

In the Iowa Supreme Court

CLERK SUPREME COURT

In the Matter of Adoption of)
 Iowa Court Rule 17.400 Regarding) Order
 Child Custody and Visitation)
 Forms for Unmarried Parents)

The Iowa Supreme Court adopts Iowa Court Rule 17.400 and related child custody and visitation forms for unmarried parents.

The court thanks Iowa Legal Aid for its essential assistance in developing this set of forms designed and now mandated for self-represented litigant use but available for attorney use as well. Iowa Legal Aid piloted the use of these forms in regional offices, after which the judicial branch made the forms available for general use on its website in June 2018. The court now formally adopts rule 17.400 and includes the forms in its court rules. The free, fillable and savable forms remain available on the Iowa Judicial Branch website at: <https://www.iowacourts.gov/for-the-public/court-forms/>. The forms are also provided with this order.

Iowa Court Rule 17.400, which includes a complete list of the forms, provides as follows:

Rule 17.400 Child custody and visitation forms for unmarried parents. The following forms are for determining child custody and visitation terms for unmarried parents of children under the age of 18 who are children of both parties, or children under age 18 whom the parties have adopted, or children 18 years of age or older who are children of both parties and are dependent or still need support. Parties also must use these forms if a party is pregnant with the other party's child. Parties cannot use these forms if the parties were ever married to each other.

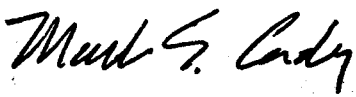
Form 401:	Petition for Custody and Visitation (Parents not Married)
Form 402:	Petition Cover Sheet for Custody and Visitation
Form 403:	Confidential Information Form
Form 404:	Original Notice for Personal Service
Form 404a:	Original Notice for Personal Service

Form 405:	Acceptance of Service
Form 406:	Directions for Service of Original Notice
Form 407:	Motion and Affidavit to Serve by Publication
Form 408:	Original Notice by Publication
Form 408a:	Proof of Service by Publication
Form 409:	Application and Affidavit to Defer Payment of Costs
Form 410:	Affidavit of Service of Original Notice and Petition for Custody and Visitation
Form 411:	Protected Information Disclosure
Form 412:	Joint Statement to Disestablish Legal Parent
Form 413:	Motion to Disestablish Legal Parent
Form 414:	Reserved
Form 415:	Answer to Petition for Custody and Visitation
Form 416:	General Answer to a Petition for Custody and Visitation
Forms 417 to 420:	Reserved
Form 421:	Affidavit for Temporary Custody and Visitation
Form 422:	Motion in a Custody and Visitation Case
Form 423:	Response to a Motion in a Custody and Visitation Case
Form 424:	Custody and Visitation Financial Statement
Form 425:	Affidavit of Mailing Notice
Form 426:	Notice of Intent to File Written Application for Default Decree
Form 427:	Request for Relief in a Custody and Visitation Case
Form 428:	Settlement Agreement for Custody and Visitation
Form 429:	Agreed Parenting Plan
Form 430:	Proposed Parenting Plan
Forms 431 to 500:	Reserved

Iowa Court Rule 17.400 set forth in this order is effective September 1, 2019.

Dated this 19th day of July, 2019.

The Iowa Supreme Court

By 
Mark S. Cady, Chief Justice

Rule 17.400—Form 401: Petition for Custody and Visitation (Parents not Married)

Read the [Guide to Representing Yourself in an Iowa Custody and Visitation Case \(Parents not Married\)](#) on the Iowa Judicial Branch website before using this form.

Petitioner: Use this form only if one or more of the following are true:

- There are children under age 18 who are children of both Petitioner and Respondent.
- There are children under age 18 who were adopted by both Petitioner and Respondent.
- A parent is pregnant with the other parent's child.
- The parties have never been married to each other.



If filing electronically, you must provide any protected information in full on form 411.



If filing in paper, you may use form 411 to provide any protected information in full.

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

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

Upon the Petition of

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

and concerning

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

For clerk's use only

**Petition for Custody and Visitation
(Parents not Married)**

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

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

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

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

B. Respondent's (the other parent's) birth year and present residence: _____
Birth year

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

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

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

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

Full name: first, middle, last

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

_____ (____) _____

County _____ *Phone number* _____ *Email address* _____

2. General Information about the Parties and the Children

A. Children

Check all that are true

- A. There are children under age 18 who are the biological children of both Petitioner and Respondent.
- B. There are children under age 18 who are the biological children of one party and adopted by the other party.
- C. There are children under age 18 who were adopted by both parties.
- D. Petitioner or Respondent is pregnant.

B. Identification of children

	Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
First, middle, & last initials						
Birth year						

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

C. Legal parents

For each child of the parties, state if legal parents have been established and how. If established by genetic testing or paternity affidavit, check the box marked "Other" and explain on section 4 below.

	Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
Legal parents established?						
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If established, state how:						
Prior court order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On birth certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (explain in section 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

D. Children’s living arrangements

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

(1)	Children’s initials	Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
	Lived with	<i>Adult Name</i>			<i>City</i>		<i>State</i>
	Dates	<i>From mm/dd/yyyy</i>		<i>To mm/dd/yyyy</i>			

(2)	Children’s initials	Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
	Lived with	<i>Adult Name</i>			<i>City</i>		<i>State</i>
	Dates	<i>From mm/dd/yyyy</i>		<i>To mm/dd/yyyy</i>			

(3)	Children’s initials	Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
	Lived with	<i>Adult Name</i>			<i>City</i>		<i>State</i>
	Dates	<i>From mm/dd/yyyy</i>		<i>To mm/dd/yyyy</i>			

(4)	Children’s initials	Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
	Lived with	<i>Adult Name</i>			<i>City</i>		<i>State</i>
	Dates	<i>From mm/dd/yyyy</i>		<i>To mm/dd/yyyy</i>			

(5)	Children’s initials	Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
	Lived with	<i>Adult Name</i>			<i>City</i>		<i>State</i>
	Dates	<i>From mm/dd/yyyy</i>		<i>To mm/dd/yyyy</i>			

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

Note: If the children have been in Iowa for less than six months, an Iowa court may not be able to issue an order about custody or visitation. The rules are complicated and you may need to talk to an attorney.

E. Respondent's status

Check each that is true

- (1) Respondent (the other parent) is in the military service.

If you check (1), there are special rules that may prevent your case from going forward if the other parent is in the military. You should talk to an attorney.

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

F. Protective or no contact order

Check one

- (1) There is neither a "protective order" nor a "no contact order" between Petitioner (you) and Respondent (the other parent).

- (2) There is a "protective order" or a "no contact order" between Petitioner and Respondent.

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

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

- b. Court case number: _____

3. Other Cases about the Children

Check A or B

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

- B. There are other cases about the children.

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

If you check B, fill in the applicable information below.

A. Juvenile court

Check a or b

- a. There is no juvenile court case.

- b. There is a juvenile court case.

If you check b, fill in the following information:

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

- ii. Juvenile court case number: _____

Check one

- (a) Concurrent jurisdiction has been granted.

- (b) Concurrent jurisdiction has not been granted.

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

B. Custody order

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

Check a or b

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

If you check b, fill in the following information:

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

C. Child support order

Check a or b

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

If you check b, fill in the following information:

- i. County and state where the child support order came from: _____
County State
- ii. Court case number: _____
- iii. List the children the support case covers (*initials only*):

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

5. Petitioner's Request

Petitioner asks the court to:

Check all that apply. The court will only consider items that are checked. If you do not know what you want, talk to an attorney.

- A. Decide custody and visitation.
- B. Establish legal parent.
- C. Order child support and medical support.
- D. Order that Respondent pay the court fees.
- E. Order that Respondent pay for Petitioner's attorney's fees
- F. Other request:

6. Attorney Help

Check one

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

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

Name of attorney or organization, if any *Attorney's PIN – Ask the attorney*

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

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

7. Service Instructions

If Petitioner is filing in paper,

Check one

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

8. Oath and Signature

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

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

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

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

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

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

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

Instructions for Rule 17.400—Form 401: *Petition for Custody and Visitation (Parents not Married)*

Do not file these instructions

Instructions for Filing a Petition for Custody and Visitation

The Iowa Judicial Branch uses an electronic filing court system, known as the eFile System. **You must file electronically** unless you get permission from the court to file in paper. Contact the clerk of court in your county if you are unable to file electronically.

Filing your Petition electronically

- You must register to file electronically. For help, see the [eFile User Guide](#) and the instructions on the [eFile Instructions page](#) on the Iowa Judicial Branch website.
- After you have registered, log in to the eFile system to file electronically your custody case.
- With your Petition, you must also file an Original Notice (404) and a Protected Information Disclosure Form (411).
- You will receive a Notice of Electronic Filing when the clerk of court has approved the filing of your Petition and other documents.
- If there was a problem with your filing, you will receive a Notification of Electronic Filing in your eFile account. Log into My Filings, correct the error, and resubmit your filing. For help, see [Resubmitting a Returned Filing](#).
- Log in to your eFile account and download and print your Petition and Original Notice so that you can serve it on (deliver it to) the other parent.
- For help finding and downloading your Petition and Original Notice, see [Managing your filings](#).

