower the current child support payment.
- (3) End the current child support payment.
- (4) Set child support for the parent who does not have the children.
- (5) Change who gets the tax deduction for the child or children.
- (6) Change who pays for health care expenses for the child or children.
- (7) Order that the other party pay the court fees.
- (8) Order that the other party pay my attorney fees.
- (9) Other request: _____

Continued on next page

4. Attorney Help

Check one

A. An attorney did not help me prepare or fill in this paper.

B. An attorney helped me prepare or fill in this paper.

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

Name of attorney or organization, if any

Attorney's P.I.N. # – Ask the attorney

Business address of attorney or organization

City

State

ZIP code

(_____) _____
Attorney's phone number

(_____) _____
Attorney's fax number – optional

Attorney's email address – optional

5. Service Instructions if Filing in Paper

Check A or B **only** if Applicant is filing in paper, not electronically

A. Applicant will accept service of documents at the attorney's address listed above; or

B. Applicant will accept service of documents in this case at the mailing address below.

6. Oath and Signature

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

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

_____, 20_____
Signed on: Month Day Year

Your signature*

Mailing address

City

State

ZIP code

(_____) _____
Phone number

Email address

Additional email address, if applicable

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

Important Notice to Applicant

- See next page for instructions for filing an Application.
- You must serve this Application and an Original Notice on the other parties.
- If the Child Support Recovery Unit (CSRU) is involved in this case, you must also serve both forms on CSRU.
- See the *Guide to Representing Yourself in a Child Support Modification Case in Iowa* for information on serving papers.

Do not file these instructions

Instructions for Filing an Application to Modify Child Support

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

Filing your Application electronically

- If you are filing your Application in a county that uses electronic filing, you must register to electronically file. For help with registration, see the eFiler's User Guide [How to Register Pro Se \(Self Represented\) for eFiling](#).
- After you have registered, [log in to the electronic filing system](#) to electronically file your Application.
- For help electronically filing your Application, see [How to eFile a New Case](#).
- With your Application, you must also file an Original Notice (304) and a Protected Information Disclosure (311).
- You will receive a Notice of Electronic Filing (NEF) when the clerk of court has approved the eFiling of your Application and other documents.
- If there was a problem with your filing, EDMS will send you a Retraction Notice. You can then log in to My Filings, correct the error, and resubmit your filing. For help, see [How to Resubmit a Returned Filing](#).
- Log in to your eFile account and download and print your Application and Original Notice so that you can serve it on (deliver it to) the other party.
- For help finding and downloading your Application and Original Notice, please see [My Filings Reference Guide](#).

Filing your Application in paper

- If the county where you will be filing your Application does not yet accept electronic filing, you must proceed in paper. If the county does accept electronic filing, you must proceed electronically, unless you have received permission from the court to file in paper.
- With your Application (301), you must also file an Application Cover Sheet (302), an Original Notice (304a), and a Confidential Information Form (303).
- Forms 301 and 304a: Make **two** photocopies if you can deliver copies of these forms to the other party in-person or by mail. Make **three** photocopies if you are going to ask the county sheriff or a civil process server to deliver these forms to the other party.

Note about making photocopies: You should make your photocopies before you go to the courthouse to file your papers. It is expensive to make photocopies at the clerk of court office. It is cheaper to make the copies at a business that makes photocopies or at a public library.
- If the Child Support Recovery Unit (CSRU) is involved in your child support modification case, you must also provide each form you file to the CSRU office that serves the county where your child support case is filed.
- Forms 302 and 303: You do **not** have to make photocopies of these forms.

- Take the original forms you filled in and the photocopies to the clerk of court office in your county. Tell the clerk at the counter you are filing an Application to Modify Child Support.
- Give the clerk at the counter these forms:
 - 301 Application to Modify Child Support
 - 302 Coversheet for an Application to Modify Child Support
 - 303 Confidential Information Form (*Do **not** make copies of this form.*)
 - 304a Original Notice
- Pay the filing fee. If you cannot afford to pay the filing fee, prepare and file form 309.
- The clerk at the counter can tell you the amount of the filing fee. The Iowa legislature sets these fees and periodically raises them, so check with the clerk's office to confirm the current filing fee.
- The clerk of court will sign the Original Notice (304a). You will have to serve this form on (deliver it to) the other party.
- The clerk at the counter will time-stamp each of the copies (original and photocopies).

Do not file these instructions

Rule 17.300—Form 302: Cover Sheet for an Application to Modify Child Support.

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

For court use only _____
Case number County where case is filed

Applicant

Applicant's first name Middle name Last name

Street address City State ZIP code

(_____) _____
Phone number Email address

Case name

Petitioner's first name Middle name Last name

vs.

Respondent's first name Middle name Last name

**Nature of the Case: EQUITY—Domestic Relations
Modification—children involved (CD-DC)**

- 252A—Support action
- 252A.18—Foreign support (DR-D3)
- 252B.11—Cost recovery (DR-D4)
- 252C—Administrative Order (DR-D5)
- 252D—Income withholding (DR-D6)
- 252E—Medical support (DR-D7)
- 252K—UFISA (DR-R1)

Note to Applicant

- Applicant must complete this cover sheet if filing in paper and give it to the district court clerk when filing an Application to Modify Child Support.
- **Do not serve this cover sheet on Respondent.**
- This cover sheet is for statistical purposes only. It has no legal effect in the case.
- For electronic filers: You do not have to file this form. This information is automatically generated when you submit your documents electronically.

Rule 17.300—Form 303: Confidential Information Form

 **This form is to be used by paper filers only.**

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

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

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

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

Upon the Petition of

Petitioner

Full name of Petitioner as it is in the Application

and concerning

Respondent

Full name of Respondent as it is in the Application

Equity case no. _____

Confidential Information Form

1. Applicant's Information

_____/_____/_____
Full name: First, Middle, Last *Birth date* *Social Security number*

2. Other Party's Information

_____/_____/_____
Full name: First, Middle, Last *Birth date* *Social Security number*

3. Children's Information

A. Child 1:

_____/_____/_____
Full name: First, Middle, Last *Birth date* *Social Security number*

B. Child 2:

_____/_____/_____
Full name: First, Middle, Last *Birth date* *Social Security number*

C. Child 3:

_____/_____/_____
Full name: First, Middle, Last *Birth date* *Social Security number*

D. Child 4:

_____/_____/_____
Full name: First, Middle, Last *Birth date* *Social Security number*

Continued on next page

E. Child 5:

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

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

4. Signature of Provider of Information

The party or parties submit this information in compliance with the court's Order and with the knowledge the information will be used to enforce any support order under the Code of Iowa, chapters 234, 252A, 252C, 252F, 252H, 252K, or 600B, as provided for in section 598. If a party's address or employment changes, the party must promptly file an update of this information with the clerk of court or the Child Support Recovery Unit.

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

_____, 20_____
Your signature Month Day Year

Important Notice

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

Rule 17.300—Form 304: Original Notice for Personal Service

Applicant must serve the Application on the other party within 90 days after filing the Application. Failure to meet this deadline may result in the court dismissing the Application.

