CHAPTER 3

STANDARD FORMS OF PLEADINGS FOR SMALL CLAIMS ACTIONS

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|-----------|---|--|--|--|--|
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| Form 3.3 | Original Notice and Petition for a Money Judgment against a Nonresident | | | | |
| | Motor Vehicle Owner or Operator Defendant | | | | |
| Form 3.4 | Original Notice and Petition for a Money Judgment against a Nonresident | | | | |
| | Defendant or a Foreign Corporation Defendant | | | | |
| Form 3.5 | Original Notice and Petition for Replevin | | | | |
| Form 3.6 | Original Notice and Petition for Forcible Entry and Detainer | | | | |
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| Form 3.23 | Release and Satisfaction of Judgment | | | | |
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| | Certificate Re Military Service | | | | |

CHAPTER 3

STANDARD FORMS OF PLEADINGS FOR SMALL CLAIMS ACTIONS [Pursuant to Iowa Code section 631.15]

Form 3.1: Original Notice and Petition for a Money Judgment.

| Original Notice and Petition for a Money Judgment Small Claim No. |
|---|
| for a Money Judgment |
| |
| Small Claim No. |
| |
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| |
| If you need assistance to participate in court due to a disability, call the disability coordinator at Persons who are hearing or speech impaired may call Relay lowa TTY |
| (1-800-735-2942). Disability coordinators cannot provide legal advice. |
| |
| s you file an Appearance and Answer within 20 days gment may include the amount requested plus interest Answer with the clerk of the district court in the above |
| 0 days and you deny the claim, the clerk will notify you |
| t mail a copy of the form to Plaintiff(s) or to the attorney low. |
| dress change. |
| Plaintiff's signature |
| Printed name |
| Mailing address |
| Phone # |
| |
| |

[Court Order December 11, 1975, received for publication February 28, 1984; June 29, 1984; Letter May 12, 1987 (obsolete reference to "town" stricken); November 9, 2001, effective February 15, 2002; May 7, 2012]

| Form 3.2: Original Notice and Petition for a Money Judgment for Taxes Owing. |
|--|
|--|

| In the Iowa District Court f | orCounty |
|------------------------------|---|
| Plaintiff | Original Notice and Petition for a Money |
| (Name) | Judgment for Taxes Owing (lowa Code sections 631.1(7) and 445.3) |
| (Address) VS. | Small Claim No |
| Defendant(s) | |
| (Name) | / |
| (Address) | |
| (Name) | If you need assistance to participate in court due to a disability, call the disability coordinator at Persons who are hearing or speech impaired may call Relay Iowa TTY |
| (Address) | (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. You must file the Appearance and Answer with the clerk of the district court in the above county, located at

3. If your Appearance and Answer is filed within **20 days**, and you deny the claim, the clerk will notify you of the place and time of the hearing on this matter.

4. If you file an Appearance and Answer you must mail a copy of the form to Plaintiff.

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

Signature of Plaintiff Treasurer/Designee

Printed name

Mailing address

Phone #

Email address

[Court Order May 7, 2012]

| Form 3.3: | Original Notic | e and | Petition | for | Money | Judgment | against | a | Nonresident | Motor |
|-------------|-----------------------|-------|----------|-----|-------|----------|---------|---|-------------|-------|
| Vehicle Own | er or Operator | Defen | dant. | | | | | | | |

