

FILED

JUN 26 2018

In the Iowa Supreme Court

**In the Matter of Approving an)
Amended Set of Small Claims Forms)
in Chapter 3 of the Iowa Court Rules)**

Order

CLERK SUPREME COURT

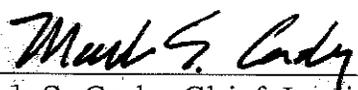
The supreme court issued an order adopting an amended set of small claims forms on June 25, 2018. The order is hereby rescinded and replaced with this order. The amended forms have not changed from the June 25 order, but they are provided again with this order.

The Iowa Legislature has raised the small claims court jurisdictional amount in controversy limit from \$5000 to \$6500 for actions commencing on or after July 1, 2018. Iowa Code section 631.15 directs the Iowa Supreme Court to prescribe exclusive standard forms of pleadings to be used in small claims actions. Accordingly, the court amends the small claims pleading forms contained in chapter 3 of the Iowa Court Rules, Standard Forms of Pleadings for Small Claims Actions, as provided with this order, to be effective for claims commencing on or after July 1, 2018.

Raising the jurisdictional amount in controversy limit is the only substantive change to the chapter 3 small claims forms. A modicum of format changes are included with the new forms, including primarily an updated ADA notice on some of the forms. The new set of forms will be published in chapter 3 of the Iowa Court Rules and available free of charge on the Iowa Judicial Branch website.

Dated this 26th day of June, 2018.

The Iowa Supreme Court

By 
Mark S. Cady, Chief Justice

Small Claims Form 3.1: *Original Notice and Petition for a Money Judgment*

In the Iowa District Court for _____ County

<p>Plaintiff(s)</p> <hr/> <p>(Name)</p> <hr/> <p>(Address)</p> <hr/> <p>(Name)</p> <hr/> <p>(Address)</p> <p style="text-align: center;">vs.</p> <p>Defendant(s)</p> <hr/> <p>(Name)</p> <hr/> <p>(Address)</p> <hr/> <p>(Name)</p> <hr/> <p>(Address)</p>	<p>Original Notice and Petition for a Money Judgment</p> <p>If you need assistance to participate in court due to a disability, call the disability coordinator (information at https://www.iowacourts.gov/for-the-public/ada/). Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). Disability coordinators cannot provide legal advice.</p>
--	--

To Defendant(s):

1. **You are notified** that Plaintiff(s) demand(s) from you the amount of \$ _____ plus court costs based on (state briefly the basis for the demand, not to exceed \$6500):

2. **Judgment may be entered against you unless** you file an Appearance and Answer within **20 days** of the service of the Original Notice upon you. Judgment may include the amount requested plus interest and court costs.

3. You must electronically file the Appearance and Answer using the Iowa Judicial Branch Electronic Document Management System (EDMS) at <https://www.iowacourts.state.ia.us/EFile>, unless you obtain from the court an exemption from electronic filing requirements.

4. If your Appearance and Answer is filed within **20 days** and you deny the claim, you will receive electronic notification through EDMS of the place and time of the hearing on this matter.

5. If you electronically file, EDMS will serve a copy of the Appearance and Answer on Plaintiff(s) or on the attorney(s) for Plaintiff(s). The Notice of Electronic Filing will indicate if Plaintiff(s) is (are) exempt from electronic filing, and if you must mail a copy of your Appearance and Answer to Plaintiff(s).

6. You must also notify the clerk's office of any address change.

Continued on next page

/s/ _____
Filing Plaintiff or Attorney

Law firm, or entity for which filing is made, if applicable

Mailing address

Telephone number

Email address

Additional email address, if applicable

/s/ _____
Second Plaintiff, if applicable

Law firm, or entity for which filing is made, if applicable

Mailing address

Telephone number

Email address

Additional email address, if applicable

Small Claims Form 3.1, page 2 of 3*

*Upon electronic filing, a clerk's signature page will be attached to this document as page 3.

Small Claims Form 3.2: *Original Notice and Petition for a Money Judgment for Taxes Owing*

In the Iowa District Court for _____ County

Plaintiff

(Name)

(Address)

vs.

Defendant(s)

(Name)

(Address)

(Name)

(Address)

Original Notice and Petition for a Money Judgment for Taxes Owing (Iowa Code sections 631.1(7) and 445.3)

If you need assistance to participate in court due to a disability, call the disability coordinator (information at <https://www.iowacourts.gov/for-the-public/ada/>). Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). **Disability coordinators cannot provide legal advice.**

To Defendant(s):

1. **You are notified** that Plaintiff, _____ County Treasurer, demands from you the amount of \$ _____ for taxes due and owing based on the following:

2. **Judgment may be entered against you unless** you file an Appearance and Answer within **20 days** of the service of the Original Notice upon you. Judgment may include the amount requested plus interest and court costs.

3. You must electronically file the Appearance and Answer using the Iowa Judicial Branch Electronic Document Management System (EDMS) at <https://www.iowacourts.state.ia.us/EFile>, unless you obtain from the court an exemption from electronic filing requirements.

4. If your Appearance and Answer is filed within 20 days, and you deny the claim, you will receive electronic notification through EDMS of the place and time of the hearing on this matter.

5. If you electronically file, EDMS will serve a copy of the Appearance and Answer on Plaintiff(s) or on the attorney(s) for Plaintiff(s). The Notice of Electronic Filing will indicate if Plaintiff(s) is (are) exempt from electronic filing, and if you must mail a copy of your Appearance and Answer to Plaintiff(s).