Read the *Guide to Representing Yourself in a Child Support Modification Case in Iowa* on the Iowa Judicial Branch website for additional important instructions.

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

 *If filing in paper, Applicant must use form 304a.*

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

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

Upon the Petition of

Petitioner

Full name of Petitioner as it is in the Application

and concerning

Respondent

Full name of Respondent as it is in the Application

**Original Notice for
Personal Service**

To: _____
Petitioner or Respondent

Other person receiving child support in this case, if any.

*If the Child Support Recovery Unit is involved in this case,
list "Child Support Recovery Unit" on the second line.*

- Applicant (the party bringing this case) has a lawsuit asking for a change in child support.
- A copy of the Application to Modify Child Support (form 301) is attached to this Notice.
- Applicant is not represented by an attorney.
- Applicant's contact information during this modification case:

Applicant's name

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

(_____) _____
Phone number *Email address*

For party receiving this Original Notice: Important instructions on next page

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

Instructions to Party Receiving the Original Notice

- A. You **must** file an Answer or a Motion with the clerk of court in the above county within **20 days** after you receive this Original Notice. If you do not file an Answer or Motion within **20 days** after receiving this Original Notice, the **court may enter a judgment against you** giving Applicant what he or she asked for in the Application.
- B. For help in this case, and for forms that you must use if you choose to represent yourself without an attorney, visit the Iowa Judicial Branch website at <http://www.iowacourts.gov/> and click on “Court Rules & Forms” or on “For the Public.”
- C. If you received Application form 301, you may use Answer form 315.
- D. This case has been filed in a county that uses electronic filing. You must register to eFile through the Iowa Judicial Branch website at <https://www.iowacourts.state.ia.us/Efile> and obtain a log in and password for filing and viewing documents in your case and for receiving service and notices from the court.
 - For general rules and information on electronic filing, refer to the Iowa Court Rules Chapter 16 Pertaining to the Use of the Electronic Document Management System, available on the Iowa Judicial Branch website.
 - For court rules on the Protection of Personal Privacy in court filings, refer to Division VI of the Iowa Court Rules Chapter 16.
 - If you are unable to proceed electronically, you must receive permission from the court to file in paper. Contact the clerk of court in the county where the Application was filed for more information on being excused from electronic filing.
- E. If you electronically file your Answer or Motion, it will be served automatically on Applicant. A Notice of Electronic Filing (NEF) will tell you if the court has excused Applicant from electronic filing. If the court has excused Applicant from electronic filing, you must mail a copy of your Answer or Motion to Applicant.

Important Notice


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

Rule 17.300—Form 304a: Original Notice for Personal Service

Applicant must serve the Application on the other party within 90 days after filing the Application. Failure to meet this deadline may result in the court dismissing the Application.

Read the *Guide to Representing Yourself in a Child Support Modification Case in Iowa* on the Iowa Judicial Branch website for additional important instructions.

 *If filing electronically, Applicant must complete form 304.*

 *If filing in paper, Applicant must use this form (304a).*

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

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

Upon the Petition of

Petitioner

Full name of Petitioner as it is in the Application

and concerning

Respondent

Full name of Respondent as it is in the Application

**Original Notice for
Personal Service**

To: _____
Petitioner or Respondent

Other person receiving child support in this case, if any.

*If the Child Support Recovery Unit is involved in this case,
list "Child Support Recovery Unit" on the second line.*

- Applicant (the party bringing this case) has a lawsuit asking for a change in child support.
- A copy of the Application to Modify Child Support (form 301) is attached to this Notice.
- Applicant is not represented by an attorney.
- Applicant's contact information during this modification case:

Applicant's name

Mailing address

City

State

ZIP code

(_____) _____
Phone number

Email address

Important instructions on next page

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

Instructions to Party Receiving this Original Notice

- You **must** file an Answer or a Motion with the clerk of court in the above county within **20 days** after you receive this Application. If you do not file an Answer or Motion within **20 days** after receiving this Application, the **court may enter a judgment against you** giving Applicant what is asked for in the Application.
- If you received Application form **301**, you may use Answer form **315**.
- After you file your Answer or Motion, you must serve a copy of it on Applicant.

(SEAL)

Clerk of Court

_____ County Courthouse

_____, Iowa _____
City *ZIP code*

Important Notice

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

Rule 17.300—Form 305: Acceptance of Service

Applicant must complete this section:

In the Iowa District Court for _____ County <i>County where Application is filed</i>	
Upon the Petition of _____ Petitioner <i>Full name of Petitioner as it is in the Application</i> and concerning _____ Respondent <i>Full name of Respondent as it is in the Application</i>	Equity case no. _____ Acceptance of Service

Applicant must file this form with clerk of court soon after the other party signs it.

The other party receiving the Acceptance of Service must complete this section:

Acceptance of Service, Oath, and Signature of Other Party

If the other party completes this Acceptance of Service, he or she must return this form to Applicant soon after signing it. Applicant will file it with the clerk of court.

I, _____, am the other party in this case. I received a
Print your name

copy of the Original Notice and the Application for this case. I have read this Acceptance of Service. I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Acceptance of Service is true and correct.

_____, 20_____
Signed: Month Day Year Other party's signature

Other party's mailing address City State ZIP code

(_____) _____
Phone number Email address

Important Notice

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

Rule 17.300—Form 306: Directions for Service of Original Notice

Applicant must complete this form if the sheriff or a process server will deliver the Application and Original Notice to the other party.

Do not use this form if the other party has already received the Application and Original Notice.

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

Give this form to the sheriff or other process server with your Application (301) and Original Notice (304 if electronically filing or 304a if filing in paper).

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

County where Application is filed

Equity case number

1. Name and Location of Sheriff or Other Process Server

Check one and fill in the blanks

A. **Sheriff** *In county where the other party will be served*

_____ County

Street address

City

State

ZIP code

B. **Other process server**

Name of other process server serving the Notice

Street address

City

State

ZIP code

2. Person to be Served

Other party's name

(_____) _____
Phone number

Address where the other party can be served

City

State

ZIP code

3. Person Requesting Service

Your (Applicant's) name

(_____) _____
Phone number

Your (Applicant's) present mailing address

City

State

ZIP code

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

Continued on next page

5. Costs of Service

Check one

A. Applicant will pay the costs of the Sheriff or other process server.

If you cannot afford the costs, file form 309.

B. Costs for Sheriff deferred by court order: _____

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

6. Notification

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

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

Rule 17.300—Form 309: Application and Affidavit to Defer Payment of Costs

Applicant uses this form only if Applicant cannot afford to pay the fees to file and serve the Application.

- Use this form if it would cause you to suffer a hardship if you had to pay the filing fee and cost of serving papers.
- You may need to provide proof of your income and assets and your expenses.
- Costs and fees paid to someone other than the court or sheriff **cannot be waived**.