| In the Iowa District Court | forCounty |
|--|---|
| Plaintiff(s) | Original Notice and Petition for a Money |
| (Name) | Judgment against a Nonresident Motor Vehicle Owner or Operator Defendant |
| (Address) | |
| (Name) | Small Claim No |
| (Address) | - |
| vs. Defendant(s) | |
| Name) | — |
| (Address) | — |
| (Name) | If you need assistance to participate in court due to a disability, call the disability coordinator at Persons who are hearing or speech impaired may call Relay lowa TTY |
| (Address) | (1-800-735-2942). Disability coordinators cannot provide legal advice. |
| To Defendant(s): | |
| | rom you the amount of \$ plus court |
| | |
| costs based on (state briefly the basis for the der | mand, not to exceed \$5000): |
| costs based on (state briefly the basis for the der | mand, not to exceed \$5000): |
| 1. You are notified that Plaintiff(s) demand(s) fr costs based on (state briefly the basis for the der | mand, not to exceed \$5000): |
| costs based on (state briefly the basis for the der 2. Judgment may be entered against you unle of the filing of this Original Notice with the Director may include the amount requested plus interest a | mand, not to exceed \$5000): ess you file an Appearance and Answer within 60 days or of the Iowa Department of Transportation. Judgment and court costs. You must file the Appearance and |
| 2. Judgment may be entered against you unlend to be addressed on (state briefly the basis for the derection of the filing of this Original Notice with the Director may include the amount requested plus interest a Answer with the clerk of the district court in the all of the district court in th | mand, not to exceed \$5000): ess you file an Appearance and Answer within 60 days or of the Iowa Department of Transportation. Judgment and court costs. You must file the Appearance and bove county, located at |
| 2. Judgment may be entered against you unle of the filing of this Original Notice with the Director may include the amount requested plus interest a Answer with the clerk of the district court in the al | ess you file an Appearance and Answer within 60 days or of the Iowa Department of Transportation. Judgment and court costs. You must file the Appearance and bove county, located at 60 days and you deny the claim, the clerk will notify you |
| 2. Judgment may be entered against you unleaded on the derection of the filing of this Original Notice with the Director may include the amount requested plus interest a Answer with the clerk of the district court in the allower with the clerk of the district court in the allower of the time and place for the hearing on this matter the time and place for the hearing on this matter the time and place for the hearing on this matter the time and place for the hearing on this matter the time and place for the hearing on this matter the time and place for the hearing on this matter the time and place for the hearing on the sector of the time and place for the hearing on the sector of the time and place for the hearing on the sector of the time and place for the hearing on the sector of the time and place for the hearing on the sector of the time and place for the hearing on the sector of the time and place for the hearing on the sector of the time and place for the hearing on the sector of the time and place for the hearing on the sector of the time and place for the hearing on the sector of the time and place for the hearing on the sector of the time and place for the hearing on the sector of the time and place for the hearing on the sector of the time and place for the hearing on the sector of the time and place for the hearing on the sector of the time and place for the hearing on the sector of the time and place for the hearing on the sector of the time and place for the hearing on the sector of the time and place for the hearing on the sector of the sector of the time and place for the hearing on the sector of the time and place for the hearing on the sector of the time and place for the hearing on the sector of the time and place for the hearing on the sector of the time and place for the hearing on the sector of the time and place for the hearing on the sector of the time and place for the time and place for the hearing of the time and place for the hearing of the time and place for the time and | ess you file an Appearance and Answer within 60 days or of the Iowa Department of Transportation. Judgment and court costs. You must file the Appearance and bove county, located at 60 days and you deny the claim, the clerk will notify you er. |
| Losses based on (state briefly the basis for the der Judgment may be entered against you unleaded of the filing of this Original Notice with the Director may include the amount requested plus interest a Answer with the clerk of the district court in the al If your Appearance and Answer is filed within of the time and place for the hearing on this matter If you file the Appearance and Answer form, y | ess you file an Appearance and Answer within 60 days or of the Iowa Department of Transportation. Judgment and court costs. You must file the Appearance and bove county, located at 60 days and you deny the claim, the clerk will notify you er. |
| 2. Judgment may be entered against you unleed of the filing of this Original Notice with the Director may include the amount requested plus interest at Answer with the clerk of the district court in the allocation. 3. If your Appearance and Answer is filed within of the time and place for the hearing on this matter. 4. If you file the Appearance and Answer form, y 5. You must also notify the clerk's office of any a | ess you file an Appearance and Answer within 60 days or of the Iowa Department of Transportation. Judgment and court costs. You must file the Appearance and bove county, located at 60 days and you deny the claim, the clerk will notify you er. |
| 2. Judgment may be entered against you unle of the filing of this Original Notice with the Director may include the amount requested plus interest a Answer with the clerk of the district court in the al 3. If your Appearance and Answer is filed within of the time and place for the hearing on this matter 4. If you file the Appearance and Answer form, y 5. You must also notify the clerk's office of any a Plaintiff's signature | mand, not to exceed \$5000): ess you file an Appearance and Answer within 60 days or of the lowa Department of Transportation. Judgment and court costs. You must file the Appearance and bove county, located at 60 days and you deny the claim, the clerk will notify you er. rou must mail a copy of the form to Plaintiff(s). address change. |
| costs based on (state briefly the basis for the der 2. Judgment may be entered against you unle of the filing of this Original Notice with the Director may include the amount requested plus interest a Answer with the clerk of the district court in the al 3. If your Appearance and Answer is filed within of the time and place for the hearing on this matter 4. If you file the Appearance and Answer form, y 5. You must also notify the clerk's office of any a Plaintiff's signature Printed name | ess you file an Appearance and Answer within 60 days or of the lowa Department of Transportation. Judgment and court costs. You must file the Appearance and bove county, located at |
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[Report September 29, 1987, effective December 1, 1987; November 9, 2001, effective February 15, 2002; May 7, 2012]