6. You must also notify the clerk's office of any address change.

/s/ _____
Filing Plaintiff Treasurer or Designee

Law firm, or entity for which filing is made, if applicable

Mailing address

Phone number

Email address

Additional email address, if applicable

Small Claims Form 3.3: *Original Notice and Petition for a Money Judgment against a Nonresident Motor Vehicle Owner or Operator Defendant*

In the Iowa District Court for _____ County

<p>Plaintiff(s) _____ (Name) _____ (Address) _____ (Name) _____ (Address)</p> <p style="text-align: center;">vs.</p> <p>Defendant(s) _____ (Name) _____ (Address) _____ (Name) _____ (Address)</p>	<p>Original Notice and Petition for a Money Judgment against a Nonresident Motor Vehicle Owner or Operator Defendant</p> <p>If you need assistance to participate in court due to a disability, call the disability coordinator (information at https://www.iowacourts.gov/for-the-public/ada/). Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). Disability coordinators cannot provide legal advice.</p>
--	--

To Defendant(s):

1. **You are notified** that Plaintiff(s) demand(s) from you the amount of \$ _____ plus court costs based on (state briefly the basis for the demand, not to exceed \$6500):

2. **Judgment may be entered against you unless** you file an Appearance and Answer within **60 days** of the filing of this Original Notice with the Director of the Iowa Department of Transportation. Judgment may include the amount requested plus interest and court costs.

3. You must electronically file the Appearance and Answer using the Iowa Judicial Branch Electronic Document Management System (EDMS) at <https://www.iowacourts.state.ia.us/EFile>, unless you obtain from the court an exemption from electronic filing requirements.

4. If your Appearance and Answer is filed within **60 days** and you deny the claim, you will receive electronic notification through EDMS of the time and place for the hearing on this matter.

5. If you electronically file, EDMS will serve a copy of the Appearance and Answer on Plaintiff(s) or on the attorney(s) for Plaintiff(s). The Notice of Electronic Filing will indicate if Plaintiff(s) is (are) exempt from electronic filing, and if you must mail a copy of your Appearance and Answer to Plaintiff(s).

6. You must also notify the clerk's office of any address change.

Continued on next page

/s/ _____
Filing Plaintiff or Attorney

Law firm, or entity for which filing is made, if applicable

Mailing address

Telephone number

Email address

Additional email address, if applicable

/s/ _____
Second Plaintiff, if applicable

Law firm, or entity for which filing is made, if applicable

Mailing address

Telephone number

Email address

Additional email address, if applicable

Small Claims Form 3.3, page 2 of 3*

*Upon electronic filing, a clerk's signature page will be attached to this document as page 3.

Small Claims Form 3.4: *Original Notice and Petition for a Money Judgment against a Nonresident Defendant or a Foreign Corporation Defendant*

In the Iowa District Court for _____ County

<p>Plaintiff(s)</p> <p>_____ (Name)</p> <p>_____ (Address)</p> <p>_____ (Name)</p> <p>_____ (Address)</p> <p style="text-align: center;">vs.</p> <p>Defendant(s)</p> <p>_____ (Name)</p> <p>_____ (Address)</p> <p>_____ (Name)</p> <p>_____ (Address)</p>	<p>Original Notice and Petition for a Money Judgment against a Nonresident Defendant or a Foreign Corporation Defendant</p> <p>If you need assistance to participate in court due to a disability, call the disability coordinator (information at https://www.iowacourts.gov/for-the-public/ada/). Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). Disability coordinators cannot provide legal advice.</p>
--	---

To Defendant(s):

1. **You are notified** that Plaintiff(s) demand(s) from you the amount of \$ _____ plus court costs based on (state briefly the basis for the demand, not to exceed \$6500):

2. **Judgment may be entered against you unless** you file an Appearance and Answer as follows:

- If you received service of this Original Notice **by mail** along with service upon the Secretary of State, you must file your Appearance and Answer within **60 days of the filing** of the Original Notice with the Secretary of State.
- If you received service of this Original Notice in a manner **other than by mail**, you must file your Appearance and Answer within **60 days after the date you received** the Original Notice.

3. You must electronically file the Appearance and Answer using the Iowa Judicial Branch Electronic Document Management System (EDMS) at <https://www.iowacourts.state.ia.us/EFile>, unless you obtain from the court an exemption from electronic filing requirements.

4. If your Appearance and Answer is timely filed and you deny the claim, you will receive electronic notification through EDMS of the time and place for the hearing on this matter.

5. If you electronically file, EDMS will serve a copy of the Appearance and Answer on Plaintiff(s) or on the attorney(s) for Plaintiff(s). The Notice of Electronic Filing will indicate if Plaintiff(s) is (are) exempt from electronic filing, and if you must mail a copy of your Appearance and Answer to Plaintiff(s).

6. You must also notify the clerk's office of any address change.

Continued on next page

/s/ _____
Filing Plaintiff or Attorney

Law firm, or entity for which filing is made, if applicable

Mailing address

Telephone number

Email address

Additional email address, if applicable

/s/ _____
Second Plaintiff, if applicable

Law firm, or entity for which filing is made, if applicable

Mailing address

Telephone number

Email address

Additional email address, if applicable

Small Claims Form 3.4, page 2 of 3*

*Upon electronic filing, a clerk's signature page will be attached to this document as page 3.