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

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

Upon the Petition of

Petitioner

Full name of Petitioner as it is in the Application

and concerning

Respondent

Full name of Respondent as it is in the Application

Equity case no. _____

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

1. Request

A. My name is _____.

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

Check all that apply

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

C. Household

There are _____ people living in my household.
Number

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

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

E. My income comes from:

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

F. My household has the following monthly expenses:

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

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

Continued on next page

2. Attorney Help

Check one

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

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

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

Business address of attorney or organization City State ZIP code

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

3. Certification of Service by Mailing or Delivery

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

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

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

Name of person to whom I delivered or mailed it

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

4. Oath and Signature

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

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

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

Mailing address City State ZIP code

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

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

Rule 17.300—Form 310: Affidavit of Service of Original Notice and Application to Modify Child Support

Applicant: Use this form only if someone other than Applicant (you), or a person who is not a sheriff or a process server, delivered a copy of the Application to the other party.

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

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

In the Iowa District Court for _____ County

County where Application is filed

Upon the Petition of

Petitioner *Full name: first, middle, last*

and concerning

Respondent *Full name: first, middle, last*

Equity case no. _____

Affidavit of Service of Original Notice and Application to Modify Child Support

1. Affidavit

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

Application to Modify Child Support for this case to:

Check one

a.m.

p.m.

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

by handing the other party copies of the attached papers.

2. Oath and Signature

To be completed by the person who gave the Application to the other party.

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

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

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

Mailing address City State ZIP code

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

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

Rule 17.300—Form 311: Protected Information Disclosure

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

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



If filing electronically:

- **Applicant** must complete this form (311) and file it with the Application (301) and Original Notice (304).
- **The other party** must complete this form if adding or correcting protected information.



Paper filers also may use form 311 to assist in complying with Iowa Rule of Civil Procedure 1.422.

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

In the Iowa District Court for _____ County

County where Application is filed

Upon the Petition of

Petitioner

Full name of Petitioner as it is in the Application

and concerning

Respondent

Full name of Respondent as it is in the Application

Equity case no. _____

Protected Information Disclosure

For electronic filers:

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

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

1. Petitioner

Provide the complete version of protected information here, and the redacted version should be included in documents you file.

Name _____
First Middle Last

Protected Information Type	Complete Information (See Rules 16.602 and 16.604)	Redacted Information (See Rule 16.605)
A. Social security number	- - XXX-XX-XXXX	<i>Last four digits only</i>
B. Financial account numbers	<i>Full account number</i>	<i>Partial account number only</i>
C. Date of birth	/ / mm/dd/yyyy	<i>Year only</i>
D. Individual taxpayer identification numbers	- - XXX-XX-XXXX	<i>Last four digits only</i>

E. Personal identification numbers	<i>Full number</i>	<i>Partial only</i>
F. Other unique identifying numbers	<i>Full number</i>	<i>Partial only</i>
G. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
H. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
I. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
J. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>

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

2. Respondent

Provide the complete version of protected information here, and the redacted version should be included in documents you file.

Name _____
First *Middle* *Last*

Protected Information Type	Complete Information (See Rules 16.602 and 16.604)	Redacted Information (See Rule 16.605)
A. Social security number	- - XXX-XX-XXXX	<i>Last four digits only</i>
B. Financial account numbers	<i>Full account number</i>	<i>Partial account number only</i>
C. Date of birth	/ / mm/dd/yyyy	<i>Year only</i>
D. Individual taxpayer identification numbers	- - XXX-XX-XXXX	<i>Last four digits only</i>
E. Personal identification numbers	<i>Full number</i>	<i>Partial only</i>
F. Other unique identifying numbers	<i>Full number</i>	<i>Partial only</i>
G. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
H. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
I. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
J. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>

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

3. Other Parties

Provide the complete version of protected information here, and the redacted version should be included in documents you file.

Name _____
First *Middle* *Last*

Protected Information Type	Complete Information (See Rules 16.602 and 16.604)	Redacted Information (See Rule 16.605)
A. Social security number	- - XXX-XX-XXXX	Last four digits only
B. Financial account numbers	Full account number	Partial account number only
C. Date of birth	/ / mm/dd/yyyy	Year only
D. Individual taxpayer identification numbers	- - XXX-XX-XXXX	Last four digits only
E. Personal identification numbers	Full number	Partial only
F. Other unique identifying numbers	Full number	Partial only
G. <i>Additional protected information</i>	Full information	Partial information
H. <i>Additional protected information</i>	Full information	Partial information
I. <i>Additional protected information</i>	Full information	Partial information
J. <i>Additional protected information</i>	Full information	Partial information

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

4. Children

Provide the complete version of protected information here, and the redacted version should be included in documents you file.

A.

Protected Information Type	Complete Information (See Rules 16.602 and 16.604)	Redacted Information (See Rule 16.605)
(1) Child's full name	First, middle, last name	Child's initials
(2) Social security number	- - XXX-XX-XXXX	Last four digits only
(3) Date of birth	/ / mm/dd/yyyy	Year only

B. Protected Information Type	Complete Information (See Rules 16.602 and 16.604)	Redacted Information (See Rule 16.605)
(1) Child's full name	<i>First, middle, last name</i>	<i>Child's initials</i>
(2) Social security number	- - <i>XXX-XX-XXXX</i>	<i>Last four digits only</i>
(3) Date of birth	/ / <i>mm/dd/yyyy</i>	<i>Year only</i>

C. Protected Information Type	Complete Information (See Rules 16.602 and 16.604)	Redacted Information (See Rule 16.605)
(1) Child's full name	<i>First, middle, last name</i>	<i>Child's initials</i>
(2) Social security number	- - <i>XXX-XX-XXXX</i>	<i>Last four digits only</i>
(3) Date of birth	/ / <i>mm/dd/yyyy</i>	<i>Year only</i>

D. Protected Information Type	Complete Information (See Rules 16.602 and 16.604)	Redacted Information (See Rule 16.605)
(1) Child's full name	<i>First, middle, last name</i>	<i>Child's initials</i>
(2) Social security number	- - <i>XXX-XX-XXXX</i>	<i>Last four digits only</i>
(3) Date of birth	/ / <i>mm/dd/yyyy</i>	<i>Year only</i>

E. Protected Information Type	Complete Information (See Rules 16.602 and 16.604)	Redacted Information (See Rule 16.605)
(1) Child's full name	<i>First, middle, last name</i>	<i>Child's initials</i>
(2) Social security number	- - <i>XXX-XX-XXXX</i>	<i>Last four digits only</i>
(3) Date of birth	/ / <i>mm/dd/yyyy</i>	<i>Year only</i>

Check this box if you are attaching a separate sheet listing additional children.

Continued on next page

5. Information provided by:

_____ /s/ _____
Handwritten signature of party or attorney if filing in paper *Electronic signature of party or attorney if filing electronically*

Law firm, if applicable

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

(_____) _____
Phone number

_____ _____
Email address *Additional email address, if applicable*


_____, 20_____
Month *Day* *Year*
Date information provided


Rule 17.300—Form 315: Answer to Application to Modify Child Support

The party served with an Application to Modify Child Support must file an Answer within **20 days** after receiving the Application and Original Notice, or the **court may enter a judgment against that party** giving Applicant what he or she asked for in the Application.