| Plaintiff(s) | Original Notice and Petition for a Money |
|---|---|
| Name) (Address) | Judgment against a Nonresident Defendant or a Foreign Corporation |
| | Defendant |
| Name) | Small Claim No |
| (Address) VS. | |
| Defendant(s) | |
| Name) | |
| Address) | If you need assistance to participate in court due to a disability, |
| Name) | call the disability coordinator at Persons who are hearing or speech impaired may call Relay lowa TTY (1-800-735-2942). Disability coordinators cannot provide |
| (Address) | legal advice. |
| If you received service of this Original Notice State, you must file your Appearance and Ar Notice with the Secretary of State. | you file an Appearance and Answer as follows: by mail along with service upon the Secretary of aswer within 60 days of the filing of the Original |
| If you received service of this Original Notice State, you must file your Appearance and Ar Notice with the Secretary of State. If you received service of this Original Notice Appearance and Answer within 60 days after You must file the Appearance and Answer within the cat | e by mail along with service upon the Secretary of newer within 60 days of the filing of the Original e in a manner other than by mail, you must file your er the date you received the Original Notice. derk of the district court in the above county, located d you deny the claim, the clerk will notify you of the |
| If you received service of this Original Notice State, you must file your Appearance and Ar Notice with the Secretary of State. If you received service of this Original Notice Appearance and Answer within 60 days after You must file the Appearance and Answer within the cat | e by mail along with service upon the Secretary of newer within 60 days of the filing of the Original e in a manner other than by mail, you must file your er the date you received the Original Notice. Herk of the district court in the above county, located d you deny the claim, the clerk will notify you of the must mail a copy of the form to Plaintiff(s). |
| If you received service of this Original Notice State, you must file your Appearance and Ar Notice with the Secretary of State. If you received service of this Original Notice Appearance and Answer within 60 days after You must file the Appearance and Answer within 60 days after 3. If your Appearance and Answer is timely filed and time and place for the hearing on this matter. If you file the Appearance and Answer form, you file the Appearance and Answer form. | e by mail along with service upon the Secretary of hower within 60 days of the filing of the Original e in a manner other than by mail, you must file your er the date you received the Original Notice. Herk of the district court in the above county, located d you deny the claim, the clerk will notify you of the must mail a copy of the form to Plaintiff(s). |
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| If you received service of this Original Notice State, you must file your Appearance and Ar Notice with the Secretary of State. If you received service of this Original Notice Appearance and Answer within 60 days afte You must file the Appearance and Answer within 60 days afte. If your Appearance and Answer within 60 days afte. If your Appearance and Answer within 60 days afte. If your Appearance and Answer within 60 days afte. If your Appearance and Answer within 60 days afte. If your Appearance and Answer is timely filed and time and place for the hearing on this matter. If you file the Appearance and Answer form, you file. You must also notify the clerk's office of any address. | e by mail along with service upon the Secretary of hower within 60 days of the filing of the Original e in a manner other than by mail, you must file your er the date you received the Original Notice. et in a manner other than by mail, you must file your er the date you received the Original Notice. et in a manner other than by mail, you must file your er the date you received the Original Notice. et in a manner other than by mail, you must file your er the date you received the Original Notice. et in a manner other than by mail, you must file your er the date you received the Original Notice. d you deny the claim, the clerk will notify you of the must mail a copy of the form to Plaintiff(s). ress change. Plaintiff's signature Printed name Mailing address |
| If you received service of this Original Notice State, you must file your Appearance and Ar Notice with the Secretary of State. If you received service of this Original Notice | e by mail along with service upon the Secretary of hower within 60 days of the filing of the Original e in a manner other than by mail, you must file your er the date you received the Original Notice. er the date you received the Original Notice. elerk of the district court in the above county, located d you deny the claim, the clerk will notify you of the must mail a copy of the form to Plaintiff(s). ress change. Plaintiff's signature Printed name Mailing address Phone # |
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| If you received service of this Original Notice State, you must file your Appearance and Ar Notice with the Secretary of State. If you received service of this Original Notice Appearance and Answer within 60 days afte You must file the Appearance and Answer with the c at | a by mail along with service upon the Secretary of hower within 60 days of the filing of the Original a in a manner other than by mail, you must file your er the date you received the Original Notice. a in a manner other than by mail, you must file your er the date you received the Original Notice. a dyou deny the district court in the above county, located d you deny the claim, the clerk will notify you of the must mail a copy of the form to Plaintiff(s). ress change. Plaintiff's signature Printed name Mailing address Phone # Email address |
| If you received service of this Original Notice State, you must file your Appearance and Ar Notice with the Secretary of State. If you received service of this Original Notice Appearance and Answer within 60 days after You must file the Appearance and Answer within 60 days after You must file the Appearance and Answer within 60 days after You must file the Appearance and Answer is timely filed and time and place for the hearing on this matter. If you file the Appearance and Answer form, you the second time and place for the hearing on this matter. If you must also notify the clerk's office of any address | a by mail along with service upon the Secretary of hower within 60 days of the filing of the Original a in a manner other than by mail, you must file your er the date you received the Original Notice. a in a manner other than by mail, you must file your er the date you received the Original Notice. a dyou deny the district court in the above county, located d you deny the claim, the clerk will notify you of the must mail a copy of the form to Plaintiff(s). ress change. Plaintiff's signature Printed name Mailing address Phone # Email address |

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

| Form 3.5: | Original Notice and Petition for Rep | olevin. |
|-----------|--------------------------------------|---------|
|-----------|--------------------------------------|---------|

| | In the Iowa District Court for | County |
|--------------|--------------------------------|---|
| Plaintiff(s) | | Original Notice and |
| (Name) | | Petition for Replevin (lowa Code chapter 643) |
| (Address) | | Small Claim No |
| (Name) | | |
| (Address) | VS. | |
| Defendant(s) | | |
| (Name) | | |
| (Address) | | |
| (Name) | | If you need assistance to participate in court due to a disability, call the disability coordinator at Persons who are hearing or speech impaired may call Relay Iowa TTY |
| (Address) | | (1-800-735-2942). Disability coordinators cannot provide legal advice. |

To Defendant(s):

1. You are notified that Plaintiff(s) demand(s) relief (not to exceed \$5000 in total) from you in regard to the following described property:

2. The value of the property described is (value may not exceed \$5,000): \$_____

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

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

(If asking for money damages, total amount including value of property cannot exceed \$5,000.)

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

Original Notice and Petition for Replevin (cont'd)

- 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. You must file the Appearance and Answer with the clerk of the district court in the above county, located at ______

7. If your Appearance and Answer is filed within **20 days** and you deny the claim, the clerk will notify you of the time and place for the hearing on this matter.

8. If you file the Appearance and Answer, you must mail a copy of the form to Plaintiff(s).

9. 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 |
| Printed name | Printed name |
| Mailing address | Mailing address |
| Phone # | Phone # |
| Email address | Email address |

[Report March 10, 1987, effective July 1, 1987; Court Order November 25, 1998; November 9, 2001, effective February 15, 2002; June 14, 2002, effective July 1, 2002; May 7, 2012]

Form 3.6: Original Notice and Petition for Forcible Entry and Detainer.