Small Claims Form 3.5: *Original Notice and Petition for Replevin*

In the Iowa District Court for _____ County

<p>Plaintiff(s)</p> <hr/> <p>(Name)</p> <hr/> <p>(Address)</p> <hr/> <p>(Name)</p> <hr/> <p>(Address)</p> <p style="text-align: center;">vs.</p> <p>Defendant(s)</p> <hr/> <p>(Name)</p> <hr/> <p>(Address)</p> <hr/> <p>(Name)</p> <hr/> <p>(Address)</p>	<p>Original Notice and Petition for Replevin (Iowa Code chapter 643)</p> <p><small>If you need assistance to participate in court due to a disability, call the disability coordinator (information at https://www.iowacourts.gov/for-the-public/ada/). Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). Disability coordinators cannot provide legal advice.</small></p>
--	---

To Defendant(s):

1. **You are notified** that Plaintiff(s) demand(s) relief (not to exceed \$6500 in total) from you in regard to the following described property:

2. The value of the property described is (value may not exceed \$6500): \$ _____

3. The relief requested includes (check all that apply):

- Plaintiff(s) ask(s) for possession of the property.
- Plaintiff(s) ask(s) for damages for unlawful retention.
- Plaintiff(s) ask(s) for damages for any damage to the property.
- Plaintiff(s) ask(s) for damages for:

(If asking for money damages, total amount including value of property cannot exceed \$6500.)

4. Plaintiff(s) claim(s) immediate possession because (check only one):

- Plaintiff(s) own(s) the property.
- Plaintiff(s) has (have) a security agreement for the property.
 - i. A copy of the security agreement is attached.
 - ii. The agreement shows that Plaintiff(s) is(are) entitled to seize possession on default.
 - iii. Defendant(s) are in default because:
- Other:

5. The property (check only one):

- Is not in the possession of Defendant(s) pursuant to court order or judgment; or
- Was taken by Defendant(s) under court order or judgment, but the property is exempt from seizure because: _____.

6. **Judgment may be entered against you unless** you file an Appearance and Answer within **20 days** of the service of the Original Notice upon you. Judgment may include the amount requested plus interest and court costs.

7. You must electronically file the Appearance and Answer using the Iowa Judicial Branch Electronic Document Management System (EDMS) at <https://www.iowacourts.state.ia.us/EFile>, unless you obtain from the court an exemption from electronic filing requirements.

8. If your Appearance and Answer is filed within **20 days** and you deny the claim, you will receive electronic notification through EDMS of the time and place for the hearing on this matter.

9. If you electronically file, EDMS will serve a copy of the Appearance and Answer on Plaintiff(s) or on the attorney(s) for Plaintiff(s). The Notice of Electronic Filing will indicate if Plaintiff(s) is (are) exempt from electronic filing, and if you must mail a copy of your Appearance and Answer to Plaintiff(s).

10. You must also notify the clerk's office of any address change.

I (We) certify under penalty of perjury and pursuant to the laws of the State of Iowa that the preceding is true and correct.

Date: _____

Date: _____

Plaintiff's signature

Plaintiff's signature

/s/ _____
Filing Plaintiff or Attorney

/s/ _____
Second Plaintiff, if applicable

Law firm, or entity for which filing is made, if applicable

Law firm, or entity for which filing is made, if applicable

Mailing address

Mailing address

Telephone number

Telephone number

Email address

Email address

Additional email address, if applicable

Additional email address, if applicable

In the Iowa District Court for _____ County

<p>Plaintiff(s)</p> <p>_____ (Name)</p> <p>_____ (Address)</p> <p>_____ (Name)</p> <p>_____ (Address)</p> <p style="text-align: center;">vs.</p> <p>Defendant(s)</p> <p>_____ (Name)</p> <p>_____ (Address)</p> <p>_____ (Name)</p> <p>_____ (Address)</p>	<p>Original Notice and Petition for Forcible Entry and Detainer (Iowa Code chapter 648)</p> <p>If you need assistance to participate in court due to a disability, call the disability coordinator (information at https://www.iowacourts.gov/for-the-public/ada/). Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). Disability coordinators cannot provide legal advice.</p>
--	--

To Defendant(s):

1. You are notified that Plaintiff(s) demand(s) from you possession of (state exact address of real property): _____
because (state basis of demand): _____

2. Hearing is set for the date, time, and court location listed on the last page of this Original Notice and Petition. The court will electronically record the hearing. If either party desires that a certified court reporter report the hearing, that party must arrange and pay for the costs of reporting. **Failure to appear at the hearing may result in judgment entered against you for possession of the property and court costs.**

Plaintiff(s): The court shall set the date of hearing to occur within **8 days** from the filing date of the Original Notice unless you check the box below:

Plaintiff(s) request(s) or consent(s) to the court setting the date of hearing to occur no later than **15 days** from the filing of the Original Notice.

/s/ _____
Filing Plaintiff or Attorney

Law firm, or entity for which filing is made, if applicable

Mailing address

Telephone number

Email address

Additional email address, if applicable

/s/ _____
Second Plaintiff, if applicable

Law firm, or entity for which filing is made, if applicable

Mailing address

Telephone number

Email address

Additional email address, if applicable

/s/ _____
Filing Third Party or Attorney

Law firm, or entity for which filing is made, if applicable

Mailing address

Telephone number

Email address

Additional email address, if applicable

/s/ _____
Second Third Party, if applicable

Law firm, or entity for which filing is made, if applicable

Mailing address

Telephone number

Email address

Additional email address, if applicable

Small Claims Form 3.7, page 2 of 3*

*Upon electronic filing, a clerk's signature page will be attached to this document as page 3.