Use this Answer form 315 if you received Application form 301, otherwise use form 316.

Read the *Guide to Representing Yourself in a Child Support Modification Case in Iowa* on the Iowa Judicial Branch website before using this form.

 *If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure (311) if you have not already done so.*

 *If filing in paper, you may use form 311 to provide any protected information in full.*

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

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

<p>Upon the Application of</p> <p>_____</p> <p>Petitioner <i>Full name of Petitioner as it is in the Application</i></p> <p>and concerning</p> <p>_____</p> <p>Respondent <i>Full name of Respondent as it is in the Application</i></p>	<p>Equity case no. _____</p> <p style="text-align: center;">Answer to Application to Modify Child Support</p>
---	--

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

A. Applicant's (the party seeking to modify child support) information *Check one*
If paragraph 1A of the Petition (form 301) is not correct, check (2) and fill in the blanks.

- (1) Applicant's name, birth year, present residence, and contact information are correct in the Application.
- (2) Applicant's name, birth year, present residence, and contact information are not correct in the Application.

The correct information is:

<i>Full name</i>	<i>Birth year</i>
<i>Present street address</i>	<i>City</i>
<i>State</i>	<i>ZIP code</i>
<i>County</i>	<i>Phone number</i>
<i>()</i>	<i>Email address</i>

B. Your (other parent's) information *Check one*

If paragraph 1B of the Petition (form 301) is not correct, check (2) and fill in the blanks.

- (1) Your (other parent's) name, birth year, present residence, and contact information are correct in the Application.
- (2) Your name, birth year, present residence, and contact information are not correct in the Application.

The correct information is:

<i>Full name</i>	<i>Birth year</i>
<i>Present street address</i>	<i>City</i>
<i>County</i>	<i>State</i>
<i>Phone number</i>	<i>ZIP code</i>
<i>County</i>	<i>Email address</i>

C. Other person (non-parent) who receives child support *Check one*

- (1) There is no non-parent who gets child support in this case.
- (2) There is a non-parent who gets child support in this case.

If you check (2) check a or b.

- a. The information about the other person who receives child support is correct in the Application.
- *If you check a skip to 2.*
 - *If paragraph 1C of the Application (form 301) is not correct, check b and fill in the blanks.*
- b. The information about the other person who receives child support is not correct in the Application. The correct information is:

<i>Full name: first, middle, last</i>	<i>Birth year</i>
<i>Present street address</i>	<i>City</i>
<i>County</i>	<i>State</i>
<i>Phone number</i>	<i>ZIP code</i>
<i>County</i>	<i>Email address</i>

2. General Information about this Case

A. Current child support order

If paragraph 2A of the Application (form 301) is not correct, check b and fill in the blanks.

- (1) Date order entered *Check one*
- a. The Application provides the correct date of the child support order.
- b. The Application does not provide the correct date of the child support order. The correct date is:

<i>Month</i>	<i>Day</i>	<i>Year</i>
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C. Child Support Recovery Unit (CSRU) *Check one*

- (1) The Child Support Recovery Unit (CSRU) is involved in this case.
- (2) The Child Support Recovery Unit (CSRU) is not involved in this case.

D. Collection Services Center (CSC) *Check one*

- (1) The Collection Services Center (CSC) is involved in this case.

The CSC number is: _____

- (2) The Collection Services Center (CSC) is not involved in this case.

E. Other child support orders *Check one*

- (1) There are no other child support orders for the child or children involved in this case.
- (2) There are other child support orders for the child or children involved in this case.

They are:

<i>Case Number</i>	<i>County</i>	<i>State</i>
--------------------	---------------	--------------

<i>Case Number</i>	<i>County</i>	<i>State</i>
--------------------	---------------	--------------

- Check this box if you are attaching a separate sheet listing additional child support orders.*

F. Children covered by current child support order *Check one*

- (1) The Application correctly identifies the children covered by the current child support order.
- (2) The Application does not correctly identify the children covered by the current child support order. The following children are covered by the current child support order:

First, middle, & last initials of each child	Birth year
(a)	
(b)	
(c)	

First, middle, & last initials of each child	Birth year
(d)	
(e)	
(f)	

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

G. Amount of child support

(1) Juvenile court order *If you check a, check i or ii*

- a. It is correct that there is a juvenile court order that changed where the child or children were living.
The person paying support has custody of the children.
- i. The county and case number are correct in the Application.
- ii. The county and case number are not correct in the Application.

If you check ii, provide the correct information below

The correct information is:

County

Case number

- b. There is no juvenile court order that gives care of the child to the party paying support.

(2) Who children live with *Check a or b*

- a. It is correct that one or more of the children now live with the person paying support.
- b. None of the children now live with the person who is ordered to pay support.

(3) Qualifying for child support *Check a or b*

- a. It is correct that one or more of the children no longer qualify for child support.
- b. There has been no change in the number of children who qualify for child support.

(4) Applicant's income *Check a or b*

- a. I agree that Applicant's income has gone down.
- b. I do not agree that Applicant's income has gone down.

(5) My income *Check a or b*

- a. I agree that my income has gone up.
- b. I do not agree that my income has gone up.

(6) My response to Applicant's "other reason" for requesting a change in child support:

H. Child support amount should be *Check all that apply*

- (1) Raised *Explain* _____
- (2) Lowered *Explain* _____
- (3) Stopped *Explain* _____
- (4) Not be changed *Explain* _____

I. Tax deduction for the children *Check (1) or (2)*

(1) There is no court order at this time on tax deductions for the children.

(2) There is a court order at this time on tax deductions.

If you check (2), check a or b:

a. A court order currently says who gets the tax deduction for the child or children and it should stay the same.

b. A court order currently says who gets the tax deduction for the child or children and it should be changed. *Explain*

J. Health care expenses for the children *Check (1) or (2)*

(1) There is no court order at this time on who pays health care expenses.

(2) There is a court order at this time on who pays health care expenses.

If you check (2), check a or b:

a. A court order currently says who pays for health care expenses for the child or children and it should stay the same.

b. A court order currently says who pays for health care expenses and it should be changed. *Explain*

K. I (the other party) am *Check each that is true*

(1) In the military service

(2) In prison or jail at _____ in _____.
Name of facility State

L. Protective or no contact order *Check (1) or (2)*

(1) There is neither a "protective order" nor a "no contact order" between me and Applicant.

(2) There is a "protective order" or "no contact order" between me and Applicant.

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

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

b. Court case number: _____

3. I (the other parent) deny anything in the Application that I have not agreed is correct.

4. My (the other parent's) Request

A. I ask the court to:

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

- (1) Dismiss the Application to Modify Child Support and leave child support as is.
- (2) Raise the current child support payment.
- (2) Lower the current child support payment.
- (3) Stop payment of child support completely.
- (4) Set child support for the parent who does not have the children.
- (5) Change who gets the tax deduction for the child or children.
- (6) Change who pays for health care expenses for the child or children.
- (7) Order that Applicant pay the court fees.
- (8) Order that Applicant pay my attorney fees.
- (9) Other request: _____

Continued on next page

Important Notice

- See next page for instructions for filing an Answer.
- You must serve this Answer on the other parties.
- If the Child Support Recovery Unit (CSRU) is involved in this case, you must also serve the Answer on CSRU.
- See the *Guide to Representing Yourself in a Child Support Modification Case in Iowa* for information on serving papers.