| In the Iowa District Court for | County |
|---|---|
| Plaintiff(s) | Original Notice and Petition |
| Name) | for Forcible Entry and Detainer (lowa Code chapter 648) |
| (Address) | Small Claim No. |
| (Name) | |
| (Address) VS. | |
| Defendant(s) | |
| (Name) | |
| (Address) | |
| (Name) | If you need assistance to participate in court due to a disability, call the disability coordinator at Persons who are hearing or speech impaired may call Relay lowa TTY |
| (Address) | who are hearing or speech impaired may call Relay lowa TTY (1-800-735-2942). Disability coordinators cannot provide legal advice. |
| 2. Hearing is set for:o'clockm. on the the County Courthouse, ir | day of, 20, n, lowa, located at |
| electronically record the hearing. If either party desir that party must arrange and pay for the costs of repo | es that a certified court reporter report the hearing, |
| in judgment entered against you for possession of | ning. Failure to appear at the hearing may result |
| Plaintiff(s): The court shall set the date of hearing to | of the property and court costs. |
| Plaintiff(s): The court shall set the date of hearing to Original Notice unless you check the box below: | of the property and court costs. To occur within 8 days from the filing date of the |
| Original Notice unless you check the box below: | of the property and court costs. 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 coun days from the filing of the Original Notice. | of the property and court costs. 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 coun days from the filing of the Original Notice. Plaintiffs signature | of the property and court costs. To occur within 8 days from the filing date of the rt setting the date of hearing to occur no later than 1 |
| Original Notice unless you check the box below: Plaintiff(s) request(s) or consent(s) to the court | of the property and court costs. To occur within 8 days from the filing date of the rt setting the date of hearing to occur no later than 1 Plaintiffs signature |
| Original Notice unless you check the box below: Plaintiff(s) request(s) or consent(s) to the coun days from the filing of the Original Notice. Plaintiffs signature Printed name | of the property and court costs. To occur within 8 days from the filing date of the setting the date of hearing to occur no later than 1 Plaintiff's signature Printed name |
| Original Notice unless you check the box below: Plaintiff(s) request(s) or consent(s) to the coun days from the filing of the Original Notice. Plaintiff's signature Printed name Mailing address | of the property and court costs. to occur within 8 days from the filing date of the rt setting the date of hearing to occur no later than 1 Plaintiff's signature Printed name Mailing address |

[Court Order December 11, 1975, received for publication February 28, 1984; Letter May 12, 1987 (obsolete reference to "town" stricken); November 9, 2001, effective February 15, 2002; May 7, 2012]

| Form 3.7: (| Original Notice and Petition ag | ainst Third Party Defendant(s). |
|-------------|---------------------------------|---------------------------------|
|-------------|---------------------------------|---------------------------------|

| In the Iowa District Court for | County |
|--|---|
| Plaintiff(s) | Original Notice and Petition |
| (Name) | against Third Party Defendant(s) |
| (Address) | Small Claim No |
| (Name) | |
| (Address) | |
| vs. Defendant(s)/Third Party Plaintiff(s) | |
| (Name) | |
| (Address) | If you need assistance to participate in court due to a disability, call the disability coordinator at Persons who are hearing or speech impaired may call Relay Iowa TTY |
| (Name) | (1-800-735-2942). Disability coordinators cannot provide legal advice. |
| (Address) | |
| vs. Third Party Defendant(s) | |
| (Name) | (Name) |
| (Address) | (Address) |
| | ment may include the amount requested plus interest |
| and court costs. You must file the Appearance and . county, located at | Answer with the clerk of the district court in the above |
| If your Appearance and Answer is filed within 20 will notify you of the time and place for the hearing o | days and you deny this Third Party Petition, the clerk n this matter. |
| 4. If you file the Appearance and Answer form, you | must mail a copy of the form to all parties. |
| 5. You must also notify the clerk's office of any addr | ress change. |
| Third Party Plaintiff's signature | Third Party Plaintiff's signature |
| Printed name | Printed name |
| Mailing address | Mailing address |
| Phone # | Phone # |
| Final address | Email address |
| Email address | Email address |

[Court Order December 11, 1975, received for publication February 28, 1984; June 29, 1984; Letter May 12, 1987 (obsolete reference to "town" stricken); November 9, 2001, effective February 15, 2002; May 7, 2012]

Form 3.8: Original Notice and Petition for Disposition of Abandoned Property.

| In the Iowa District Court for | County |
|---|---|
| Plaintiff(s) | Original Notice and Petition for |
| (Name) | Disposition of Abandoned Property (lowa Code chapter 555B) |
| (Address) | (Mobile Home and Personal Property in the Vicinity) |
| (Name) | Small Claim No |
| (Address) VS. | |
| Defendant(s) | |
| (Name) | |
| (Address) | |
| (Name) | If you need assistance to participate in court due to a disabilit call the disability coordinator at Person who are hearing or speech impaired may call Relay lowa TTT |
| (Address) | (1-800-735-2942). Disability coordinators cannot provide legal advice. |
| because (state basis of demand): | y the sheriff as provided for in Iowa Code section |
| 2. In support of this demand Plaintiff(s) state(s): Plaintiff(s) has (have) not requested notice b 555B.2; The property is located in the above county; There is no lien against the property other th 3. Hearing is set for: o'clockm. on th County Courthouse, in courthouse). The court will electronically record the | and an a tax lien pursuant to lowa Code chapter 435. e day of, 20, at the , lowa, located at (street address of hearing. Any party desiring that a certified court |
| 2. In support of this demand Plaintiff(s) state(s): Plaintiff(s) has (have) not requested notice b 555B.2; The property is located in the above county; There is no lien against the property other th 3. Hearing is set for: o'clockm. on the County Courthouse, in courthouse). The court will electronically record the reporter report the hearing must arrange and pay for hearing may result in judgment entered against y costs, and the property will be disposed of as ab Note: Service must be made on the owner of the protect in the protect of the protect in the protect of the protect of the protect of the property within 14 days of filing the Petitic protect of the prote | and an a tax lien pursuant to lowa Code chapter 435. an a tax lien pursuant to lowa Code chapter 435. and the set and the se |
| 2. In support of this demand Plaintiff(s) state(s): Plaintiff(s) has (have) not requested notice b 555B.2; The property is located in the above county; There is no lien against the property other th 3. Hearing is set for: o'clockm. on the County Courthouse, in courthouse). The court will electronically record the reporter report the hearing must arrange and pay for hearing may result in judgment entered against y costs, and the property will be disposed of as ab Note: Service must be made on the owner of the protect hearing must be set within 14 days of filing the Petitie Plaintiff's signature | and an a tax lien pursuant to lowa Code chapter 435. and an a tax lien pursuant to lowa Code chapter 435. and a tax lien pursuant to lowa Code chapter 435. and a tax lien pursuant to lowa Code chapter 435. and a tax lien pursuant to lowa Code chapter 435. (street address of the address |
| 2. In support of this demand Plaintiff(s) state(s): Plaintiff(s) has (have) not requested notice b 555B.2; The property is located in the above county; There is no lien against the property other th 3. Hearing is set for: o'clockm. on the County Courthouse, in courthouse). The court will electronically record the reporter report the hearing must arrange and pay for hearing may result in judgment entered against y costs, and the property will be disposed of as ab Note: Service must be made on the owner of the protect in the protect of the protect in the protect of the protect of the protect of the property within 14 days of filing the Petitic protect of the prote | and an a tax lien pursuant to lowa Code chapter 435. an a tax lien pursuant to lowa Code chapter 435. and the set and the se |
| 2. In support of this demand Plaintiff(s) state(s): Plaintiff(s) has (have) not requested notice b 555B.2; The property is located in the above county; There is no lien against the property other th 3. Hearing is set for: o'clockm. on the County Courthouse, in courthouse). The court will electronically record the reporter report the hearing must arrange and pay for hearing may result in judgment entered against y costs, and the property will be disposed of as ab Note: Service must be made on the owner of the protect hearing must be set within 14 days of filing the Petitie Plaintiff's signature | and an a tax lien pursuant to lowa Code chapter 435. and an a tax lien pursuant to lowa Code chapter 435. and a tax lien pursuant to lowa Code chapter 435. and a tax lien pursuant to lowa Code chapter 435. and a tax lien pursuant to lowa Code chapter 435. (street address of the address |
| 2. In support of this demand Plaintiff(s) state(s): Plaintiff(s) has (have) not requested notice b 555B.2; The property is located in the above county; There is no lien against the property other th 3. Hearing is set for: o'clockm. on the County Courthouse, in county Courthouse, in courthouse). The court will electronically record the reporter report the hearing must arrange and pay for hearing may result in judgment entered against y costs, and the property will be disposed of as ab Note: Service must be made on the owner of the proteen must be set within 14 days of filing the Petitie Plaintiff's signature | and an a tax lien pursuant to lowa Code chapter 435. and an a tax lien pursuant to lowa Code chapter 435. and and a content of the content of the content of the costs of the count of the costs of reporting. Failure to appear at the formation of the costs of reporting. Failure to appear at the formation of the costs of reporting. Failure to appear at the formation of the costs o |