Small Claims Form 3.8: *Original Notice and Petition for Disposition of Abandoned Property*

In the Iowa District Court for _____ County

Plaintiff(s) _____ (Name) _____ (Address) _____ (Name) _____ (Address)	vs.	Defendant(s) _____ (Name) _____ (Address) _____ (Name) _____ (Address)

Original Notice and Petition for Disposition of Abandoned Property (Iowa Code chapter 555B) (Mobile Home and Personal Property in the Vicinity)

If you need assistance to participate in court due to a disability, call the disability coordinator (information at <https://www.iowacourts.gov/for-the-public/ada/>). Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). **Disability coordinators cannot provide legal advice.**

To Defendant(s):

1. Plaintiff(s) demand(s) a judgment of abandonment for (state the exact nature of abandoned property):

because (state basis of demand):

2. In support of this demand Plaintiff(s) state(s):

- Plaintiff(s) has (have) not requested notice by the sheriff as provided for in Iowa Code section 555B.2;
- The property is located in the above county; and
- There is no lien against the property other than a tax lien pursuant to Iowa Code chapter 435.

3. **Hearing is set for** the date, time, and court location listed on the last page of this Original Notice and Petition. The court will electronically record the hearing. Any party desiring that a certified court reporter report the hearing must arrange and pay for the costs of reporting. **Failure to appear at the hearing may result in judgment entered against you for statutory damages, interest, and court costs, and the property will be disposed of as abandoned property.**

Note: Service must be made on the owner of the property at least **10 days** before the hearing and the hearing must be set within **14 days** of filing the Petition.

/s/ _____
Filing Plaintiff or Attorney

/s/ _____
Second Plaintiff, if necessary

Law firm, or entity for which filing is made, if applicable

Law firm, or entity for which filing is made, if applicable

Mailing address

Mailing address

Telephone number

Telephone number

Email address

Email address

Additional email address, if applicable

Additional email address, if applicable

In the Iowa District Court for _____ County

Plaintiff(s)

(Name)

(Address)

(Name)

(Address)

vs.

Defendant(s)

(Name)

(Address)

(Name)

(Address)

**Original Notice and
Petition for Intervention**

If you need assistance to participate in court due to a disability, call the disability coordinator (information at <https://www.iowacourts.gov/for-the-public/ada/>). Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). **Disability coordinators cannot provide legal advice.**

To Plaintiff(s) and Defendant(s):

1. I (We), _____, being interested in the subject matter of this case seek to intervene in the following manner:

2. This Petition for Intervention is based on (state briefly the basis for the demand):

Continued on next page

/s/ _____
Filing Intervenor or Attorney

Law firm, or entity for which filing is made, if applicable

Mailing address

Telephone number

Email address

Additional email address, if applicable

/s/ _____
Second Intervenor, if applicable

Law firm, or entity for which filing is made, if applicable

Mailing address

Telephone number

Email address

Additional email address, if applicable

Small Claims Form 3.9, page 2 of 3*

*Upon electronic filing, a clerk's signature page will be attached to this document as page 3.

Small Claims Form 3.11: *Appearance and Answer of Defendant(s)*

In the Iowa District Court for _____ County

<p>Plaintiff(s) _____ (Name)</p> <p>_____ (Name)</p> <p style="text-align: center;">vs.</p> <p>Defendant(s) _____ (Name)</p> <p>_____ (Name)</p>	<p style="text-align: center;">Appearance and Answer of Defendant(s)</p> <p>Small Claim No. _____</p> <p>If you need assistance to participate in court due to a disability, call the disability coordinator (information at https://www.iowacourts.gov/for-the-public/ada/). Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). Disability coordinators cannot provide legal advice.</p>
--	--

Check **only one** of the following:

- The **claim is denied**. Parties will receive electronic notification of the hearing time and place through the Iowa Judicial Branch Electronic Document Management System (EDMS).
- The **claim is admitted**. Judgment may be entered.
- The **claim is admitted in part in the amount** of \$ _____. Parties will receive electronic notification of the hearing time and place through the Iowa Judicial Branch Electronic Document Management System (EDMS).

1. You must electronically file this Appearance and Answer using EDMS at <https://www.iowacourts.state.ia.us/EFile> unless you obtain from the court an exemption from electronic filing requirements.

2. If you electronically file, EDMS will serve a copy of this Appearance and Answer on Plaintiff(s) or on the attorney(s) for Plaintiff(s). The Notice of Electronic Filing will indicate if Plaintiff(s) is (are) exempt from electronic filing, and if you must mail a copy of your Appearance and Answer to Plaintiff(s).

3. You may download this form online at <https://iowacourts.state.ia.us/Efile>. Unless the court has granted you an exemption from electronic filing, you must scan and electronically file this Answer and Appearance form, or fill out and electronically file the online form, in accordance with Chapter 16 Rules Pertaining to the Use of the Electronic Document Management System.

/s/ _____
Filing Defendant or Attorney

Law firm, or entity for which filing is made, if applicable

Mailing address

Telephone number

Email address

Additional email address, if applicable

/s/ _____
Second Defendant, if applicable

Law firm, or entity for which filing is made, if applicable

Mailing address

Telephone number

Email address

Additional email address, if applicable

In the Iowa District Court for _____ County

<p>Plaintiff(s)</p> <p>_____ (Name)</p> <p>_____ (Name)</p> <p style="text-align: center;">vs.</p> <p>Defendant(s)/Third Party Plaintiff(s)</p> <p>_____ (Name)</p> <p>_____ (Name)</p> <p style="text-align: center;">vs.</p> <p>Third Party Defendant(s)</p> <p>_____ (Name)</p> <p>_____ (Address)</p> <p>_____ (Name)</p> <p>_____ (Address)</p>	<p style="text-align: center;">Appearance and Answer of Third Party Defendant(s)</p> <p>Small Claim No. _____</p> <p>If you need assistance to participate in court due to a disability, call the disability coordinator (information at https://www.iowacourts.gov/for-the-public/ada/). Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). Disability coordinators cannot provide legal advice.</p>
--	--

Check **only one** of the following:

- The **claim is denied**. Parties will receive electronic notification through the Iowa Judicial Branch Electronic Document Management System (EDMS) of the hearing time and place.
- The **claim is admitted**. Judgment may be entered.
- The **claim is admitted in part in the amount** of \$_____. Parties will receive electronic notification through the Iowa Judicial Branch Electronic Document Management System (EDMS) of the hearing time and place.