Filing your Petition in paper

- To request permission from the court to file in paper, you must file a Motion for Exemption From Registration and E-filing [Rule 16.302(2)] along with your Petition (401), a Petition Cover Sheet (402), an Original Notice (404a), and a Confidential Information Form (403).
- Forms 401 and 404a: Make **two** photocopies if you can deliver copies of these forms to the other parent in person or by mail. Make **three** photocopies if you are going to ask the county sheriff or a civil process server to deliver these forms to the other parent.
 - Note about making photocopies:** You should make your photocopies before you go to the courthouse to file your papers. It is expensive to make photocopies at the clerk of court office. It is cheaper to make the copies at a business that makes photocopies or at a public library.
- Forms 402, 403, and Motion for Exemption: You do **not** have to make photocopies of these forms.
- Take the original forms you filled in and the photocopies to the clerk of court office in your county. Tell the clerk at the counter you are filing a Petition for a custody case.

- Give the clerk at the counter these forms:
 - 401 Petition for Custody
 - 402 Coversheet for a Petition for Custody
 - 403 Confidential Information Form (*Do not make copies of this form.*)
 - 404a Original Notice
- Pay the filing fee. If you cannot afford to pay the filing fee, prepare and file form 409.
- The clerk at the counter can tell you the amount of the filing fee. The Iowa legislature sets these fees and periodically raises them, so check with the clerk's office to confirm the current filing fee.
- The clerk of court will sign the Original Notice (404a). You will have to serve this form on (deliver it to) the other parent.
- The clerk at the counter will time-stamp each of the copies (original and photocopies).

Do not file these instructions

Rule 17.400—Form 403: Confidential Information Form

This form is to be used by paper filers only.

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

Iowa Code section 602.6111 requires the parties to a case to provide the clerk of court with certain personal identification information. The clerk of court will keep each party's completed form confidential.

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

In the Iowa District Court for _____ County

County where your case is filed

Upon the Petition of

Equity case no. _____

Confidential Information Form

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

and concerning

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

1. Petitioner's Information

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

2. Respondent's Information

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

3. Children's Information

Child	Full name <i>first, middle, last</i>	Birth date <i>mm/dd/yyyy</i>	Social Security number <i>xxx-xx-xxxx</i>
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

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

Continued on next page

4. Signature of Provider of Information

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

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


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

Rule 17.400—Form 404: Original Notice for Personal Service

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

Read the [Guide to Representing Yourself in an Iowa Custody and Visitation Case \(Parents not Married\)](#) on the Iowa Judicial Branch website for additional important instructions. Iowa custody and visitation forms are available free of charge on the Iowa Judicial Branch website.

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

 If filing in paper, Petitioner must use form 404a.

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

In the Iowa District Court for _____ County

County where the Petition is filed

Upon the Petition of

Petitioner *Full name: first, middle, last*

and concerning

Respondent *Full name: first, middle, last*

Equity case no. _____

Original Notice for Personal Service

To Respondent Named Above

- Petitioner (the other parent) has filed a custody and visitation lawsuit naming you as Respondent.
- A copy of the Petition for Custody and Visitation is attached to this Notice.

Petitioner's contact information during the custody and visitation case:

Petitioner's name

Mailing address

City

State

ZIP code

(_____) _____
Phone number

Email address

Important instructions for Respondent on next page

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

Instructions to Respondent

- A. You **must** file an Answer or a Motion with the clerk of court in the above county within **20 days** after you receive this Original Notice. If you do not file an Answer or Motion within **20 days** after receiving this Original Notice, the **court may enter a judgment against you** giving Petitioner what he or she asks for in the Petition.
- B. For help in your custody and visitation case, and for forms that you must use if you choose to represent yourself without an attorney, visit the Iowa Judicial Branch website at <http://www.iowacourts.gov/> and click on “For the Public.”
- C. If you received Petition form 401, you may use Answer form 415.
- D. You must register to eFile through the Iowa Judicial Branch website at <https://www.iowacourts.state.ia.us/Efile> and obtain a log in and password for filing and viewing documents in your case and for receiving service and notices from the court.
 - For general rules and information on electronic filing, refer to the Iowa Court Rules Chapter 16, Iowa Rules of Electronic Procedure, available on the Iowa Judicial Branch website.
 - For court rules on Personal Privacy Protection in court filings, refer to Division VI of the Iowa Court Rules Chapter 16.
 - If you are unable to proceed electronically, you must receive permission from the court to file documents in paper.
Contact the clerk of court in the county where the petition was filed for more information on being excused from electronic filing.
- E. If you electronically file your Answer or Motion, it will be served automatically on Petitioner or on Petitioner’s attorney(s). A Notice of Electronic Filing will tell you if the court has excused Petitioner from electronic filing. If the court has excused Petitioner from electronic filing, you must mail a copy of your Answer or Motion to Petitioner.

Important Notice to Respondent

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

Rule 17.400—Form 405: Acceptance of Service

Petitioner must complete this section:

In the Iowa District Court for _____ County <i>County where Petition is filed</i>	
Upon the Petition of _____ Petitioner <i>Full name: first, middle, last</i> and concerning _____ Respondent <i>Full name: first, middle, last</i>	Equity case no. _____ Acceptance of Service
<i>Petitioner must file this form with the clerk of court soon after Respondent signs it.</i>	

Respondent must complete this section:

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

Important Notice to Respondent

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

Rule 17.400—Form 406: Directions for Service of Original Notice

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

- Do not use this form if Respondent has already received the Petition and Original Notice and signed an Acceptance of Service (form 405).
- Do not file this form with the clerk of court in paper or electronically.
- Give this form to the sheriff or other process server with your Petition (form 401) and Original Notice (form 404 if electronically filing or form 404a if filing in paper).

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

_____ County where Petition is filed

_____ Equity case number

1. Name and Location of Sheriff or Other Process Server

Check one and fill in the blanks

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

_____ County

_____ Street address

_____ City

_____ State

_____ ZIP code

B. **Other process server**

_____ Name of other person serving the Notice

_____ Street address

_____ City

_____ State

_____ ZIP code

2. Person to be Served

_____ The other parent's name

(_____) _____ Phone number

_____ Address where the other parent can be served

_____ City

_____ State

_____ ZIP code

3. Person Requesting Service

_____ Your name

(_____) _____ Phone number

_____ Your present mailing address

_____ City

_____ State

_____ ZIP code

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

5. Costs of Service

Check one

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

If you cannot afford the costs, file form 409.

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

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

6. Notification

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

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

D. Petitioner has taken these steps to find Respondent:

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

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

Continued on next page

Rule 17.400—Form 408: Original Notice by Publication

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

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

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

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

Newspaper: Publish only the information below this line.

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

Upon the Petition of

Petitioner *Full name: first, middle, last*

and concerning

Respondent *Full name: first, middle, last*

Equity case no. _____

Original Notice by Publication

1. Information for Respondent Named Above

- Petitioner (the other parent) has filed a custody and visitation lawsuit naming you as Respondent.
- Petitioner's contact information during the custody and visitation case:

Petitioner's name: First, middle, last

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

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

2. Respondent's Deadline for Filing a Response

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

_____, 20_____
Month *Day* *Year*

3. Instructions to Respondent Named Above

You must file an Answer or a Motion with the clerk of court in the above county within **20 days** after the date provided above. If you do not respond, the **court may enter a judgment against you** giving Petitioner what he or she asked for in the Petition. You must register to eFile through the Iowa Judicial Branch website at <https://www.iowacourts.state.ia.us/Efile/> and obtain a log in and password to file and view documents in your case and to receive service and notices from the court. For general rules and information on electronic filing, refer to the Iowa Court Rules Chapter 16, Iowa Rules of Electronic Procedure, available on the Iowa Judicial Branch website. For court rules on the Personal Privacy Protection in court filings, refer to Division VI of the Iowa Court Rules, Chapter 16.

Important Notice to Respondent

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

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

Rule 17.400—Form 408a: Proof of Service by Publication

Petitioner: Use this form only if you filed Form 407 and the court approved your request to serve Respondent by publication.

- Get proof from the newspaper that published your Original Notice by Publication (408) once each week for three weeks in a row.
- Scan in that proof along with this Form 408a.

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

In the Iowa District Court for _____ County

County where you filed the Petition

Upon the Petition of

Equity case no. _____

Petitioner *Full name: first, middle, last*

Proof of Service by Publication

and concerning

Respondent *Full name: first, middle, last*

1. Information and Requests

A. Petitioner published notice in this newspaper: _____
Name of newspaper

B. Petitioner published notice on these three dates:

_____, 20____ _____, 20____ _____, 20____
Month Day Year Month Day Year Month Day Year

C. Petitioner mailed a copy of the Original Notice by Publication (Form 408) and the Petition (Form 401) to the Respondent's last known address

Respondent's Last Known Street Address City State ZIP code

on this date:

_____, 20____
Month Day Year

D. Petitioner asks the Court to accept this proof of service by publication (*see attached proof by the newspaper*) and deem the Respondent served.