| In the Iowa District Court for | County |
|---|---|
| Plaintiff(s) | Original Notice and |
| (Name) | Petition for Intervention |
| (Address) | Small Claim No |
| (Name) | |
| (Address) VS. | |
| Defendant(s) | |
| (Name) | |
| (Address) | |
| (Name) | If you need assistance to participate in court due to a disability, call the disability coordinator at Persons who are hearing or speech impaired may call Relay lowa TTY |
| (Address) | (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 br | iefly the basis for the demand): |
| | · · · · · · · · · · · · · · · · · · · |
| | |
| | |
| | · |
| | |
| Intervenor's signature | Intervenor's signature |
| Printed name | Printed name |
| Mailing address | Mailing address |
| | |
| Phone # | Phone # |
| Email address | Email address |

Form 3.9: Original Notice and Petition for Intervention.

Form 3.10Reserved.Form 3.11:Appearance and Answer of Defendant(s).

| In the Iowa District Court for | County |
|--|---|
| Plaintiff(s) | Appearance and Answer of Defendant(s) |
| (Name) | of Defendant(5) |
| (Name) | Small Claim No |
| (rano) | |
| VS. | |
| Defendant(s) | |
| (Name) | |
| | If you need excitations to participate in court due to a disability |
| (Name) | If you need assistance to participate in court due to a disability, call the disability coordinator at Persons who are hearing or speech impaired may call Relay lowa TTY |
| | who are hearing or speech impaired may call Relay lowa TTY (1-800-735-2942). Disability coordinators cannot provide legal advice. |
| Check only one of the following: | |
| ☐ The claim is denied. The clerk of court will n | otify the parties of the hearing time and place. |
| ☐ The claim is admitted. Judgment may be en | tered. |
| The claim is admitted in part in the amount the parties of the hearing time and place. | t of \$ The clerk of court will notify |
| Note : You must file this original Appearance and Answ Plaintiff(s) or the attorney for Plaintiff(s) whose name a Petition. | |
| Defendant's signature | Defendant's signature |
| Printed name | Printed name |
| Mailing address | Mailing address |

| Printed name | Printed name | |
|-----------------|-----------------|--|
| Mailing address | Mailing address | |
| | | |
| Phone # | Phone # | |
| Email address | Email address | |

| Form 3.12: | Appearance | and Answer | of Third | Party | Defendant(s). |
|------------|------------|------------|----------|-------|---------------|
|------------|------------|------------|----------|-------|---------------|

| In the Iowa District Court for | County |
|---|---|
| Plaintiff(s) | Appearance and Answer |
| (Name) | of Third Party Defendant(s) |
| (Name) | Small Claim No |
| vs. Defendant(s)/Third Party Plaintiff(s) | |
| | |
| (Name) | |
| (Name) | |
| VS. | |
| Third Party Defendant(s) | |
| (Name) | |
| | |
| (Address) | |
| (Name) | If you need assistance to participate in court due to a disability, call the disability coordinator at Persons |
| · · · | call the disability coordinator at Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). Disability coordinators cannot provide |
| (Address) | legal advice. |
| Check only one of the following: | |
| | |
| ☐ The claim is denied . The clerk of court will n | otity the parties of the hearing time and place. |
| ☐ The claim is admitted. Judgment may be en | tered. |
| The claim is admitted in part in the amount the parties of the hearing time and place. | of \$ The clerk of court will notify |

Note: You must file this original Appearance and Answer with the clerk of court and mail a copy to all parties or their attorneys.