1. You must electronically file this Appearance and Answer using EDMS at <https://www.iowacourts.state.ia.us/EFile> unless you obtain from the court an exemption from electronic filing requirements.

2. If you electronically file, EDMS will serve a copy of this Appearance and Answer on Plaintiff(s) or on the attorney(s) for Plaintiff(s). The Notice of Electronic Filing will indicate if Plaintiff(s) is (are) exempt from electronic filing, and if you must mail a copy of your Appearance and Answer to Plaintiff(s).

3. You may download this form online at <https://iowacourts.state.ia.us/Efile>. Unless the court has granted you an exemption from electronic filing, you must scan and electronically file this Answer and Appearance form, or fill out and electronically file the online form, in accordance with Chapter 16 Rules Pertaining to the Use of the Electronic Document Management System.

Continued on next page

/s/ _____
Filing Third Party or Attorney

Law firm, or entity for which filing is made, if applicable

Mailing address

Telephone number

Email address

Additional email address, if applicable

/s/ _____
Second Third Party, if applicable

Law firm, or entity for which filing is made, if applicable

Mailing address

Telephone number

Email address

Additional email address, if applicable

Small Claims Form 3.13: Counterclaim against Plaintiff(s)

In the Iowa District Court for _____ County

<p>Plaintiff(s)</p> <p>_____ (Name)</p> <p>_____ (Name)</p> <p style="text-align: center;">vs.</p> <p>Defendant(s)</p> <p>_____ (Name)</p> <p>_____ (Name)</p>	<p style="text-align: center;">Counterclaim against Plaintiff(s)</p> <p>Small Claim No. _____</p> <p>If you need assistance to participate in court due to a disability, call the disability coordinator (information at https://www.iowacourts.gov/for-the-public/ada/). Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). Disability coordinators cannot provide legal advice.</p>
--	--

To Plaintiff(s): _____
(List name(s) of Plaintiff(s) against whom you are counterclaiming.)

1. You are notified that Defendant(s) identified below demand(s) from you the amount of \$ _____, because (state briefly the basis for the demand, not to exceed \$6500):

2. Defendant(s) must electronically file this original Counterclaim with the clerk of court using the Iowa Judicial Branch Electronic Document Management System (EDMS) at <https://www.iowacourts.state.ia.us/EFile>, unless the court has granted Defendant(s) an exemption from electronic filing requirements.

3. EDMS will serve a copy of the Counterclaim on Plaintiff(s) or on the attorney(s) for Plaintiff(s). If Plaintiff(s) is (are) exempt from electronic filing, the clerk of court will provide a copy to Plaintiff(s) or Plaintiff(s) attorney(s).

/s/ _____
Filing Defendant or Attorney

Law firm, or entity for which filing is made, if applicable

Mailing address

Telephone number

Email address

Additional email address, if applicable

/s/ _____
Second Defendant, if applicable

Law firm, or entity for which filing is made, if applicable

Mailing address

Telephone number

Email address

Additional email address, if applicable

Small Claims Form 3.14: *Cross-Claim against a Co-Defendant*

In the Iowa District Court for _____ County

<p>Plaintiff(s)</p> <hr/> <p>(Name)</p> <hr/> <p>(Name)</p> <p style="text-align: center;">vs.</p> <p>Defendant(s)</p> <hr/> <p>(Name)</p> <hr/> <p>(Name)</p>	<p style="text-align: center;">Cross-Claim against a Co-Defendant</p> <p>Small Claim No. _____</p> <p>If you need assistance to participate in court due to a disability, call the disability coordinator (information at https://www.iowacourts.gov/for-the-public/ada/). Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). Disability coordinators cannot provide legal advice.</p>
--	---

1. You are notified that the Cross-Claimant(s) identified below demand(s) from

(List name(s) of party(ies) against whom the demand is made.)

the amount of \$_____ because (state briefly the basis for the demand, not to exceed \$6500):

2. Cross-Claimant(s) must electronically file this original Cross-Claim with the clerk of court using the Iowa Judicial Branch Electronic Document Management System (EDMS) at <https://www.iowacourts.state.ia.us/EFile>, unless the court has granted Cross-Claimant(s) an exemption from electronic filing requirements.

3. If you electronically file, EDMS will serve a copy of the Cross-Claim on the other party(ies) or on the attorney(s) for the other party(ies). If the other party(ies) is (are) exempt from electronic filing, the clerk of court will provide a copy to the other party(ies).

/s/ _____
Filing Cross-Claimant or Attorney

Law firm, or entity for which filing is made, if applicable

Mailing address

Telephone number

Email address

Additional email address, if applicable

/s/ _____
Second Cross-Claimant, if applicable

Law firm, or entity for which filing is made, if applicable

Mailing address

Telephone number

Email address

Additional email address, if applicable

Small Claims Form 3.16: *Affidavit of Default*

In the Iowa District Court for _____ County

Plaintiff(s)

(Name)

(Address)

(Name)

(Address)

vs.