2. Attorney Help

Check one

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

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

Name of attorney or organization, if any *Attorney's PIN – Ask the attorney*

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

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

3. Oath and Signature

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

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

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

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

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

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

Rule 17.400—Form 409: Application and Affidavit to Defer Payment of Costs

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

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

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

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

Upon the Petition of

Petitioner *Full name: first, middle, last*

and concerning

Respondent *Full name: first, middle, last*

Equity case no. _____

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

1. Request and Information

A. I am Petitioner.

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

Check all that apply

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

C. Household

There are _____ people living in my household.
Number

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

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

E. My income comes from:

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

Continued on next page

F. My household has the following monthly expenses:

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

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

Continued on next page

2. Attorney Help

Check one

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

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

Name of attorney or organization, if any *Attorney's PIN – Ask the attorney*

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

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

3. Certification of Service by Mailing or Delivery

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

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

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

Name of person to whom I delivered or mailed it

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

4. Oath and Signature

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

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

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

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

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

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

Rule 17.400—Form 410: Affidavit of Service of Original Notice and Petition for Custody and Visitation

Petitioner: Use this form only if Respondent did not sign an Acceptance of Service (form 405) or a person who is not a sheriff or a process server delivered a copy of the Petition and Original Notice to Respondent (the other parent).

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

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

In the Iowa District Court for _____ County

County where the Petition is filed

Upon the Petition of

Petitioner *Full name: first, middle, last*

and concerning

Respondent *Full name: first, middle, last*

Equity case no. _____

**Affidavit of Service of Original Notice
and Petition for Custody and Visitation**

1. Affidavit

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

Petition for Custody and Visitation for this case to:

Check one

a.m.

p.m.

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

by handing Respondent copies of the attached papers.

2. Oath and Signature

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

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

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

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

_____ City _____ State _____ ZIP code
Mailing address

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

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

Rule 17.400—Form 411: Protected Information Disclosure

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

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



If filing electronically:

- **Petitioner** must complete this form (411) and file it with the Petition (form 401) and Original Notice (form 404).
- **Respondent** must complete this form if adding or correcting protected information.



Paper filers also may use form 411 to assist in complying with Iowa Rule of Civil Procedure 1.422.

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

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

Upon the Petition of

Petitioner *Full name: first, middle, last*

and concerning

Respondent *Full name: first, middle, last*

Equity case no. _____

Protected Information Disclosure

For electronic filers:

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

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

1. Petitioner *The parent who filed for custody and visitation.*

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

Name _____
First Middle Last

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

D. Personal identification numbers (if no social security number)	<i>Full number</i>	<i>Partial only</i>
E. Other unique identifying numbers	<i>Full number</i>	<i>Partial only</i>
F. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
G. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
H. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
I. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>

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

2. Respondent *The other parent who did not file for custody and visitation.*
 Provide the complete version of protected information and the redacted version included in documents you file.
 If Petitioner is filling out this form, provide as much information about Respondent as you can.

Name _____
 First *Middle* *Last*

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

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

B.

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

C.

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

D.

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

E.

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

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

Continued on next page

5. Information provided by:

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

Law firm, if applicable

_____ City _____ State _____ ZIP code _____
Mailing address

(_____) _____
Phone number

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

_____, 20_____
Month Day Year
Date signed

Rule 17.400—Form 412: Joint Statement to Disestablish Legal Parent

- The parties use this form if both parties want the court to find that one of the parties is not a **legal parent** of the child.
- This form tells the court that both parties agree that one party is not a **biological parent** and should be *disestablished* as (should no longer be) a legal parent of the child.
- For purposes of this form, **legal parent** is a person who is recognized by law as a parent to the child because of a birth certificate, affidavit, child support order, or other legal document.

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

In the Iowa District Court for _____ County

County where your case is filed

Upon the Petition of

Equity case no. _____

Petitioner *Full name: first, middle, last*

Joint Statement to Disestablish Legal Parent

and concerning

Respondent *Full name: first, middle, last*

1. Legal Parent

_____ is a legal parent but not a biological parent of the
Petitioner's or Respondent's name

following child or children:

List each child's initials and birth year

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

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

Check this box if you have attached a sheet listing additional children for whom Petitioner or Respondent is not a biological parent.

Continued on next page

2. Biological Parent

The biological parents, if known, of the children are as follows:

Initials only: First, middle, & last initials of each child	Biological parents
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	

3. Genetic Tests

- A. We agree to cooperate with getting any genetic test that the court orders.
- B. We understand that we may have to pay for any genetic test that the court orders.
- C. Testing:

Check (1) or (2)

- (1) Genetic tests have not been done.
- (2) Genetic tests* have been done and show _____ is not the biological parent.
Petitioner's or Respondent's name

***Note on genetic tests:** Genetic testing must be done by an accredited laboratory with verified documentation of the chain of custody, and the laboratory must send the evaluation report directly to the clerk of court. See Iowa Code sections 600B.41 and 600B.41A.

4. Child Support Recovery Unit (CSRU)

Check one

- A. CSRU is providing services.
Note: You must give a copy of this Motion to CSRU if it is providing services.
- B. CSRU is not providing services.

Continued on next page

5. Best Interests of the Children

It is in the best interests of the child(ren) that _____
Petitioner's or Respondent's name
is found **not** to be a legal parent of the child(ren).

6. Request

We ask the court to:

- A. Appoint a guardian ad litem (an attorney) for the child or children. We understand that we may have to pay the costs of the guardian ad litem.
- B. Order genetic tests if needed and order that Petitioner, Respondent, and children go for testing. We understand that we may have to pay for any genetic test that the court orders.
- C. Find that _____, if excluded by genetic testing, is not a
Petitioner's or Respondent's name
biological parent of the child or children listed in section 1 above, and that the court disestablish that person as a legal parent of the child or children.

7. Attorney Help

a. **Petitioner** *Check one*

- i. An attorney did not help me prepare or fill in this paper.
- ii. An attorney helped me prepare or fill in this paper.

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

Name of attorney or organization, if any *Attorney's PIN – Ask the attorney*

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

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

b. **Respondent** *Check one*

- i. An attorney did not help me prepare or fill in this paper.
- ii. An attorney helped me prepare or fill in this paper.

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

Name of attorney or organization, if any *Attorney's PIN – Ask the attorney*

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

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

Continued on next page

8. Oaths and Signatures

A. Petitioner's Oath and Signature

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

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

Mailing address City State ZIP code

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

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

B. Respondent's Oath and Signature

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

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

Mailing address City State ZIP code

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

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

Rule 17.400—Form 413: Motion to Disestablish Legal Parent

- A party uses this form if one of the parties wants the court to find and conclude that one of the parties is not a biological parent of the child and should be *disestablished* as (should no longer be) a legal parent of the child.
- For purposes of this form, **legal parent** is a person who is recognized by law as a parent to the child because of a birth certificate, affidavit, child support order, or other legal document.

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

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

Upon the Petition of

Petitioner *Full name first, middle, last*

and concerning

Respondent *Full name first, middle, last*

Equity case no. _____

Motion to Disestablish Legal Parent

I am *Check one*

- A. Petitioner
B. Respondent

1. Legal Parent

_____ is a legal parent but may not be a biological parent
Petitioner's or Respondent's name

of the following child or children:

List each child's initials and birth year

Initials only: First, middle, & last initials of each child	Birth <u>year</u>
(1)	
(2)	
(3)	

Initials only: First, middle, & last initials of each child	Birth <u>year</u>
(4)	
(5)	
(6)	

- Check this box if you have attached a sheet listing additional children for whom Petitioner or Respondent is not the biological parent.*

Continued on next page

2. Biological Parent

The biological parents, if known, of the children are as follows:

Initials only: First, middle, & last initials of each child	Biological parents
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	

3. Genetic Tests

- A. I agree to cooperate with getting any genetic test that the court orders.
- B. I understand that I may have to pay for any genetic test that the court orders.
- C. Testing:

Check (1) or (2).

- (1) Genetic tests have not been done.
- (2) Genetic tests* have been done and show _____ is not the
Petitioner's or Respondent's name
biological parent.

***Note on genetic tests:** Genetic testing must be done by an accredited laboratory with verified documentation of the chain of custody, and the laboratory must send the evaluation report directly to the clerk of court. See Iowa Code sections 600B.41 and 600B.41A.

4. Child Support Recovery Unit (CSRU)

Check one

- A. CSRU is providing services.
Note: You must give a copy of this Motion to CSRU if it is providing services.
- B. CSRU is not providing services.

Continued on next page

5. Best Interests of the Children

It is in the best interests of the child(ren) that _____
Petitioner's or Respondent's name
is found **not** to be a legal parent of the child(ren).