Do not file these instructions

Instructions for Filing an Answer to an Application to Modify Child Support

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

Filing your Answer electronically

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

Filing your Answer in paper

- Make two photocopies of the original.
- If the Child Support Recovery Unit (CSRU) is involved in your child support modification case, you must also provide each form you file to the CSRU office that serves the county where your child support case is filed.
- Take your original Answer form and the photocopies to the clerk of court's office in the county where the Application was filed. The county is listed at the top of the Application (form 301).
- The clerk will time-stamp your forms and copies.
- The clerk will take the original and give the copies back to you.
- Keep one of the copies for your records.
- Serve one of the copies of your Answer on Applicant.
- You can hand one of the copies of the Answer form to Applicant, **or** mail a copy to Applicant spouse at the address shown on the Application.
- If Applicant has an attorney, you should serve the Answer by mailing a copy to the attorney at the attorney's address on the Application if box 5A on the Application is checked.


Do not file these instructions


Rule 17.300—Form 316: General Answer to Application to Modify Child Support

The party served with an Application to Modify Child Support must file an Answer within **20 days** after receiving the Application and Original Notice, or the **court may enter a judgment against that party** giving Applicant what he or she asked for in the Application.

If the Application you received is on form 301, use form 315 for your Answer.

Read the *Guide to Representing Yourself in a Child Support Modification Case in Iowa* on the Iowa Judicial Branch website before using this form.

 *If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure (311).*

 *If filing in paper, you may use form 311 to provide any protected information in full.*

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

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

Upon the Petition of

Petitioner

Full name of Petitioner as it is in the Application

and concerning

Respondent

Full name of Respondent as it is in the Application

Equity case no. _____

**General Answer to Application to
Modify Child Support**

1. Answer

A. I admit that the following paragraphs in the Application are true:

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

B. I deny that the following paragraphs in the Application are true:

List the numbers of the paragraphs in the Application that you think are false.

C. I do not know whether the following paragraphs in the Application are true:

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

D. I deny anything in the Application that is not admitted in this Answer.

E. Other information: _____

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

I ask the court to: *Write here what you would like the court to do. For example, tell the court if you want the amount of child support you pay or receive to stay the same. Be brief. Do not write long descriptions.*

3. Attorney Help *Check one*

A. An attorney did not help me prepare or fill in this paper.

B. An attorney helped me prepare or fill in this paper.

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

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

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

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

4. Service Instructions

If the party answering the Application is filing in paper *Check one*

A. I will accept service of documents at the attorney's address listed above; or

B. I will accept service of documents in this case at the mailing address below.

Continued on next page

5. Certification of Service by Mailing or Delivery

*Section 5 to be completed only if filing in paper or if Applicant is exempt from electronic filing.
This document, if filed electronically, will automatically be served on registered parties.*

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

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

Name of person to whom I delivered or mailed it

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

6. Oath and Signature

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

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

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

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

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

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

Important Notice

- See next page for instructions for filing an Answer.
- You must serve this Answer on the other parties.
- If the Child Support Recovery Unit (CSRU) is involved in this case, you must also serve the Answer on CSRU.
- See the *Guide to Representing Yourself in a Child Support Modification Case in Iowa* for information on serving papers.

Rule 17.300—Form 316: *General Answer to Application to Modify Child Support*

Do not file these instructions

Instructions for Filing an Answer to an Application to Modify Child Support

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

Filing your Answer electronically

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

Filing your Answer in paper

- Make two photocopies of the original.
- If the Child Support Recovery Unit (CSRU) is involved in your child support modification case, you must also provide each form you file to the CSRU office that serves the county where your child support case is filed.
- Take your original Answer form and the photocopies to the clerk of court's office in the county where the Application was filed. The county is listed at the top of the Application (form 301).
- The clerk will time-stamp your forms and copies.
- The clerk will take the original and give the copies back to you.
- Keep one of the copies for your records.
- Serve one of the copies of your Answer on Applicant.
- You can hand one of the copies of the Answer form to Applicant, **or** mail a copy to Applicant spouse at the address shown on the Application.
- If Applicant has an attorney, you should serve the Answer by mailing a copy to the attorney at the attorney's address.

Do not file these instructions

Rule 17.300—Form 322: Motion in a Child Support Modification

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

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

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

Upon the Petition of

Petitioner

Full name of Petitioner as it is in the Application

and concerning

Respondent

Full name of Respondent as it is in the Application

Equity case no. _____

**Motion in a Child Support
Modification**

I am

Check each that applies

- A. Petitioner
- B. Respondent
- C. Applicant

1. Request

A. I ask the court to

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

(1) Change the hearing date that has been set for _____, 20____.
Month Day Year

(2) Set a hearing date for modification of child support.

(3) Other request *Explain* _____

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

Continued on next page

2. Attorney Help

Check one

A. An attorney did not help me prepare or fill in this paper.

B. An attorney helped me prepare or fill in this paper.

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

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

Business address of attorney or organization City State ZIP code

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

3. Certification of Service by Mailing or Delivery

Section 3 to be completed only if filing in paper or if the Applicant or the other party is exempt from electronic filing.

This document, if filed electronically, will automatically be served on registered parties.

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

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

Name of person to whom I delivered or mailed it

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

4. Oath and Signature

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

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

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

Mailing address City State ZIP code

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

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

Rule 17.300—Form 323: Response to a Motion in a Child Support Modification

Use this form if your spouse has filed a Motion (most likely form 322) and you disagree with what your spouse is asking the court to do in that Motion.

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

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

Upon the Petition of

Petitioner

Full name of Petitioner as it is in the Application

and concerning

Respondent

Full name of Respondent as it is in the Application

Equity case no. _____

Response to a Motion in a Child Support Modification

I am

Check each that applies

- A. Petitioner
- B. Respondent
- C. Applicant

1. Motion

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

2. Response

Check A or B.

- A. I agree with the Motion.
- B. I disagree with the request(s) in the Motion because: *Explain*

Continued on next page

3. Attorney Help

Check one

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

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

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

Business address of attorney or organization City State ZIP code

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

4. Certification of Service by Mailing or Delivery

Section 4 to be completed only if filing in paper or if Applicant or the other party is exempt from electronic filing.

This document, if filed electronically, will automatically be served on registered parties.

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

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

Name of person to whom I delivered or mailed it

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

5. Oath and Signature

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

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

Mailing address City State ZIP code



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

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

Rule 17.300—Form 324: Child Support Modification Financial Statement

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

Each party must complete one of these forms.

-  If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure (311) if you have not already done so.
-  If filing in paper, you may use form 311 to provide any protected information in full if you have not already done so.