Defendant(s)

(Name)

(Address)

(Name)

(Address)

**Affidavit of Default
(Failure to Comply with Payment Plan)**

Small Claim No. _____

1. The court entered judgment on the _____ day of _____, 20____, in the amount of \$ _____ plus court costs in the amount of \$ _____.
2. The court further ordered that the judgment debtor(s) could satisfy the judgment by an installment payment plan of \$ _____ per _____ beginning on the _____ day of _____, 20____.
3. The judgment debtor(s) has (have) failed to make installment payments as ordered.

I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the preceding is true and correct.

Date: _____

Signature of Affiant

/s/ _____
Filing Judgment Creditor or Attorney

Law firm, for which filing is made, if applicable

Mailing address

Phone number

Email address

Additional Email address, if applicable

Small Claims Form 3.17: *Application to Condemn Funds*

In the Iowa District Court for _____ County

Plaintiff(s)

(Name)

(Name)

vs.

Defendant(s)

(Name)

(Name)

Application to Condemn Funds

Small Claim No. _____

The undersigned states as follows:

1. An Execution was issued based on the judgment entered in this case.
2. A Garnishment was served and the garnishee has either answered that after allowing all exemptions money is owed to Defendant(s) named above, or turned over the funds pursuant to Iowa Code sections 642.10 and 642.13.
3. The Notice of Garnishment required by Iowa Code section 642.14 was served on Defendant(s) named above.
4. A copy of that Notice with proof of service on Defendant(s) is on file.
5. More than **10 days** have passed since the Notice of Garnishment was served.
6. No motion, Answer, Affidavit of Exemption, or other pleading has been filed to contest the Garnishment.

Based on the foregoing, Plaintiff(s) request(s) the court issue an order condemning the garnished funds.

/s/ _____
Filing Plaintiff or Attorney

Law firm, or entity for which filing is made, if applicable

Mailing address

Telephone number

Email address

Additional email address, if applicable

/s/ _____
Second Plaintiff, if applicable

Law firm, or entity for which filing is made, if applicable

Mailing address

Telephone number

Email address

Additional email address, if applicable

Small Claims Form 3.18: *Dismissal*

In the Iowa District Court for _____ County

Plaintiff(s)

(Name)

(Name)

Defendant(s)

(Name)

(Name)

vs.

Dismissal

Small Claim No. _____

By this filing, I (we) dismiss my (our) claim(s) (check **only one** of the following):

With prejudice (I (we) cannot refile the claim(s)).

Without prejudice (I (we) may refile the claim(s)).

/s/ _____
Filing Plaintiff or Attorney

Law firm, or entity for which filing is made, if applicable

Mailing address

Telephone number

Email address

Additional email address, if applicable

/s/ _____
Second Plaintiff, if applicable

Law firm, or entity for which filing is made, if applicable

Mailing address

Telephone number

Email address

Additional email address, if applicable

In the Iowa District Court for _____ County

<p>Plaintiff(s) _____ (Name)</p> <p>_____ (Name)</p> <p style="text-align: center;">vs.</p> <p>Defendant(s) _____ (Name)</p> <p>_____ (Name)</p>	<p style="text-align: center;">Notice of Garnishment</p> <p>Small Claim No. _____</p> <p>If you need assistance to participate in court due to a disability, call the disability coordinator (information at https://www.iowacourts.gov/for-the-public/ada). Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). Disability coordinators cannot provide legal advice.</p>
--	--

- You are notified** that a Garnishment was issued based on a judgment against you and the Garnishment was served on _____, who has admitted to be in possession of your property or is indebted to you.
- You are further notified** that to contest the Garnishment you must file a Motion to Quash, an Answer, an Affidavit of Exemption, or other appropriate pleading within **10 days** from the date this Notice was served on you. Your motion, Answer, or pleading must explain why you think these funds are exempt from execution under state or federal law. Some examples of exempt funds may include social security benefits, public assistance, county assistance, veteran's benefits, and unemployment compensation. These are examples only and not intended as a complete list. If you do not contest the Garnishment, a court order will be entered condemning the funds and the funds will be applied against the judgment.
- Any Motion to Quash, Answer, Affidavit of Exemption, or other pleading that you file to contest the Garnishment must be electronically filed using the Iowa Judicial Branch Electronic Document Management System (EDMS) at <https://www.iowacourts.state.ia.us/EFile> unless you obtain an exemption from electronic filing requirements from the court.
- If you file to contest the Garnishment, the court may set a prompt hearing, in which case you will receive electronic notification of the hearing through EDMS. If the court sets a hearing, you should be ready to explain to the judge why you believe your property is exempt from the Garnishment.
- Iowa Code section 642.14 requires that you be told the exact language of Iowa Code section 630.3A. That section reads:

At any time after the rendition of judgment the court, upon application of the judgment creditor or the judgment debtor and upon notice to the adverse party as the court shall direct, shall conduct a hearing to determine the reasonably expected annual earnings of the judgment debtor for the current calendar year and the applicable limitation upon garnishment as provide in Section 642.21. The court shall also consider in the interest of justice whether a greater amount than provided in Section 642.21 shall be exempt from garnishment. In making the determination, the court shall consider the age, number and circumstances of the dependents of the debtor, existing federal poverty level guidelines, the debtor's maintenance and support needs, the debtor's other financial obligations, and any other relevant information. An order reducing the garnishment may be modified or vacated upon the application of a party to the court, notice to the adverse party, and a showing at a hearing of changed circumstances. An additional filing fee shall not be assessed for proceedings under this section.

You may wish to consult a lawyer for advice as to the meaning of this notice.