6. Request

I ask the court to:

- A. Appoint a guardian ad litem (an attorney) for the child or children. I understand that I may have to pay the costs of the guardian ad litem.
- B. Order genetic tests if needed and order that Petitioner, Respondent, and children go for testing. I understand that I may have to pay for any genetic test that the court orders.
- C. Find that _____, if excluded by genetic testing, is not a
Petitioner's or Respondent's name
biological parent of the child or children listed in section 1 above, and that the court disestablish that person as a legal parent of the child or children.

7. Attorney Help

Check one

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

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

_____ <i>Name of attorney or organization, if any</i>		_____ <i>Attorney's PIN – Ask the attorney</i>	
_____ <i>Business address of attorney or organization</i>		_____ <i>City</i>	_____ <i>State</i>
_____ <i>ZIP code</i>			
(_____)_____ <i>Attorney's phone number</i>	(_____)_____ <i>Attorney's fax number – optional</i>	_____ <i>Attorney's email address – optional</i>	
_____ <i>Party's or attorney's mailing address</i>		_____ <i>City</i>	_____ <i>State</i>
		_____ <i>ZIP code</i>	

Continued on next page

8. Certification of Service by Mailing or Delivery

Section 6 to be completed only if filing in paper or if the other party is exempt from electronic filing.

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

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

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

Name of person to whom I delivered or mailed it

9. Oath and Signature

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

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

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



Mailing address City State ZIP code

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

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

Rule 17.400—Form 415: Answer to Petition for Custody and Visitation

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

- Read the [Guide to Representing Yourself in an Iowa Custody and Visitation Case \(Parents not Married\)](#) on the Iowa Judicial Branch website before using this form.
- Use this Answer form 415 if you received Petition form 401, otherwise use form 416.
-  If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure (form 411) if you have not already done so.
-  If filing in paper, you may use form 411.

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

In the Iowa District Court for _____ County
County where the other parent filed the Petition

Upon the Petition of

Petitioner *first, middle, last*
The other parent's full name

and concerning

Respondent *first, middle, last*
Your full name

Equity case no. _____

Answer to Petition for Custody and Visitation

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

A. Petitioner's information

Check one

If paragraph 1A of the Petition (form 401) is not correct, check (2) and fill in the blanks.

(1) Petitioner's (the other parent's) birth year and present residence are correct in the Petition.

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

The correct information is: _____
Birth year

Present street address

City

State

ZIP code

County

(____) _____
Telephone number

Email address

Continued on next page

B. Identification of children

Check one

If paragraph 2B of the Petition (form 401) is not correct, check (2) and provide the correct information about the children’s identification.

- (1) The children are identified correctly in the Petition.
- (2) The children are not identified correctly in the Petition. The correct information is:

	Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
First, middle, & last initial						
Birth year						

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

C. Legal parents

Check one

If paragraph 2C of the Petition (form 401) is not correct, check (2) and provide the correct information about the legal parents of the children.

- (1) The legal parents of the children are identified correctly in the Petition.
- (2) The legal parents of the children are not identified correctly in the Petition. The correct information is:

For each child of the parties, state if legal parents have been established and how. If established by genetic testing or paternity affidavit, check the box marked “Other” and explain in section 4 below.

	Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
Legal parents established?						
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If established, state how:						
Prior court order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On birth certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (explain in section 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued on next page

D. Children’s living arrangements

Check one

If paragraph 2D of the Petition (form 401) is not correct, check (2) and provide the correct information about the children’s residence.

- (1) The information about where the children have lived is listed correctly in the Petition.
- (2) The information about where the children have lived is not listed correctly.
The correct information is: *List children by initials only*

		Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
i.	Children’s initials						
	Lived with	<i>Adult Name</i>			<i>City</i>		<i>State</i>
	Dates	<i>From mm/dd/yyyy</i>		<i>To mm/dd/yyyy</i>			

		Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
ii.	Children’s initials						
	Lived with	<i>Adult Name</i>			<i>City</i>		<i>State</i>
	Dates	<i>From mm/dd/yyyy</i>		<i>To mm/dd/yyyy</i>			

		Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
iii.	Children’s initials						
	Lived with	<i>Adult Name</i>			<i>City</i>		<i>State</i>
	Dates	<i>From mm/dd/yyyy</i>		<i>To mm/dd/yyyy</i>			

		Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
iv.	Children’s initials						
	Lived with	<i>Adult Name</i>			<i>City</i>		<i>State</i>
	Dates	<i>From mm/dd/yyyy</i>		<i>To mm/dd/yyyy</i>			

		Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
v.	Children’s initials						
	Lived with	<i>Adult Name</i>			<i>City</i>		<i>State</i>
	Dates	<i>From mm/dd/yyyy</i>		<i>To mm/dd/yyyy</i>			

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

Note: If the children have been in Iowa for less than six months, the court may not be able to issue an order about custody or visitation. The rules are complicated, and you may need to talk to an attorney.

E. Respondent's status

Check one

If paragraph 2E of the Petition (form 401) is not correct, check (2) and provide the correct information about Respondent's status.

- (1) The information about Respondent's status is listed correctly in the Petition.
- (2) The information about Respondent's status is not listed correctly. The correct information is:
- Respondent (you are Respondent) is in the military service.
There are special rules that may prevent this custody and visitation case from going forward if you are in the military. You should talk to an attorney.
- Respondent is in prison or jail at _____ in _____.
Name of facility State

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

F. Protective or no contact order

Check one

If paragraph 2F of the Petition (form 401) is not correct, check (2) and provide the correct information about Respondent's status.

- (1) The information about a "protective order" or "no contact order" is listed correctly in the Petition.
- (2) The information about a "protective order" or "no contact order" is not listed correctly. The correct information is:
- There is neither a "protective order" nor a "no contact order" between Respondent (you) and Petitioner (the other parent).
- There is a "protective order" or a "no contact order" between Respondent and Petitioner.
If there is a "protective order" or a "no contact order," fill in the following information:
- a. County and state where the order came from: _____
County State
- b. Court case number: _____

3. Other Cases about the Children

Check A or B

- A. All of the information in section 3 in the Petition on other cases about the children is correct.
If you check A, skip to 4.
- B. Some or all of the information in section 3 in the Petition on other cases about the children is not correct. The correct information is:
If you check B, fill in the correct information below.
- (1) Juvenile court
Check a or b.
- a. There is no juvenile court case.

- b. There is a juvenile court case. The correct information is:

If you check b, fill in the following information:

i. County and state of the juvenile court case: _____
County State

ii. Court case number: _____

Check one

(a) Concurrent jurisdiction has been granted.

(b) Concurrent jurisdiction has not been granted.

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

- (2) Custody order

Check a or b.

a. There is no custody order.

b. There is a custody order.

If you check b, fill in the following information:

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

ii. Court case number: _____

- (3) Child support order

Check a or b.

a. There is no child support order.

b. There is a child support order.

If you check b, fill in the following information:

i. County and state where the child support order came from: _____
County State

ii. Court case number: _____

iii. List the children the support case covers (initials only):

4. Other Information

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

In addition, Respondent provides the following information: *All of the basic information you need to tell the court is on this form. Provide other information only if you need to explain something.*

5. Respondent’s Request

Respondent asks the court to:

Check all that apply. The court will only consider items that are checked. If you do not know what you want, talk to an attorney.

- A. Decide custody and visitation.
- B. Establish legal parent.
- C. Order child support and medical support.
- D. Order that Petitioner pay the court fees.
- E. Order that Petitioner pay for Respondent’s attorney’s fees
- F. Other request:

6. Attorney Help

Check one

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

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

Name of attorney or organization, if any

Attorney’s PIN – Ask attorney

Business address of attorney or organization

City

State

ZIP code

(____)_____
Attorney’s phone no.

(____)_____
Attorney’s fax no. – optional

Attorney’s email address – optional

7. Service Instructions

If Respondent is filing in paper

Check one

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

Continued on next page

8. Certification of Service by Mailing or Delivery

Section 8 to be completed only if filing in paper or if the other party is exempt from electronic filing. This document, if filed electronically, will automatically be served on registered parties.

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

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

Name of person to whom I delivered or mailed it

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

9. Oath and Signature

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

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

Mailing address City State ZIP code

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

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

Important Instructions for filing this form on next page.

Instructions for Rule 17.400—Form 415: *Answer to Petition for Custody and Visitation*

Do not file these instructions

Instructions for Filing an Answer to a Petition for Custody and Visitation

The Iowa Judicial Branch uses an electronic court system known as the eFile System. **You must file electronically** unless you get permission from the court to file in paper. Contact the clerk of court in your county if you are unable to file electronically.