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

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

<p>Upon the Petition of</p> <p>_____</p> <p>Petitioner <i>Full name of Petitioner as it is in the Application</i></p> <p>and concerning</p> <p>_____</p> <p>Respondent <i>Full name of Respondent as it is in the Application</i></p>	<p>Equity case no. _____</p> <p style="text-align: center;">Child Support Modification Financial Statement</p>
--	--

I am

Check each that applies

- A. Petitioner
- B. Respondent
- C. Applicant

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

1. My Income

**How often is income paid?*

W = Weekly B = Bi-weekly (every other week) M = Monthly T = Two times a month

A. Current income from employment and other sources <i>Sources of income, not required to list name of employer</i>	Gross Income		Net Income	
	How often?* <i>W,B,M,T</i>	Gross amount <i>Before taxes</i>	How often?* <i>W,B,M,T</i>	Net Amount <i>After taxes</i>
(1) Wages from employer <i>Job:</i> <i>Title:</i>		\$		\$
(2) Wages from employer <i>Job:</i> <i>Title:</i>		\$		\$
(3) Other income <i>Describe source:</i>		\$		\$

(4) Other income <i>Describe source:</i>		\$		\$
(5) Other income <i>Describe source:</i>		\$		\$
Total gross and net income from employment and other sources		\$ Gross income total		\$ Net income total
B. Deductions allowed for child support calculations				
Tax status	Yes	No		
I am currently married to the other parent <i>Check Yes or No</i>				
I have custody of the children in this case <i>Check Yes or No</i>				
(1) Number of exemptions				
Yourself <i>Guidelines allow one exemption for parent</i>	1			
Children				
(2) Income tax withheld				\$
<i>Federal</i>				
<i>State</i>				\$
(3) FICA <i>Social Security & Medicare</i>				\$
(4) Mandatory pension contribution				\$
(5) Mandatory occupational license fees				\$
(6) Union dues				\$
(7) Prior court-ordered child support <i>Paid to:</i>				\$
<i>Paid to:</i>				\$
<i>Paid to:</i>				\$
(8) Prior court-ordered medical support <i>Paid to:</i>				\$
<i>Paid to:</i>				\$
<i>Paid to:</i>				\$

(9) Prior court-ordered spousal support (alimony) <i>Paid to:</i>				\$
(10) Actual child care expenses due to employment <i>custodial parent only</i>				\$
Total deductions				\$

Check this box if you have attached a sheet with additional information on your income and deductions.

2. Social Security Disability (SSD):

A. SSD benefits paid to you

(1) Amount paid for your expenses \$ _____ per month

(2) Benefit paid for each child in your home \$ _____ per month

a. Number of children receiving benefits _____ children

b. List the children in your home who receive SSD benefits *Use initials only*

First, middle, & last initials of each child	Birth year
i.	
ii.	
iii.	

First, middle, & last initials of each child	Birth year
iv.	
v.	
vi.	

Check this box if you have attached a sheet listing additional children who live in your home and receive Social Security Disability (SSD).

B. Benefits paid to other person children are living with

(1) Benefit paid for each child in other person's home \$ _____ per month

(2) Number of children receiving benefits _____ children

(3) List the children who receive SSD benefits but live with someone other than you.
Use initials only:

First, middle, & last initials of each child	Birth year
i.	
ii.	
iii.	

First, middle, & last initials of each child	Birth year
iv.	
v.	
vi.	

Check this box if you have attached a sheet listing additional children who do not live in your home and receive Social Security Disability (SSD).

3. Qualified additional dependent deduction

- *List the initials and birth year of each child you are the legal parent of.*
- *Do not include any children covered by the child support order involved in this case.*

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

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

Check this box if you have attached a sheet listing additional children for the qualified additional dependent deduction.

4. Extraordinary visitation *For noncustodial parent only*

- (1) Number of court-ordered overnights in a year _____.
If this number exceeds 127 days per year, provide a copy of the court order containing the visitation provisions.
- (2) Physical care
- a. The court ordered equally shared physical care for the children.
If the court ordered equally shared physical care for the children, the extraordinary visitation credit does not apply.
 - b. The court did not order equally shared physical care for the children.

Continued on next page

5. Assets *Things you own.*

A. Real estate

Property Address	Purchase Price	Debt <i>Total amount you still owe on it</i>
(1)	\$	\$
(2)	\$	\$

Check this box if you have attached a sheet with additional information on other real estate.

B. Vehicles

Includes cars, trucks, motorcycles, and other motorized vehicles.

Make <i>Make (e.g. Ford)</i>	Year	Market value <i>What it would sell for</i>
(1)		\$
(2)		\$
(3)		\$

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

C. Securities, stocks, & bonds

Current value of:

(1) Stocks \$ _____

(2) Bonds \$ _____

D. Life insurance *Owner: P = Petitioner R = Respondent J = Joint (Both)

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

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

E. Bank accounts

Checking and savings accounts <i>Bank or Credit Union name</i> <i>If you do not use bank accounts,</i> <i>write "Cash"</i>	Account type <i>Checking or Savings</i>	Net value <i>Cash value minus loan /</i> <i>overdraft owed</i>
(1)		\$
(2)		\$
(3)		\$

Check this box if you have attached a sheet with additional information on other checking and savings accounts.

F. Other assets

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

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

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

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

6. Expenses

A. My expenses

List your living expenses

**How often paid?: W = Weekly B = Bi-weekly (every other week) M = Monthly*
T = Two times a month A = Annually

Type of expense	Paid to	How often paid?* <i>W,B,M,T,A</i>	Monthly payment
(1) House payment or rent			\$
(2) Food <i>At home & restaurants</i>			\$
(3) Transportation (<i>gas, bus fare</i>) <i>Not car loan payments – see (12).</i>			\$
(4) Clothing			\$

(5) Medical, dental <i>Not health insurance payments – see (10).</i>			\$
(6) Utilities (<i>gas, electric</i>)			\$
(7) Phone			\$
(8) Cable / satellite television / internet			\$
(9) Car insurance payment			\$
(10) Health insurance payment			\$
(11) Credit card payments			\$
(12) Car loan payments			\$
(13) Other loan payments			\$
(14) Other expense <i>Identify:</i>			\$
(15) Other expense <i>Identify:</i>			\$
(16) Other expense <i>Identify:</i>			\$
(17) Totals from attached sheets, if any <input type="checkbox"/> <i>Check this box if you have attached a sheet with additional information on your expenses.</i>			\$
Total expenses			\$

7. My debts *Debts may include things such as past due balances on utilities, money owed to a landlord for damages after moving, credit card debt, and loans from friends, family, or banks.*

**How often paid?:* *W = Weekly* *B = Bi-weekly (every other week)*
M = Monthly *T = Two times a month* *A = Annually*

Payable to	Item or service	Amount	How often paid?*	Balance Due
			<i>W,B,M,T,A</i>	
A.				\$
B.				\$
C.				\$
D.				\$
E. Totals from attached sheets, if any				\$

<input type="checkbox"/> Check this box if you have attached a sheet with additional information on other debts, and enter the total.				
Total other debts <i>Including amounts shown on attached sheet, if any.</i>				\$

8. Current spouse's income

- List your **current** spouse's information.
- This information will not be used to determine child support obligations.