Continued on next page

/s/ _____
Filing Judgment Creditor or Attorney

Law firm, or entity for which filing is made, if applicable

Mailing address

Telephone number

Email address

Additional email address, if applicable

/s/ _____
Second Judgment Creditor, if applicable

Law firm, or entity for which filing is made, if applicable

Mailing address

Telephone number

Email address

Additional email address, if applicable

/s/ _____
Filing Defendant or Attorney

Law firm, or entity for which filing is made, if applicable

Mailing address

Telephone number

Email address

Additional email address, if applicable

/s/ _____
Second Defendant, if applicable

Law firm, or entity for which filing is made, if applicable

Mailing address

Telephone number

Email address

Additional email address, if applicable

In the Iowa District Court for _____ County

Plaintiff(s) _____ (Name) _____ (Name) vs. Defendant(s) _____ (Name) _____ (Name)	<p>Affidavit of Property Exempt from Execution (Iowa Code sections 626.50 and 642.15)</p> Small Claim No. _____
---	--

1. This is an Affidavit pursuant to Iowa Code sections 626.50 and 642.15 to inform the sheriff and creditors of income and property exempt from execution under Iowa law. **This filing is not an Answer or motion in this proceeding.**

2. The following are my (our) only sources of monthly income and are exempt from execution (check all that apply):

- Social Security \$ _____
- Supplementary Security Income (SSI) \$ _____
- Veterans benefits \$ _____
- Alimony, support, or separate maintenance \$ _____
- Other (any other source of income) \$ _____
- Employment* \$ _____

*Under Iowa law, disposable earnings are exempt if less than \$290/week, \$580/every 2 weeks, or \$1,257/month.

3. I (We) have \$ _____ in cash, checking, and savings. This money is deposits from the sources listed above. If there are deposits from others sources, they total \$1000 or less.

4. I (We) own the following property, which is exempt from execution (check all that apply):

- Homestead;
- Clothing, suitcases, musical instruments, and household goods and furnishings with a total value of \$7,000 or less;
- Books, family Bibles, pictures, portraits, and paintings with a total value of \$1000 or less;
- Burial plots;
- One shotgun and either one rifle or one musket;
- Prescribed health aids;
- A motor vehicle (list year and make), _____, with equity of \$7,000 or less;
- Tools of trade or farm equipment, livestock, and feed with a total value of \$10,000 or less;
- Wedding or engagement rings with a total value of \$5,000 or less, or wedding or engagement rings received at least two years before the date of this Affidavit;
- Other jewelry with a total value of \$2,000 or less;

- Cash value of life insurance of \$10,000 or less if spouse, child, or dependent is beneficiary;
- Rental deposits, utility deposits, or rent paid in advance of \$500 or less;
- Qualified retirement funds;
- Cash on hand, bank deposits, other deposits, and other personal property up to \$1,000.

5. I (We) will electronically file this original document using the Iowa Judicial Branch Electronic Document Management System (EDMS) at <https://www.iowacourts.state.ia.us/EFile>, unless I (we) obtain an exemption from electronic filing requirements from the court. I (We) will provide a copy of this original document to

- The Sheriff of _____ County.

6. If this original document is electronically filed, EDMS will serve copies on the other party(ies) or on the attorney(s) for the other party(ies). The Notice of Electronic Filing will indicate if I (we) must mail a copy to other party(ies).

I (We) certify, under the penalty of perjury, that I (we) own all of the property listed on this Affidavit and, to the best of my (our) knowledge, it is an accurate listing of my (our) exempt property.

Date: _____

Date: _____

Defendant's signature

Defendant's signature

/s/ _____
Filing Defendant or Attorney

/s/ _____
Second Defendant, if applicable

Law firm, or entity for which filing is made, if applicable

Law firm, or entity for which filing is made, if applicable

Mailing address

Mailing address

Telephone number

Telephone number

Email address

Email address

Additional email address, if applicable

Additional email address, if applicable

Small Claims Form 3.22: *Application for Release and Satisfaction of Judgment*

In the Iowa District Court for _____ County

Plaintiff(s)

(Name)

(Name)

vs.

Defendant(s)

(Name)

(Name)

**Application for Release
and Satisfaction of Judgment**

Small Claim No. _____

1. The judgment entered has been paid off or satisfied in full.
2. The judgment creditor has failed to file a release and satisfaction of that judgment.
3. Check only one of the following:
 - Applicant(s) has (have) requested in writing the release and satisfaction from the judgment creditor(s) and provided a draft release of the judgment to the last known address of the judgment creditor(s). Copies of those documents are attached, and applicant(s) request(s) imposition of the \$400 penalty pursuant to Iowa Code section 624.37; or,
 - Applicant(s) has (have) made reasonable efforts, without success, to contact the judgment creditor(s) to obtain the release and satisfaction.
4. Proof of payment of the judgment is attached.
5. The undersigned requests that the court enter an order stating the judgment is released and satisfied or in the alternative, set this matter for hearing.

/s/ _____
Filing Applicant or Attorney

/s/ _____
Second Applicant, if applicable

Law firm, or entity for which filing is made, if applicable

Law firm, or entity for which filing is made, if applicable

Mailing address

Mailing address

Telephone number

Telephone number

Email address

Email address

Additional email address, if applicable

Additional email address, if applicable

Small Claims Form 3.23: *Release and Satisfaction of Judgment*

In the Iowa District Court for _____ County

Plaintiff(s)

(Name)

(Name)

vs.

Defendant(s)

(Name)

(Name)

Release and Satisfaction of Judgment

Small Claim No. _____

To Judgment Debtor(s):

I (We) knowingly and voluntarily state that the judgment in this matter has been paid off or satisfied in full, including interest and court costs, and I (we) release the Debtor(s) named above from any further obligation on the judgment in this matter.