| Third Party Defendant's signature | Third Party Defendant's signature |
|-----------------------------------|-----------------------------------|
| Printed name | Printed name |
| Mailing address | Mailing address |
| Phone # | Phone # |
| Email address | Email address |

Form 3.13: *Counterclaim against Plaintiff(s).*

| In the Iowa District Court for | or County |
|--|--|
| Plaintiff(s) | Counterclaim against Plaintiff(s) |
| Name) | Small Claim No |
| Name) VS. | |
| vs. Defendant(s) | |
| Name) | |
| (Name) | If you need assistance to participate in court due to a disability, call the disability coordinator at Persons who are hearing or speech impaired may call Relay lowa TTY (1-800-735-2942). Disability coordinators cannot provide legal advice. |
| | |
| To Plaintiff(s),(List name(s) of Plaintiff(s) against | whom you are counterclaiming.) |
| | ν demand(s) from you the amount of \$, |
| because (state briefly the basis for the demand, not | to exceed \$5000). |
| | |
| | ······································ |
| | |
| | |
| | |
| | |
| | · |
| | |
| 2. Defendant(s) must file this original Counterclaim | with the clerk of court, and the clerk will provide a |
| copy to the other party(ies) or the attorney(s) of the o | other party(ies), if any. |
| | |
| | |
| Defendant's signature | Defendant's signature |
| | - |
| Printed name | Printed name |
| | |
| Mailing address | Mailing address |
| | |
| Phone # | Phone # |
| Email address | Email address |

| Form 3.14: | Cross-Claim | against a | Co-Defendant. |
|------------|-------------|-----------|---------------|
|------------|-------------|-----------|---------------|

| In the Iowa District Court for | County |
|--|--|
| Plaintiff(s) | Cross-Claim against a Co-Defendant |
| (Name) | Small Claim No |
| (Name) VS. | |
| Defendant(s) | |
| (Name) | If you need assistance to participate in court due to a disability, |
| (Name) | call the disability coordinator at Persons who are hearing or speech impaired may call Relay lowa TTY (1-800-735-2942). Disability coordinators cannot provide legal advice. |
| You are notified that the party(ies) identified below de | emand(s) from |
| (List name(s) of party(ies) against v | vhom the demand is made.) |
| the amount of \$ because (state br | iefly the basis for the demand, not to exceed \$5000): |
| | |
| Note : Cross-Claimant(s) must file this original Cross- provide a copy to the other party(ies) or the attorney | |
| Cross-Claimant's signature | Cross-Claimant's signature |
| Printed name | Printed name |
| Mailing address | Mailing address |
| Phone # | Phone # |
| Email address | Email address |

Form 3.15Reserved.Form 3.16:Affidavit of Default.

| Plaintiff(s) | |
|---|--|
| (Name) | Affidavit of Default (Failure to Comply with Payment Plan) |
| (Address) | Small Claim No |
| (Name) | |
| (Address) vs. Defendant(s) | |
| (Name) | |
| (Address) | |
| (Name) | |
| (Address) | |
| payment plan of \$ per 20 | |
| payment plan of \$ per 20 3. The judgment debtor(s) has (have) failed to mak I certify under penalty of perjury and pursuant to th | _ beginning on the day of |
| payment plan of \$ per 20 3. The judgment debtor(s) has (have) failed to mak I certify under penalty of perjury and pursuant to th | _ beginning on the day of |
| payment plan of \$ per 20 3. The judgment debtor(s) has (have) failed to mak I certify under penalty of perjury and pursuant to th | beginning on the day of ke installment payments as ordered. he laws of the State of Iowa that the preceding is true |
| payment plan of \$ per 20 3. The judgment debtor(s) has (have) failed to mak | _ beginning on the day of ke installment payments as ordered. he laws of the State of Iowa that the preceding is true Date: |
| payment plan of \$ per 20 3. The judgment debtor(s) has (have) failed to mak I certify under penalty of perjury and pursuant to th | beginning on the day of ke installment payments as ordered. he laws of the State of Iowa that the preceding is true Date: Judgment creditor's signature |
| payment plan of \$ per 20 3. The judgment debtor(s) has (have) failed to mak I certify under penalty of perjury and pursuant to th | beginning on the day of ke installment payments as ordered. he laws of the State of Iowa that the preceding is true Date: Judgment creditor's signature Printed name |
| payment plan of \$ per 20 3. The judgment debtor(s) has (have) failed to mak I certify under penalty of perjury and pursuant to th | beginning on the day of ke installment payments as ordered. he laws of the State of Iowa that the preceding is true Date: Judgment creditor's signature Printed name |
| payment plan of \$ per 20 3. The judgment debtor(s) has (have) failed to mak I certify under penalty of perjury and pursuant to th | beginning on the day of ke installment payments as ordered. he laws of the State of Iowa that the preceding is true Date: Judgment creditor's signature Printed name Mailing address |

Form 3.17: Application to Condemn Funds.

| | In the Iowa District Court for | County |
|--------------|--------------------------------|------------------------------|
| Plaintiff(s) | | |
| (Name) | | Application to Condemn Funds |
| () | | Small Claim No |
| (Name) | | |
| Defendant(s) | vs. | |
| (Name) | | |
| (Name) | | |

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.

| Plaintiff's signature | Plaintiff's signature |
|-----------------------|-----------------------|
| Printed name | Printed name |
| Mailing address | Mailing address |
| Phone # | Phone # |
| Email address | Email address |

Form 3.18: Dismissal.

| | In the Iowa District Court for | | County | |
|--------------|--------------------------------|-----------------|-----------|---|
| Plaintiff(s) | | | | |
| (Name) | | | Dismissal | |
| (Runo) | | Small Claim No. | | - |
| (Name) | | | | |
| Defendant(s) | VS. | | | |
| (Name) | | | | |
| (Name) | | | | |

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

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

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

| Plaintiff's signature | Plaintiff's signature | |
|-----------------------|-----------------------|--|
| Printed name | Printed name | |
| Mailing address | Mailing address | |
| Phone # | Phone # | |
| Email address | Email address | |

[Court Order May 7, 2012]

Form 3.19: Notice of Garnishment.

| | In the Iowa District Court for | County |
|--------------|--------------------------------|---|
| Plaintiff(s) | | Notice of Garnishment |
| (Name) | | Small Claim No |
| (Name) | VS. | |
| Defendant(s) | vo. | |
| (Name) | | If you need assistance to participate in court due to a disability, call the disability coordinator at Persons who are |
| (Name) | | hearing or speech impaired may call Relay lowa TTY (1-800-735- 2942). Disability coordinators cannot provide legal advice. |

1. 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.