*How often is income received?

W = Weekly B = Bi-weekly (every other week) M = Monthly T = Two times a month

A. Current income from employment and other sources <i>Sources of income, not required to list name of employer</i>	Gross Income		Net Income	
	How often?*	Gross amount	How often?*	Net Amount
	<i>W,B,M,T</i>	<i>Before taxes</i>	<i>W,B,M,T</i>	<i>After taxes</i>
(1) Wages from employer <i>Job:</i> <i>Title:</i>		\$		\$
(2) Wages from employer <i>Job:</i> <i>Title:</i>		\$		\$
(3) Other income <i>Describe source:</i>		\$		\$
(4) Other income <i>Describe source:</i>		\$		\$
Total gross and net income from employment and other sources		\$ Gross income total		\$ Net income total

9. Attorney Help

Check one

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

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

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

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

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

10. Certification of Service by Mailing or Delivery

Section 10 to be completed only if filing in paper or if Applicant the other party is exempt from electronic filing. This document, if filed electronically, will automatically be served on registered parties.

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

I mailed or gave a copy of this Child Support Modification Financial Statement to Applicant or the other party or Applicant's or the other party's attorney at the address below:

Name of person to whom I delivered or mailed it

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

11. Oath and Signature

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

laws of the State of Iowa that I have read this Child Support Modification Financial Statement and that the information I have provided in this Statement is true and correct.

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

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

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

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

Rule 17.300—Form 325: Affidavit of Mailing Notice

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

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

Upon the Petition of

Petitioner

Full name of Petitioner as it is in the original case

and concerning

Respondent

Full name of Respondent as it is on the Application

Equity case no. _____

Affidavit of Mailing Notice

1. Attorney Help

Check one

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

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

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

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

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

Important Notice

A party **must** file this Affidavit with the clerk of court if he or she asks the court for a default Decree for modification of child support. The party **must** also complete the oath and signature section on the next page.

Oath and Signature on next page

2. Oath and Signature

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

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

Check one

Notice of Intent to File a Written Application for Default Decree for modification of child support, or

Other document (*describe*): _____.

to the other party's last-known address below.

Other party's street address City State ZIP code

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

Mailing address City State ZIP code

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

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

Rule 17.300—Form 326: Notice of Intent to File Written Application for Default Decree

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

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

Upon the Petition of

Petitioner

Full name of Petitioner as it is in the original case

and concerning

Respondent

Full name of Respondent as it is in the Application

Equity case no. _____

**Notice of Intent to File Written
Application for Default Decree**

To party receiving this Notice:

First name Middle name Last name

Date of Notice: _____, 20____
Month Day Year

Important notice to party receiving this Notice:

You are in default because you have failed to take action required of you in this case. Unless you act within **10 days** from the date of this Notice, a default Decree modifying Child Support will be entered against you without a hearing, and you may lose important rights. **You should seek legal advice at once.**

Handwritten signature of party filing this Notice or attorney if filing in paper or /s/ _____
Electronic signature of party filing this Notice or attorney if filing electronically

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

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

(_____) _____
Phone number Email address

Instructions for party filing this Notice



Filing your Notice electronically

EDMS will automatically serve the party receiving this Notice unless that party is exempt from electronic filing requirements.



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


1. Deliver a copy of this form to the party receiving this Notice by mail or in person.
2. Complete form 325 and file the original at the clerk of court's office.
3. File the original of this form (326) at the clerk of court's office.
4. Keep a copy for your records.


Rule 17.300—Form 327: Request for Relief in a Child Support Modification

Use this form only if you have filed or answered an Application to Modify Child Support (301) and:

- The other party did not file an Answer (315), or
- The other party will not work with you to prepare a Settlement Agreement (328).

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

 If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure (311) if you have not already done so.

 If filing in paper, you may use form 311 to provide any protected information in full if you have not already done so.

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

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

<p>Upon the Petition of</p> <p>_____</p> <p>Petitioner <i>Full name of Petitioner as it is in the Application</i></p> <p>and concerning</p> <p>_____</p> <p>Respondent <i>Full name of Respondent as it is in the Application</i></p>	<p>Equity case no. _____</p> <p style="text-align: center;">Request for Relief in a Child Support Modification</p>
--	---

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

- A. I am
- Check each that applies*
- (1) Petitioner
- (2) Respondent
- (3) Applicant

B. Your information: _____
Birth year

<i>Your present street address</i>	<i>City</i>	<i>State</i>	<i>ZIP code</i>
<i>County</i>	(_____) _____ <i>Phone number</i>	<i>Email address</i>	

C. Other parent's information: _____
Birth year

<i>Other parent's present street address</i>	<i>City</i>	<i>State</i>	<i>ZIP code</i>
	(_____) _____		

D. Other person (non-parent) who receives child support: _____
Birth year

Full name: first, middle, last

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

County _____ *Phone number* _____ *Email address*

2. Request for Relief

A. Child support

Check each that is true, and fill in the blanks for the items you check.

(1) Child support should be **raised** from \$ _____ per month to \$ _____
 per month, beginning _____, 20____ for:
Month Day Year

First, middle, & last initials of each child	Birth year
a.	
b.	
c.	

First, middle, & last initials of each child	Birth year
d.	
e.	
f.	

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

(2) Child support should be **lowered** from \$ _____ per month to \$ _____
 per month beginning _____, 20____ for:
Month Day Year

First, middle, & last initials of each child	Birth year
a.	
b.	
c.	

First, middle, & last initials of each child	Birth year
d.	
e.	
f.	

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

(3) Check here if you want child support to be higher or lower than the Child Support Guidelines amount. *If you check this, write the amount you want and explain why below.*

a. Amount requested: \$ _____ per month

b. Child support should be different than the Guidelines amount because:

(4) Child support should be **stopped** beginning on the

_____ day of _____, 20____ for:
Day Month Year

First, middle, & last initials of each child	Birth year
a.	
b.	
c.	

First, middle, & last initials of each child	Birth year
d.	
e.	
f.	

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

B. Tax deduction for the children

Check (1) or (2)

(1) There is no court order at this time on tax deductions.

(2) There is a court order at this time on tax deductions.

If you check (2), check a or b:

a. A court order currently says who gets the tax deduction for the child or children and it should stay the same.

b. A court order currently says who gets the tax deduction for the child or children and it should be changed as set forth in the table below. *Explain*

First, middle, & last initials of each child	Birth year	Person who should now claim child for tax deduction
i.		
ii.		
iii.		
iv.		
v.		

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

C. Health insurance or cash medical support

Check (1) or (2)

- (1) There is no court order at this time on who pays health insurance or cash medical support.
- (2) There is a court order at this time on who pays health insurance or cash medical support.

If you check (2), check a or b

- a. A court order currently says who pays for health care expenses for the child or children and it should stay the same.
- b. A court order currently says who pays for health care expenses and it should be changed as set forth in the table below. *Explain*

First, middle, & last initials of each child	Birth year	Parent who should now provide health insurance or cash medical support
i.		
ii.		
iii.		
iv.		
v.		