Note: Failure to satisfy and release a judgment, when paid off or satisfied in full, could result in a penalty of \$400.00 if not filed within **30 days** of written request (Iowa Code section 624.37).

Date: _____

Date: _____

Judgment Creditor's signature (must sign before a Notary)

Judgment Creditor's signature (must sign before a Notary)

/s/ _____

/s/ _____

Judgment Creditor's name

Judgment Creditor's name

Law firm, or entity for which filing is made, if applicable

Law firm, or entity for which filing is made, if applicable

Mailing address

Mailing address

Email address

Email address

Additional email address, if applicable

Additional email address, if applicable

Certification of Acknowledgment (Iowa Code section 624.37):

On this date, _____,
appeared before me, acknowledged that signing this Release and Satisfaction of Judgment was a
voluntary and knowing act, and signed the document before me.

Date: _____

Notary Public or Clerk of Court

Small Claims Form 3.25: Request for General Execution (Praecipe)

In the Iowa District Court for _____ County

Plaintiff(s)

(Name)

(Address)

(Name)

(Address)

vs.

Defendant(s)

(Name)

(Address)

(Name)

(Address)

**Request for General Execution
(Praecipe)
(Iowa Code section 626.12)**

Small Claim No. _____

To the Clerk of Court for _____ County: Please issue a writ of General Execution to the Sheriff of _____ County, Iowa, against (list name(s) of judgment debtor(s)) _____ for the balance owing on the judgment in this matter.

Date of Judgment _____

Original amount of judgment \$ _____

Original amount of court costs \$ _____

Original amount of attorney fees \$ _____

Interest accrued to (date) _____

Interest rate per annum: _____%

Effective from (date) _____

Balance due on judgment \$ _____

Balance due on court costs \$ _____

Balance due on attorney fees \$ _____

Amount of interest accrued \$ _____

Total amount due \$ _____

Interest amount per diem \$ _____

I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the preceding is true and correct.

Date: _____

Judgment Creditor's signature

/s/ _____

Filing Judgment Creditor or Attorney

Law firm, or entity for which filing is made, if applicable

Mailing address

Phone #

Email address

Additional email address, if applicable

Small Claims Form 3.26: *Notice of Appeal*

In the Iowa District Court for _____ County

Plaintiff(s)

(Name)

(Name)

vs.

Defendant(s)

(Name)

(Name)

Notice of Appeal

Small Claim No. _____

1. I (We) appeal to the district court from the judgment entered on the _____ day of _____, 20_____.

2. I (We) am (are) appealing this decision because:

By checking this box, I (we) request an oral hearing. If my (our) request is granted, I (we) will receive a notice of hearing time and date.

Note: The appealing party(ies) must electronically file this original Notice of Appeal using the Iowa Judicial Branch Electronic Document Management System (EDMS) at <https://www.iowacourts.state.ia.us/EFile>, unless exempted from electronic filing requirements by the court,. EDMS will serve a copy of this Notice of Appeal on the other party(ies) or on the attorney(s) for the other party(ies). The Notice of Electronic Filing will indicate if the other party(ies) are exempt from electronic filing, and if the appealing party(ies) must mail a copy of this Notice of Appeal to the other party(ies).

/s/ _____

Filing Appealing Party or Attorney

Law firm, or entity for which filing is made, if applicable

Mailing address

Telephone number

Email address

Additional email address, if applicable

/s/ _____

Second Appealing Party, if applicable

Law firm, or entity for which filing is made, if applicable

Mailing address

Telephone number

Email address

Additional email address, if applicable

Small Claims Form 3.27: *Verification of Account, Identification of Judgment Debtor, and Certificate Re Military Service*

In the Iowa District Court for _____ County

Plaintiff(s) _____ (Name) _____ (Name) vs. Defendant(s) _____ (Name) _____ (Name)	<p>Verification of Account, Identification of Judgment Debtor, and Certificate Re Military Service</p> Small Claim No. _____ For defendant: _____ (This form required for each Defendant.)
---	--

1. I, _____, am a party or an employee of Plaintiff(s) whose claim(s) is (are) shown in the attached statement(s). I have personal knowledge that the attached statement(s) is (are) a true copy of the original creditor's records showing the balance due is true and correct. I further state that the sum of \$_____ is the balance due and owing as of _____ from Defendant(s) to Plaintiff(s) and any interest amount owing is accurately stated in the Petition or Original Notice.

2. I further state that Defendant resides at _____, is employed at _____, and Defendant's occupation is _____.

3. Check A, B, or C for Defendant

- A. Defendant **is not** in the military service of the United States government, I have verified this fact by (check one):
- Checking the Defense Manpower Data Center (DMDC) (requires name and SSN or name and date of birth).
 - Contacting Defendant who informed me.
 - Regularly seeing Defendant and believing Defendant is are not active in the U.S. military.

Or B. I have investigated, and I am unable to determine whether or not Defendant is in the military service of the United States government

Or C. Defendant **is** in the military service of the United States government

4. I also state to the best of my knowledge (check one):

- Defendant **is** under a disability or confined in a reformatory, jail, or penitentiary.
- Defendant **is not** under a disability or confined in a reformatory, jail, or penitentiary

I certify under penalty of perjury and pursuant to the laws of the State of Iowa that these facts are true and correct.

Date: _____

Signature of Affiant

Phone number

/s/ _____
Filing Plaintiff or Attorney

Email address

Law firm, or entity for which filing is made, if applicable

Additional email address, if applicable

Mailing Address