2. You are further notified that to contest the Garnishment you must file a Motion to Quash, Answer, 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.

3. Any Motion to Quash, Answer, Affidavit of Exemption, or other pleading that you file to contest the Garnishment must be filed in the office of the Clerk of the District Court located at _____

______. If you file to contest the Garnishment, the court may set a prompt hearing, in which case you will be notified of the hearing. 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.

4. 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 filling 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.

| Judgment Creditor's signature | Judgment Creditor's signature |
|-------------------------------|-------------------------------|
| Printed name | Printed name |
| Mailing address | Mailing address |
| Phone # | Phone # |
| Email address | Email address |

[Court Order May 7, 2012]

| Form 3.20: | Motion to Quash | Garnishment and | Request for Hearing. |
|------------|-----------------|-----------------|----------------------|
| | | | |

| In the Iowa District Court for | County |
|--|--|
| Plaintiff(s) | Motion to Quash Garnishment |
| (Name) | and Request for Hearing |
| | Small Claims No |
| (Name) VS. | |
| Defendant(s) | |
| (Name) | |
| (Name) | |
| | |
| 1. This Garnishment represents a hardship because: | |
| | |
| | |
| | |
| | |
| | |
| | |
| 2. The funds are exempt because: | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| 3. I (we) request a hearing on this Motion to Quash 0 | Garnishment. |
| Note: Defendant(s) must file this original Motion to Q | uash with the clerk of court, and the clerk will prov |
| | uash with the clerk of court, and the clerk will prov |
| Note: Defendant(s) must file this original Motion to Q | uash with the clerk of court, and the clerk will prov |
| Note: Defendant(s) must file this original Motion to Q a copy to the other party(ies) or the attorney(s) of the | uash with the clerk of court, and the clerk will prov |
| Note: Defendant(s) must file this original Motion to Q a copy to the other party(ies) or the attorney(s) of the Defendant's signature | uash with the clerk of court, and the clerk will prov other party(ies), if any. Defendant's signature |
| Note: Defendant(s) must file this original Motion to Q a copy to the other party(ies) or the attorney(s) of the Defendant's signature | uash with the clerk of court, and the clerk will provother party(ies), if any. |
| Note: Defendant(s) must file this original Motion to Q a copy to the other party(ies) or the attorney(s) of the Defendant's signature | uash with the clerk of court, and the clerk will prov other party(ies), if any. Defendant's signature Printed name |
| Note: Defendant(s) must file this original Motion to Q a copy to the other party(ies) or the attorney(s) of the Defendant's signature | uash with the clerk of court, and the clerk will prov other party(ies), if any. Defendant's signature |
| Note: Defendant(s) must file this original Motion to Q a copy to the other party(ies) or the attorney(s) of the Defendant's signature | uash with the clerk of court, and the clerk will prov other party(ies), if any. Defendant's signature Printed name |
| Note: Defendant(s) must file this original Motion to Q a copy to the other party(ies) or the attorney(s) of the Defendant's signature Printed name Mailing address | uash with the clerk of court, and the clerk will provot other party(ies), if any. Defendant's signature Printed name Mailing address |
| Note: Defendant(s) must file this original Motion to Q a copy to the other party(ies) or the attorney(s) of the Defendant's signature | uash with the clerk of court, and the clerk will prov other party(ies), if any. Defendant's signature Printed name |
| Note: Defendant(s) must file this original Motion to Q a copy to the other party(ies) or the attorney(s) of the Defendant's signature Printed name Mailing address | uash with the clerk of court, and the clerk will provot other party(ies), if any. Defendant's signature Printed name Mailing address |

Form 3.21: Affidavit of Property Exempt from Execution.

| | In the Iowa District Court for | County |
|--------------|--------------------------------|--|
| Plaintiff(s) | | Affidavit of Property |
| (Name) | | Affidavit of Property Exempt from Execution (lowa Code sections 626.50 and 642.15) |
| (Name) | | Small Claim No |
| Defendant(s) | VS. | |
| (Name) | | |
| (Name) | | |

1. This is an Affidavit pursuant to lowa Code sections 626.50 and 642.15 to inform the sheriff and creditors of income and property exempt from execution under lowa 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* | \$ |

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;

٠

Affidavit of Property Exempt from Execution (*cont'd*)

- 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 file this original document with the clerk of court and provide copies to:

- The Sheriff of _____ County.
- The other party(ies) or the attorney(s) of the 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 |
| Printed name | Printed name |
| Mailing address | Mailing address |
| Phone # | Phone # |
| Email address | Email address |

Form 3.22: Application for Release and Satisfaction of Judgment.

| | In the Iowa District Court for | County |
|--------------|--------------------------------|------------------------------|
| Plaintiff(s) | | Application for Release |
| (Name) | | and Satisfaction of Judgment |
| (Name) | | Small Claim No |
| · · · | VS. | |
| Defendant(s) | vs. | |
| (Name) | | |
| (Name) | | |

- 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.

| Applicant's signature | Applicant's signature | |
|-----------------------|-----------------------|---|
| Printed name | Printed name | - |
| Mailing address | Mailing address | |
| Phone # | Phone # | |
| Email address | Email address | |

| Form 3.23: | Release | and Satisf | action of | ^f Judgment. |
|------------|---------|------------|-----------|------------------------|
|------------|---------|------------|-----------|------------------------|

| | In The Iowa District Court for | County |
|--------------|--------------------------------|--------------------------------------|
| Plaintiff(s) | | |
| (Name) | | Release and Satisfaction of Judgment |
| | | Small Claim No |
| (Name) | | |
| Defendant(s) | vs. | |
| (Name) | | |
| (Name) | | |

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 (lowa Code section 624.37).