Check this box if you are attaching a separate sheet listing additional children.

- (3) I should pay % _____ of the out-of-pocket health care expenses.
- (4) The other parent should pay % _____ of the out-of-pocket health care expenses.
- (5) I should pay % _____ in cash medical support.
- (6) The other parent should pay % _____ in cash medical support.

D. Court Fees

Check one

- (1) All court fees should be paid by me.
- (2) All court fees should be paid by the other parent.
- (3) The other parent and I should pay one-half of the **remaining** court fees.
- (4) The other parent and I should pay one-half of the **total** court fees.

E. Attorney's Fees

Check one

(1) My attorney's fees

- a. I have no attorney's fees.
- b. I will pay my own attorney's fees.
- c. I ask that the other party pay \$ _____ for my attorney's fees.

3. Necessary Documents

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

4. Other Request for Relief *Attach additional sheets if necessary*

5. Statements of Understanding and Fact

Check each that applies

- a. I have made a full disclosure of my income to the court.
- b. This Request for Relief addresses all issues in the Application to Modify Child Support.
- c. I want the court to approve this Request for Relief and make it part of the final Decree Modifying Child Support.

Continued on next page

6. Attorney Help

Check one

(1) An attorney did not help me prepare or fill in this paper.

(2) An attorney helped me prepare or fill in this paper.

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

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

Business address of attorney or organization City State ZIP code

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

7. Certification of Service by Mailing or Delivery

Section 7 to be completed only if filing in paper or if Applicant or the other party is exempt from electronic filing.

This document, if filed electronically, will automatically be served on registered parties.

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

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

Name of person to whom I delivered or mailed it

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

8. Oath and Signature

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

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

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

Mailing address City State ZIP code

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


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


Rule 17.300—Form 328: Settlement Agreement on an Application to Modify Child Support

Use this form only if:

- You and the other party both agree to the terms of a Settlement Agreement.
- There is a current Iowa child support order in effect.
- You would like to increase, decrease, or stop child support
- There is on file an Application to Modify Child Support.

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

 *If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure (311) if you have not already done so.*

 *If filing in paper, you may use form 311 to provide any protected information in full.*

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

In the Iowa District Court for _____ County
County where Application was filed

<p>Upon the Petition of</p> <p>_____</p> <p>Petitioner <i>Full name of Petitioner as it is in the Application</i></p> <p>and concerning</p> <p>_____</p> <p>Respondent <i>Full name of Respondent as it is in the Application</i></p>	<p>Equity case no. _____</p> <p style="text-align: center;">Settlement Agreement on an Application to Modify Child Support</p>
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1. Applicant's Information *Fill in all information that you know. If you have been assaulted by your spouse and you fear for your safety, you may leave your street address, phone number, and email blank.*

A. Applicant's information:

_____ *Birth year*

_____ *Applicant's present street address* _____ *City* _____ *State* _____ *ZIP code*

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

B. Other parent's information:

_____ *Birth year*

_____ *Other parent's present street address* _____ *City* _____ *State* _____ *ZIP code*

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

(4) Child support should be **stopped** beginning on the

_____ day of _____, 20____ for:
Day Month Year

First, middle, & last initials of each child	Birth year
a.	
b.	
c.	

First, middle, & last initials of each child	Birth year
d.	
e.	
f.	

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

B. Tax deduction for the children

Check (1) or (2).

(1) There is no court order at this time on tax deductions.

(2) There is a court order at this time on tax deductions.

If you check (2), check a or b:

a. A court order currently says who gets the tax deduction for the child or children and it should stay the same.

b. A court order currently says who gets the tax deduction for the child or children and it should be changed as set forth in the table below. *Explain*

First, middle, & last initials of each child	Birth year	Person who should now claim child for tax deduction.
i.		
ii.		
iii.		
iv.		
v.		

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

C. Health insurance or cash medical support

Check (1) or (2)

(1) There is no court order at this time on who pays health insurance or cash medical support.

(2) There is a court order at this time on who pays health insurance or cash medical support.

If you check (2), check a or b

- a. A court order currently says who pays for health care expenses for the child or children and it should stay the same.
- b. A court order currently says who pays for health care expenses and it should be changed as set forth in the table below. *Explain*

First, middle, & last initials of each child	Birth year	Person who should now provide health insurance or cash medical support
i.		
ii.		
iii.		
iv.		
v.		

Check this box if you are attaching a separate sheet listing additional children.

- (3) Applicant should pay % _____ of the out-of-pocket health care expenses.
- (4) The other parent should pay % _____ of the out-of-pocket health care expenses.
- (5) Applicant should pay % _____ in cash medical support.
- (6) The other parent should pay % _____ in cash medical support.

D. Court Fees

Check one

- (1) All court fees should be paid by Applicant.
- (2) All court fees should be paid by the other parent.
- (3) The other parent and Applicant should pay one-half of the **remaining** court fees.
- (4) The other parent and Applicant should pay one-half of the **total** court fees.

Continued on next page

E. Attorney's Fees

Check one

(1) Applicant's attorney's fees

- a. Applicant has no attorney's fees.
- b. Applicant will pay Applicant's own attorney's fees.
- c. Applicant asks that the other party pay \$ _____ for Applicant's attorney's fees.

(2) The other party's attorney's fees

- a. The other party has no attorney's fees.
- b. The other party will pay his or her own attorney's fees.
- c. The other party asks that Applicant pay \$ _____ for the other party's attorney's fees.

3. Necessary Documents

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

4. Other Agreements *Attach additional sheets if necessary*

5. Attorney Help

A. Applicant

Check one

- (1) An attorney did not help the Applicant prepare or fill in this paper.
- (2) An attorney helped the Applicant prepare or fill in this paper.

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

_____ <i>Name of attorney or organization, if any</i>		_____ <i>Attorney's P.I.N. # – Ask the attorney</i>	
_____ <i>Business address of attorney or organization</i>		_____ <i>City</i>	_____ <i>State</i>
_____ <i>Attorney's phone number</i>		_____ <i>Attorney's fax number – optional</i>	_____ <i>Attorney's email address – optional</i>

B. The other party

Check one

- (1) An attorney did not help the other party prepare or fill in this paper.
- (2) An attorney helped the other party prepare or fill in this paper.

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

Name of attorney or organization, if any	Attorney's P.I.N. # – Ask the attorney
Business address of attorney or organization	City
()	State
Attorney's phone number	ZIP code
()	Attorney's fax number – optional
	Attorney's email address – optional

6. Oaths and Signatures

This Settlement Agreement addresses all issues in our modification of child support. We have made a full disclosure of our income to the court. We want the court to approve this Agreement and make it a part of the final Decree Modifying Child Support.

A. Applicant's Oath and Signature

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

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

_____, 20_____
*Month Day Year Applicant's signature**

Mailing address City State ZIP code

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

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

B. The other party's Oath and Signature

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

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

_____, 20_____
*Month Day Year Other party's signature**

Mailing address City State ZIP code

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

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