Filing your Answer electronically

- You must register to file electronically. For help, see the [eFile User Guide](#) and the instructions on the [eFile Instructions page](#) on the Iowa Judicial Branch website.
- Scan the signed Answer form and save it as a .pdf. (Save it in a place that will be accessible to you when you file electronically.)
- Log in to the eFile System on the Iowa Judicial Branch website and file your Answer.
- The login page can be accessed from two different paths: you may [directly log in to eFile](#); or from the judicial branch website menu, you may select "eFile Login."
- You will receive a Notice of Electronic Filing when the clerk of court has approved the filing of your Answer and other documents. You can then open the Answer and print a copy for your records.
- If there was a problem with your filing, you will receive a Notification of Electronic Filing in your eFile account. Log into My Filings, correct the error, and resubmit your filing. For help, see [Resubmitting a Returned Filing](#).
- The Notice of Electronic Filing will indicate if the other parent is exempt from electronic filing requirements, in which case, you must mail or serve in paper a copy of the document on the other parent if he or she does not have an attorney.

Filing your Answer in paper

- Make two photocopies of the original.
- Take your original Answer form and the photocopies to the clerk of court's office in the county where the Petition was filed. The county is listed at the top of the Petition (form 401).
- The clerk will time-stamp your forms and copies.
- The clerk will take the original and give the copies back to you.
- Keep one of the copies for your records.
- Serve one of the copies of your Answer on the other parent (Petitioner).
- You can hand one of the copies of the Answer form to the other parent, **or** mail a copy to the other parent at the address shown on the Petition.
- If the other parent has an attorney, you should serve the Answer by mailing a copy to the attorney at the attorney's address on the Petition if box 7A on the Petition is checked.


Do not file these instructions


Rule 17.400—Form 416: General Answer to a Petition for Custody and Visitation

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

If the Petition you received is on form 401, use form 415 for your Answer.

Read the *Guide to Representing Yourself in an Iowa Custody and Visitation Case (Parents not Married)* on the Iowa Judicial Branch website before using this form.

 *If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure (form 411).*

 *If filing in paper, you may use form 411 to provide any protected information in full.*

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

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

Upon the Petition of

Petitioner

The other parent's full name: first, middle, last

and concerning

Respondent

Your full name: first, middle, last

Equity case no. _____

**General Answer to a Petition for
Custody and Visitation**

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

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

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

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

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

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

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

D. Children's living arrangements

Places where the children have lived during the last five years and the parent(s) or adult(s) who acted as parents:

	Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
(1) Children's initials						
Lived with	<i>Adult Name</i>			<i>City</i>	<i>State</i>	
Dates	<i>From mm/dd/yyyy</i>		<i>To mm/dd/yyyy</i>			

	Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
(2) Children's initials						
Lived with	<i>Adult Name</i>			<i>City</i>	<i>State</i>	
Dates	<i>From mm/dd/yyyy</i>		<i>To mm/dd/yyyy</i>			

	Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
(3) Children's initials						
Lived with	<i>Adult Name</i>			<i>City</i>	<i>State</i>	
Dates	<i>From mm/dd/yyyy</i>		<i>To mm/dd/yyyy</i>			

	Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
(4) Children's initials						
Lived with	<i>Adult Name</i>			<i>City</i>	<i>State</i>	
Dates	<i>From mm/dd/yyyy</i>		<i>To mm/dd/yyyy</i>			

	Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
(5) Children's initials						
Lived with	<i>Adult Name</i>			<i>City</i>	<i>State</i>	
Dates	<i>From mm/dd/yyyy</i>		<i>To mm/dd/yyyy</i>			

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

Note: If the children have not lived in Iowa for six months, you might not be able to get custody. The rules are complicated and you may need to talk to an attorney.

E. Protective or no contact orders

Check one

- (1) There is neither a “protective order” nor a “no contact order” between Respondent (you) and Petitioner (the other parent).
- (2) There is a “protective order” or “no contact order” between Respondent and Petitioner.

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

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

b. Court case number: _____

F. Other cases about the children

Check (1) or (2)

- (1) There are no other cases about the children. *If you check (1), skip to G.*
- (2) There are other cases about the children.

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

If you check F(2), fill in the applicable information below.

a. Juvenile court

Check i or ii.

- i. There is no juvenile court case.
- ii. There is a juvenile court case.

If you check ii, fill in the following information:

(a) County and state of the juvenile court case: _____
County State

(b) Juvenile court case number: _____

Check (i) or (ii)

- (i) Concurrent jurisdiction has been granted.
- (ii) Concurrent jurisdiction has not been granted.

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

b. Custody order

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

Check i or ii.

- i. There is no custody order.
- ii. There is a custody order.

If you check ii, fill in the following information:

(a) County and state where the custody order came from: _____
County State

(b) Court case number: _____

c. Child support order

Check i or ii.

- i. There is no child support order.
- ii. There is a child support order.

If you check ii, fill in the following information:

(a) County and state where the child support order came from: _____
County State

(b) Court case number: _____

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

H. Other information:

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

Respondent asks the court to: *Write here what you would like the court to do. For example, tell the court what you want for custody and visitation. Be brief. Do not write long descriptions.*

Continued on next page

Instructions for Filing an Answer to a Petition for Custody and Visitation

The Iowa Judicial Branch uses an electronic filing court system known as the eFile System. **You must file electronically** unless you get permission from the court to file in paper. Contact the clerk of court in your county if you are unable to file electronically.

Filing your Answer electronically

- You must register to file electronically. For help, see the [eFile User Guide](#) and the instructions on the [eFile Instructions page](#) on the Iowa Judicial Branch website.
- Scan the signed Answer form and save it as a .pdf. (Save it in a place that will be accessible to you when you file electronically.)
- Log in to the eFile System on the Iowa Judicial Branch website and file your Answer. The login page can be accessed from two different paths: you may [directly log in to eFile](#); or from the judicial branch website menu, you may select "eFile Login."
- You will receive a Notice of Electronic Filing when the clerk of court has approved the filing of your Answer and other documents. You can then open the Answer and print a copy for your records.
- If there was a problem with your filing, you will receive a Notification of Electronic Filing in your eFile account. Log into My Filings, correct the error, and resubmit your filing. For help, see [Resubmitting a Returned Filing](#).
- The Notice of Electronic Filing will indicate if the other parent is exempt from electronic filing requirements, in which case, you must mail or serve in paper a copy of the document on the other parent if he or she does not have an attorney.

Filing your Answer in paper

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

Do not file these instructions

Rule 17.400—Form 421: Affidavit for Temporary Custody and Visitation

Form 421 is for either party to tell the court about custody and visitation before the case is finished, or to have a witness tell the court about custody and visitation before the case is finished.

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

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

Upon the Petition of

Petitioner

Full name as it appears on the Petition: first, middle, last

and concerning

Respondent

Full name as it appears on the Petition: first, middle, last

Equity case no. _____

Affidavit for Temporary Custody and Visitation

1. Statement

A. My name is _____

Full name of witness: first, middle, last

B. My relationship to _____

First, middle, last name of party; or initials of child (Do not use child's full name.)

is: _____

C. I understand that a judge may consider this Affidavit to determine temporary custody and visitation of the children in this case. If I were present in court, I would testify as follows:

Attach additional pages if necessary.

Check here if there are additional pages attached.

Continued on next page

2. Attorney Help

Check one

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

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

Name of attorney or organization, if any Attorney's PIN – Ask the attorney

Business address of attorney or organization City State ZIP code

(_____) _____ (_____) _____ _____
Attorney's phone no. Attorney's fax no. – optional Attorney's email address – optional

3. Oath and Signature of Witness

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

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

Mailing address City State ZIP code

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

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

- If the witness is not Petitioner or Respondent in this case, give the form to the person who asked you to fill it out.
- If the witness is either Petitioner or Respondent in this case, attach the Affidavit to your Motion (form 422).

Rule 17.400—Form 422: Motion in a Custody and Visitation Case

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

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

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

Upon the Petition of

Petitioner *Full name: first, middle, last*

and concerning

Respondent *Full name: first, middle, last*

Equity case no. _____

Motion in a Custody and Visitation Case

I am

Check one

- A. Petitioner
- B. Respondent

1. Request

A. I ask the court to

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

- (1) Change the hearing date that has been set for _____, 20_____.
Month Day Year
- (2) Order temporary custody and visitation.
- (3) Order temporary child support and medical support.
- (4) Set a hearing date for a Custody and Visitation Order by default.
- (5) Award me attorney's fees before the case is final.
- (6) Order genetic testing to decide paternity and require that Petitioner, Respondent, and child appear for testing.
- (7) Other request *Explain*

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

Rule 17.400—Form 423: Response to a Motion in a Custody and Visitation Case

Use this form if the other parent has filed a Motion (most likely form 422) and you disagree with what the other parent is asking the court to do in that Motion.

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

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

Upon the Petition of

Petitioner *Full name: first, middle, last*

and concerning

Respondent *Full name: first, middle, last*

Equity case no. _____

Response to a Motion in a Custody and Visitation Case

I am

Check one

- A. Petitioner
- B. Respondent

1. Motion

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

2. Response

Check A or B.