Date:

Judgment Creditor (must sign before a Notary)

Date: _____

Judgment Creditor (must sign before a Notary)

Certification of Acknowledgment (lowa 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

[Court Order May 7, 2012]

Form 3.24Reserved.Form 3.25:Request for General Execution (Praecipe).

| In the Iowa District Court for | County |
|---|---|
| Plaintiff(s) | Request for General Execution |
| (Name) | (Praecipe) |
| (Address) | (Iowa Code section 626.12) |
| (Name) | Small Claim No |
| (Address) | |
| VS. | |
| Defendant(s) | |
| (Name) | |
| (Address) | |
| (Name) | |
| (Address) | |
| To the Clerk of Court for Court Sheriff of County, Iowa, agains | unty: Please issue a writ of General Execution to the t (list name(s) of judgment debtor(s)) for the balance owing on the judgment in this matter. |
| Date of Judgment | |
| Original amount of judgment \$ | Balance due on judgment \$ |
| Original amount of court costs \$ | Balance due on court costs \$ |
| Original amount of attorney fees \$ | Balance due on attorney fees \$ |
| Interest accrued to (date) | Amount of interest accrued \$ |
| Interest rate per annum:% | |
| Effective from (date) | Total amount due \$ |
| | Interest amount per diem \$ |
| I certify under penalty of perjury and pursuant to the and correct. | e laws of the State of Iowa that the preceding is true |
| | Date: |
| | Judgment creditor's signature |
| | Printed name |
| | Mailing address |
| | Phone # |
| | Email address |

[Court Order May 7, 2012]

Form 3.26: *Notice of Appeal.*

| | County |
|--|---|
| Plaintiff(s) | Notice of Appeal |
| (Name) | Small Claim No |
| (Name) | |
| vs. Defendant(s) | |
| (Name) | |
| (Name) | |
| I (We) appeal to the district court from the judgm , 20 I (We) am (are) appealing this decision because | |
| I (We) am (are) appealing this decision because | |
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| | |
| By checking this box, I (We) request an ora (we) will receive a notice of hearing time ar | |
| | nd date. Il form with the clerk of court, and the clerk w |
| (we) will receive a notice of hearing time ar Note : The appealing party(ies) must file this origina | nd date. Il form with the clerk of court, and the clerk w |
| (we) will receive a notice of hearing time ar Note : The appealing party(ies) must file this origina provide a copy to the other party(ies) or the attorne | nd date. Il form with the clerk of court, and the clerk w y(s) of the other party(ies), if any. |
| (we) will receive a notice of hearing time ar Note : The appealing party(ies) must file this origina provide a copy to the other party(ies) or the attorne Appealing party's signature | nd date. Il form with the clerk of court, and the clerk w y(s) of the other party(ies), if any. Appealing party's signature |
| (we) will receive a notice of hearing time ar Note : The appealing party(ies) must file this origina provide a copy to the other party(ies) or the attorne Appealing party's signature Printed name | I form with the clerk of court, and the clerk w y(s) of the other party(ies), if any. Appealing party's signature Printed name |
| (we) will receive a notice of hearing time ar Note : The appealing party(ies) must file this origina provide a copy to the other party(ies) or the attorne Appealing party's signature Printed name | I form with the clerk of court, and the clerk w y(s) of the other party(ies), if any. Appealing party's signature Printed name |

Form 3.27: Verification of Account, Identification of Judgment Debtor, and Certificate Re Military Service.

| · · · | Verification of Account, Identification of Judgment Debtor, and Certificate |
|---|---|
| (Name) (Name) | Debtor, and Certificate |
| (Name) | Do Militory Comviso |
| | Re Military Service Small Claim No. |
| vs. Defendant(s) | |
| (Name) | |
| (Name) | |
| 1. I, | , am a party or an employee of |
| Plaintiff(s) whose claim(s) is (are) shown in the attach knowledge that the attached statement(s) is (are) a tru showing the balance due is true and correct. I further balance due and owing as of and any interest amount owing is accurately stated in | the copy of the original creditor's records state that the sum of \$ is the from Defendant(s) to Plaintiff(s) the Petition or Original Notice. |
| 2. I further state that Defendant, | , resides at |
| and Defendant's occupation is | I |
| 3. I further state that Defendant, | |
| | , is employed at |
| | , and Defendant's occupation is |
| 4. I also state Defendant(s) is (are) not in the Military or a fellow employee, verified this fact by (check one): Checking the Defense Manpower Dat http://www.virec.research.va.gov/Non Contacting Defendant(s) who informe Regularly seeing Defendant(s) and be | a Center (DMDC), -VADataSources/DMDC.htm. |
| in the U.S. military. | eneving Defendant(s) is (are) are not active |
| 5. I also state to the best of my knowledge Defendant confined in any reformatory, jail, or penitentiary. | t(s) is (are) not under any legal disability or |
| l certify under penalty of perjury and pursuant to the la true and correct. | aws of the State of lowa that these facts are |
| Date: | |
| | Signature of Affiant |
| | Printed name |
| | Mailing address |
| | |
| | Phone # |
| | |
| | Email address |
| urt Order May 7, 2012] | Email address |