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

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

- (1) Change the hearing date that has been set for _____, 20_____.
Month Day Year
- (2) Order temporary custody and visitation.
- (3) Order temporary child support and medical support.
- (4) Set a hearing date for a custody and visitation order by default.
- (5) Award attorney's fees before the custody and visitation case is final.

(6) Order genetic testing to decide paternity and require that Petitioner, Respondent, and child appear for testing.

(7) Other request *Explain*

C. I disagree with the Motion because:

Continued on next page

3. Attorney Help

Check one

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

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

Name of attorney or organization, if any Attorney's PIN – Ask the attorney

Business address of attorney or organization City State ZIP code

(____) _____ (____) _____
Attorney's phone no. Attorney's fax no. – optional Attorney's email address – optional

4. Certification of Service by Mailing or Delivery

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

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

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

Name of person to whom I delivered or mailed it

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

5. Oath and Signature

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

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

Mailing address City State ZIP code



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

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

Rule 17.400—Form 424: Custody and Visitation Financial Statement

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

Each party must complete one of these forms.

-  If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure (form 411) if you have not already done so.
-  If filing in paper, you may use form 411 to provide any protected information in full if you have not already done so.

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

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

<p>Upon the Petition of</p> <p>_____</p> <p>Petitioner <i>first, middle, last</i> Full name of Petitioner</p> <p>and concerning</p> <p>_____</p> <p>Respondent <i>first, middle, last</i> Full name of Respondent</p>	<p>Equity case no. _____</p> <p style="text-align: center;">Custody and Visitation Financial Statement of</p> <p><i>Check one</i></p> <p><input type="checkbox"/> Petitioner</p> <p><input type="checkbox"/> Respondent</p>
---	---

I am

Check one

- A. Petitioner
- B. Respondent

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

1. My income

**How often is income paid?*

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

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

(4) Other income <i>Describe source:</i>		\$		\$
(5) Other income <i>Describe source:</i>		\$		\$
Total income for you from employment and other sources	Total gross income	\$	Total net income	\$

B. Deductions allowed for child support calculations			
Tax status			
I have custody of the children in this case <i>Check Yes or No</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
(1) Number of exemptions Yourself <i>Guidelines allow one exemption for parent</i>		1	
	Children		
(2) Income tax withheld	Federal		\$
	State		\$
(3) FICA <i>Social Security & Medicare</i>			\$
(4) Mandatory pension contribution			\$
(5) Mandatory occupational license fees			\$
(6) Union dues			\$
(7) Prior court-ordered child support			\$
<i>Paid to:</i>			\$
<i>Paid to:</i>			\$
<i>Paid to:</i>			\$
(8) Prior court-ordered medical support			\$
<i>Paid to:</i>			\$
<i>Paid to:</i>			\$
<i>Paid to:</i>			\$
(9) Prior court-ordered spousal support (alimony)			\$
<i>Paid to:</i>			\$
(10) Actual child care expenses due to employment <i>custodial parent only</i>			\$
Total deductions			\$

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

2. Social Security Disability (SSD):

A. SSD benefits paid to you

- (1) Amount paid for your expenses \$_____ per month
- (2) Benefit paid for each child in your home \$_____ per month
 - a. Number of children receiving benefits _____ children
 - b. List the children in your home who receive SSD benefits *Use initials only*

	Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
First, middle, & last initials						
Birth year						

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

B. Benefits paid to other person children are living with

- (1) Benefit paid for each child in other person's home \$_____ per month
- (2) Number of children receiving benefits _____ children
- (3) List the children who receive SSD benefits but live with someone other than you.
Use initials only:

	Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
First, middle, & last initials						
Birth year						

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

Continued on next page

3. Qualified Additional Dependent Deduction

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

	Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
First, middle, & last initials						
Birth year						

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

4. Extraordinary Visitation *For noncustodial parent only*

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

Continued on next page

5. My expenses

List your living expenses

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

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

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

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

Payable to	Item or service	Amount	How often paid? W,B,M,T,A	Balance due
A.				\$
B.				\$
C.				\$
D.				\$
E. Totals from attached sheets, if any				\$
<input type="checkbox"/> <i>Check this box if you have attached a sheet with additional information on other debts, and enter the total.</i>				\$
Total debts				\$

7. The other parent's income

- *List the other parent's information to the best of your ability.*
- *This information will not be used to determine child support obligations.*

**How often is income received?*

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

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

8. Attorney Help

Check one

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

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

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

Name of attorney or organization, if any

Attorney's PIN – Ask the Attorney

Business address of attorney or organization

City

State

ZIP code

(____) _____

Attorney's phone no.

(____) _____

Attorney's fax no. – optional

Attorney's email address – optional

9. Certification of Service by Mailing or Delivery

Section 9 to be completed only if filing in paper or if the other party is exempt from electronic filing. This document, if filed electronically, will automatically be served on registered parties.

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

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

Name of person to whom I delivered or mailed it

Party's or attorney's mailing address

City

State

ZIP code

10. Oath and Signature

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

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

Signed on: _____, 20____
Month Day Year

Your signature*

Mailing address

City

State

ZIP code

(____) _____

Phone number

Email address

Additional email address – if available

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

Rule 17.400—Form 425: Affidavit of Mailing Notice

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

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

Upon the Petition of

Petitioner

Full name of Petitioner as it is in the original case

and concerning

Respondent

Full name of Respondent as it is on the Application

Equity case no. _____

Affidavit of Mailing Notice

1. Attorney Help

Check one

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

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

Name of attorney or organization, if any *Attorney's PIN – Ask the attorney*

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

(_____) _____ (_____) _____ _____
Attorney's phone number *Attorney's fax no. – optional* *Attorney's email address – optional*

Important Notice

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

Oath and Signature on next page

2. Oath and Signature

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

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

Check one

Notice of Intent to File a Written Application for Default Order for Custody and Visitation or

Other document (*describe*): _____.

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

Other party's street address City State ZIP code

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

Mailing address City State ZIP code

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

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

Rule 17.400—Form 426: Notice of Intent to File Written Application for Default Decree

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

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

Upon the Petition of

Petitioner

Full name of Petitioner as it is in the original case

and concerning

Respondent

Full name of Respondent as it is on the Petition

Equity case no. _____

Notice of Intent to File Written Application for Default Decree

To party receiving this Notice:

First name Middle name Last name

Date of Notice: _____, 20_____
Month Day Year

Important note to party receiving this Notice:

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

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

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


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

(_____) _____
Phone number Email address

Instructions for party filing this Notice

 **Filing your Notice electronically**

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

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


1. Deliver a copy of this form to the party receiving this Notice by mail or in person.
2. Complete form 425 and file the original at the clerk of court's office.
3. File the original of this form (426) at the clerk of court's office.
4. Keep a copy for your records.


Rule 17.400—Form 427: Request for Relief in a Dissolution of Marriage with Children

Use this form only if you have filed a Petition for Custody and Visitation (form 401) and:

- The other parent (Respondent) did not file an Answer, or
- The other parent will not work with you to prepare a Settlement Agreement (form 428).

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

 If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure form (411) if you have not already done so.

 If filing in paper, you may use form 411 to provide any protected information in full if you have not already done so.

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

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

Upon the Petition of

Petitioner Full name: first, middle, last

and concerning

Respondent Full name: first, middle, last

Equity case no. _____

**Request for Relief in a
Custody and Visitation Case**

Check one

- Petitioner
 Respondent

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

I am

Check A or B and fill in C and D.

A. Petitioner

B. Respondent

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

Petitioner's present street address City State ZIP code

County Phone number Email address

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

Respondent's present street address City State ZIP code

County Phone number Email address

2. Request for Relief

A. Children *Check all that are true*

- (1) Petitioner and Respondent **agree** to the custody and visitation set out in the Agreed Parenting Plan (form 429). *A parenting plan must be provided to the court with the Request for Relief.*
- (2) Petitioner and Respondent do **not** agree about custody and visitation. I filed a Proposed Parenting Plan (form 430). *A parenting plan must be provided to the court with the Request for Relief.*
- (3) Petitioner and Respondent **agree** that they are the parents of the following children.

First, middle, & last initials of each child	Birth year	First, middle, & last initials of each child	Birth year
(1)		(4)	
(2)		(5)	
(3)		(6)	

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

- (4) Petitioner and Respondent do **not** agree that they are the parents of the following children.

Check this box if there is a disagreement about who the parents of the children are.

First, middle, & last initials of each child	Birth year	First, middle, & last initials of each child	Birth year
(1)		(4)	
(2)		(5)	
(3)		(6)	

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

Explain who are the parents of the children listed in (4) above:

- (5) Petitioner has taken the children in the middle course. *Attach certificate*
- (6) Respondent has taken the children in the middle course. *Attach certificate*

B. Financial affidavits *Check one*

- (1) I filed a Financial Affidavit (form 424). I certify that I have fully disclosed all income and the identity and value of all assets and debts.
- (2) I am asking that the court not require me to file a Financial Affidavit because:

E. Tax exemption

(1) I ask the court to set the tax deduction as follows: *Check one for each child*

First, middle, & last initials of each child	Birth year	Parent who should now claim child for tax deduction	Every Year	Even Years	Odd Years
(1)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

(2) The deduction will start in tax year _____.
Year

Note: The parent with custody must sign IRS Form 8332 before the noncustodial parent can take the deduction. Tax forms are available from the IRS website: <http://www.irs.gov>. The earned income tax credit is not the same as the tax exemption.

F. Health care expenses

I ask the court to set the health care expenses as follows: *Check all that apply*
Petitioner Respondent

- (1) will provide medical support (health insurance).
- (2) will pay the first \$_____ of uncovered medical expenses for the children. After that amount is spent, then uncovered medical expenses will be paid _____% by Petitioner and _____% by Respondent.
- (3) will pay cash medical support in the amount of \$_____ per month.

G. Court fees

Check one

I ask that

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

H. Attorney's fees

Check one

- (1) I have no attorney's fees.
- (2) I will pay my own attorney's fees.
- (3) I ask that my spouse pay me \$_____ for attorney's fees.

I. Necessary documents

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

J. Other request for relief

Check this box if you have attached a separate sheet listing additional requests for relief.

3. Statements of Understanding and Fact

Check all that apply

- A. I have made a full disclosure of my property and debts to the court.
- B. This request for relief addresses all issues in my Custody and Visitation case.
- C. I want the court to approve this request for relief and make it part of the final order.

Continued on next page

4. Attorney Help

Check one

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

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

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

Name of attorney or organization, if any

Attorney's PIN – Ask the Attorney

Business address of attorney or organization

City

State

ZIP code

(____) _____
Attorney's phone no.

(____) _____
Attorney's fax no. – optional

Attorney's email address – optional

5. Certification of Service by Mailing or Delivery

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

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

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

Name of person to whom I delivered or mailed it

Party's or attorney's mailing address

City

State

ZIP code

6. Oath and Signature

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

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

Signed on: _____, 20____
Month Day Year

Your signature*

Mailing address

City

State

ZIP code

(____) _____
Phone number

Email address


Additional email address – if available


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

Rule 17.400—Form 428: Settlement Agreement for Custody and Visitation

Use **this form only** if you and the other parent both agree to the terms of a Settlement Agreement.

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

 If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure form (411) if you have not already done so.

 If filing in paper, you may use form 411 to provide any protected information in full.

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

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

Upon the Petition of

Petitioner *Full name: first, middle, last*

and concerning

Respondent *Full name: first, middle, last*

Equity case no. _____

**Settlement Agreement for Custody
and Visitation**

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

A. Petitioner's birth year and present residence:

Birth year

Petitioner's present street address

City

State

ZIP code

County

(____) _____
Phone number

Email address

B. Respondent's birth year and present residence:

Birth year

Respondent's present street address

City

State

ZIP code

County

(____) _____
Phone number

Email address

Continued on next page

2. Agreements

We agree to the following:

A. Children *Check all that are true*

- (1) We agree to the custody and visitation set out in the Agreed Parenting Plan (form 429).
- (2) We do not agree about custody and visitation. We each filed a Proposed Parenting Plan (430). A parenting plan, either form 429 or form 430, must be provided to the court with the Settlement Agreement.
- (3) We agree that we are the parents of the following children:
Note: If you do not agree regarding who are the legal parents of the children, do not use this form. Use form 427.

	Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
First, middle, & last initials						
Birth year						

- Check this box if you have attached a separate sheet listing additional children.*
- (4) Petitioner has taken the children in the middle course. *Attach certificate*
- (5) Respondent has taken the children in the middle course. *Attach certificate*

B. Financial affidavits *Check one*

- (1) Petitioner or Respondent has filed a Financial Affidavit (424).
If you check (1), check each that is applicable.
 - a. Petitioner has filed a Financial Affidavit. Petitioner certifies that Petitioner has fully disclosed all income and the identity and amount of all expenses and debts.
 - b. Respondent has filed a Financial Affidavit. Respondent certifies that Respondent has fully disclosed all income and the identity and amount of all expenses and debts.
- (2) We are asking that the court not require us to file Financial Affidavits because:

Continued on next page

D. Tax exemption

(1) We ask the court to set the tax deduction as: *Check one for each child*

Child	First, middle, & last initials	Birth year	Parent who should now claim child for tax deduction	Every year	Even years	Odd years
(1)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

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

Note: The parent with custody must sign IRS Form 8332 before the noncustodial parent can take the deduction.

Tax forms are available from the IRS website: <http://www.irs.gov>.

The earned income tax credit is not the same as the tax exemption.

(2) The deduction will start in tax year _____.
Year

E. Health care expenses

We ask the court to set the health care expenses as follows: *Check all that apply*

Petitioner Respondent

- (1) will provide medical support (health insurance).
- (2) will pay the first \$_____ of uncovered medical expenses for the children. After that amount is spent, then uncovered medical expenses will be paid _____% by Petitioner and _____% by Respondent.
- (3) will pay cash medical support in the amount of \$_____ per month.

F. Court fees

Check one

We ask that

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

3. Attorney Help

Check all that apply

A. Petitioner

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

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

_____ <i>Name of attorney or organization, if any</i>		_____ <i>Attorney's PIN – Ask the attorney</i>		
_____ <i>Business address of attorney or organization</i>		_____ <i>City</i>	_____ <i>State</i>	_____ <i>ZIP code</i>
(_____) _____ <i>Attorney's phone number</i>	(_____) _____ <i>Attorney's fax no. – optional</i>	_____ <i>Attorney's email address – optional</i>		

- (3) A mediator, _____, who is an attorney, helped me
Name of mediator
prepare or fill in this paper, but did not represent me as a party.

B. Respondent

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

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

_____ <i>Name of attorney or organization, if any</i>		_____ <i>Attorney's PIN – Ask the attorney</i>		
_____ <i>Business address of attorney or organization</i>		_____ <i>City</i>	_____ <i>State</i>	_____ <i>ZIP code</i>
(_____) _____ <i>Attorney's phone number</i>	(_____) _____ <i>Attorney's fax number – optional</i>	_____ <i>Attorney's email address – optional</i>		

- (3) A mediator, _____, who is an attorney, helped me
Name of mediator
prepare or fill in this paper, but did not represent me as a party.

Continued on next page

4. Oaths and Signatures

This Settlement Agreement addresses all issues in our Custody and Visitation case. We want the court to approve this Agreement and make it a part of the final order.

A. Petitioner's Oath and Signature

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

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

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

Mailing address City State ZIP code

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

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

B. Respondent's Oath and Signature

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

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

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

Mailing address City State ZIP code

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

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

Rule 17.400—Form 429: Agreed Parenting Plan

Use this form if both parents agree to everything in the plan regarding child custody and visitation. Do not use this form if you and the other parent do not agree to all child custody and visitation arrangements. Instead, use form 430 to present a Proposed Parenting Plan to the court for the child custody and visitation arrangements you want.

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

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

<p>Upon the Petition of</p> <p>_____</p> <p>Petitioner <i>Full name: first, middle, last</i></p> <p>and concerning</p> <p>_____</p> <p>Respondent <i>Full name: first, middle, last</i></p>	<p>Equity case no. _____</p> <p style="text-align: center;">Agreed Parenting Plan</p>
--	--

1. Information for the Court

A. The parties agree to this plan.

B. Children *List all children born to, adopted by, or whose legal parents are Petitioner and Respondent.*

Child	First, middle, & last initials	Present age	Gender		School	Grade
			M	F		
(1)			<input type="checkbox"/>	<input type="checkbox"/>		
(2)			<input type="checkbox"/>	<input type="checkbox"/>		
(3)			<input type="checkbox"/>	<input type="checkbox"/>		
(4)			<input type="checkbox"/>	<input type="checkbox"/>		
(5)			<input type="checkbox"/>	<input type="checkbox"/>		
(6)			<input type="checkbox"/>	<input type="checkbox"/>		

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

C. Information about the children

Check all that are true

- (1) The children listed in B are the only children born to, adopted by or whose legal parents are Petitioner and Respondent.
- (2) One or more of the children is in a juvenile court case. *If you check (2), attach a copy of the order that allows the district court to order child custody and visitation.*

2. Plan

A. Read these definitions of legal custody and physical care:

- (1) **Legal custody** means a parent has legal rights and responsibilities for the child. These include making decisions about medical care, education, extracurricular activities, and religious instruction.
- (2) **Joint legal custody** means both parents have equal legal rights and responsibilities for the child. These include making decisions about medical care, education, extracurricular activities, and religious instruction.
- (3) **Physical care** means providing the main home for the child and taking care of the child.
- (4) **Joint physical care** means both parents have equal rights and responsibilities for providing the main home for the child and taking care of the child.

B. Legal custody should be

Check one

- (1) Joint legal custody to both parents
- (2) To Petitioner
- (3) To Respondent
- (4) To other person _____

Full name of other person: first, middle, last

C. Physical care should be

Check one

- (1) To Petitioner *If you check (1), use D for Respondent's visitation.*
- (2) To Respondent *If you check (2), use D for Petitioner's visitation.*
- (3) Joint physical care to both parents *If you check (3), use E to explain the joint physical care schedule.*
- (4) To other person _____

Full name of other person: first, middle, last

D. Regular Visitation Schedule

Use D only if one parent will have physical care. This is the schedule for the other parent to see the children.

(1) Visitation for

Check one

- a. Petitioner
- b. Respondent

Continued on next page

(2) Visitation permission

Check a, b, or c.

- a. Visitation should not be allowed because:

- b. Visitation should be supervised because:

The supervisor for visitation should be _____
Supervisor's full name: first, middle, last

- c. Regular unsupervised visitation schedule as the parents agree:

Check all that apply

- i. Reasonable visitation as the parents agree.

- ii. Mid-week visitation on these days:

M Tu W Th F From _____ a.m. a.m.
 p.m. to _____ p.m.

- iii. Every weekend a.m. a.m.
From _____ at _____ p.m. to _____ at _____ p.m.
Day of week Time Day of week Time

- iv. Every other weekend a.m. a.m.
From _____ at _____ p.m. to _____ at _____ p.m.
Day of week Time Day of week Time

- v. Other *Describe*

- vi. Visitation will start on _____, 20_____
Month Day Year

E. Joint physical care plan

Use E only if both Petitioner and Respondent will have joint physical care..

- (1) How Petitioner and Respondent will make decisions about the children: *For example, decisions on school, medical care, religion, and other decisions parents make for their children.*

F. Other Custody and Visitation Considerations

All parents should complete section F regardless of physical care plan.

(1) Detailed holiday schedule

This schedule tells on which holidays the children will be with either Petitioner or Respondent.

Note: *You do not have to fill in everything. Any day that is left blank means the children will spend that day with the parent who already has the children on that day.*

P = Petitioner R=Respondent

Holiday	Time	Every year		Even years		Odd years	
		P	R	P	R	P	R
New Year's Eve	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Year's Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Martin Luther King, Jr. Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
President's Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memorial Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence Day <i>July 4th</i>	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labor Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veterans' Day <i>November 11th</i>	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thanksgiving Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christmas Eve	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christmas Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother's Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father's Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Petitioner's Birthday	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respondent's Birthday	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Halloween <i>October 31st</i>	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: <i>Describe</i>	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: <i>Describe</i>	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Continued on next page

(2) Special rules for holidays

Check one

- a. If a holiday falls on a Friday or a Monday, the parent with the holiday will have the whole weekend.
- b. If a holiday falls on a Monday or a Friday, the alternating weekend schedule in 2.D(2)c.iv. will continue. *This means the parent who has the children on the holiday weekend may have the children two weekends in a row.*
- c. The parents will cooperate and rearrange the alternate weekend schedule so that neither parent will have the children more weekends in a row without contact with the other parent.
- d. Other *Explain*

(3) Summer

Check one

- a. Summer school vacation will be divided as Petitioner and Respondent agree.
- b. Petitioner and Respondent will each have one-half of the summer school vacation with alternate weekends to the other parent. The children will be returned to the parent with physical care at least one week before school starts. If a joint physical care arrangement exists, the parents will return to that joint physical care arrangement at least one week before school starts.
- c. The parent without physical care will have two weeks of uninterrupted summer visitation with the children and the parent with physical care will have two weeks of uninterrupted summer visitation with the children. During the rest of the summer the weekly visitation schedule should be followed.
- d. The joint physical care arrangement will continue unchanged.
- e. Other *Explain*

(4) Winter school holiday

Check one

- a. Winter school holidays will be divided as Petitioner and Respondent agree.
- b. Petitioner and Respondent will each have one-half of the winter school holiday and alternate the first and second half each year.
- c. Other *Explain*

(5) Spring school break

Check all that apply.

- a. Spring school break will be divided as Petitioner and Respondent agree.
- b. Spring school break will be alternated every other year between Petitioner and Respondent.
- c. Petitioner and Respondent will each have one-half of each spring school break.
- d. Other *Explain*

(6) The children's birthdays

Check one

- a. Petitioner and Respondent will have contact with the children on their birthdays as the parents may agree.
- b. A child's birthday will be spent with the parent who has the child on that day.
- c. Each child's birthday will be alternated from year to year between Petitioner and Respondent.
- d. Petitioner and Respondent will each have no less than two hours of personal contact with the child on the child's birthday.
- e. Other *Explain*

(7) Pick up and drop off

Check all that apply

- a. The parents will agree about pick up and drop off for each visit.
- b. The parent starting that parent's time with the children will pick up the children at the other parent's residence.
- c. Only certain people can help the parents with transportation. If persons other than Petitioner and Respondent will help them provide transportation of the children, only the following persons are permitted to help:

- d. Other arrangements for visitation *For example, Petitioner and Respondent will meet at a location between their residences. Explain*

(8) The parent without the children may contact the children by

Check all that apply

- a. Calling the children

Check one

- i. At reasonable hours

a.m. a.m.

- ii. Any day from _____ p.m. to _____ p.m.

Phone number (_____) _____

Phone number where children can be contacted

- b. Emailing the children at this address: _____
Email where children can be contacted

- c. Other *Explain*

(9) Changes to the schedule

Check all that apply

- a. The parties may agree to additional visitation or changes to the schedule.

- b. If one parent fails to arrive at the appointed time, then the other parent will wait for at least _____ minutes before cancelling the visit.

- c. No changes allowed except by a court order.

- d. Other *Explain*

(10) Resolving disagreements

Check one

Before going to court to resolve disagreements, Petitioner and Respondent will

- a. Ask the following person to help them resolve disagreements:

Name *Relationship to parties* (_____) *Phone number*

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

- b. Go to mediation. *Do not check if mediation will not work because of domestic violence or an injunction.*

3. Attorney Help

Check all that apply

A. Petitioner

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

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

_____		_____	
<i>Name of attorney or organization, if any</i>		<i>Attorney's PIN – Ask the attorney</i>	
_____		_____	_____
<i>Business address of attorney or organization</i>		<i>City</i>	<i>State ZIP code</i>
(_____) _____	(_____) _____	_____	
<i>Attorney's phone number</i>	<i>Attorney's fax no. – optional</i>	<i>Attorney's email address – optional</i>	

- (3) A mediator, _____, who is an attorney, helped me
Name of mediator
prepare or fill in this paper, but did not represent me as a party.

B. Respondent

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

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

_____		_____	
<i>Name of attorney or organization, if any</i>		<i>Attorney's PIN – Ask the attorney</i>	
_____		_____	_____
<i>Business address of attorney or organization</i>		<i>City</i>	<i>State ZIP code</i>
(_____) _____	(_____) _____	_____	
<i>Attorney's phone number</i>	<i>Attorney's fax no. – optional</i>	<i>Attorney's email address – optional</i>	

- (3) A mediator, _____, who is an attorney, helped me
Name of mediator
prepare or fill in this paper, but did not represent me as a party.

Continued on next page

4. Oaths and Signatures

This Agreed Parenting Plan addresses all custody and visitation issues in our custody and visitation case. We want the court to approve this Agreed Parenting Plan and make it a part of the final order.

A. Petitioner's Oath and Signature

I, _____, certify under penalty of perjury and pursuant to the
Print Petitioner's name

laws of the State of Iowa that I have read this Agreed Parenting Plan, and I agree with the Plan. I ask the court to adopt this Agreed Parenting Plan.

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

Mailing address City State ZIP code

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

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

B. Respondent's Oath and Signature

I, _____, certify under penalty of perjury and pursuant to the
Print Respondent's name

laws of the State of Iowa that I have read this Agreed Parenting Plan, and I agree with the Plan. I ask the court to adopt this Agreed Parenting Plan.

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

Mailing address City State ZIP code

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

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

Rule 17.400—Form 430: Proposed Parenting Plan

Use this form if you and the other parent **do not** agree to all child custody and visitation arrangements.

Do not use this form if both parents agree to everything in this plan. Instead, use form 429 to tell the court what you both want your plan to be.

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

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

Upon the Petition of

Petitioner *Full name: first, middle, last*

and concerning

Respondent *Full name: first, middle, last*

Equity case no. _____

Proposed Parenting Plan

Check one

- Petitioner
 Respondent

I am

Check one

- A. Petitioner
 B. Respondent

1. Information for the Court

A. **Children** *List all children born to or adopted by Petitioner and Respondent.*

First, middle, & last initials of each child	Present age	Gender		School	Grade
		M	F		
(1)		<input type="checkbox"/>	<input type="checkbox"/>		
(2)		<input type="checkbox"/>	<input type="checkbox"/>		
(3)		<input type="checkbox"/>	<input type="checkbox"/>		
(4)		<input type="checkbox"/>	<input type="checkbox"/>		
(5)		<input type="checkbox"/>	<input type="checkbox"/>		
(6)		<input type="checkbox"/>	<input type="checkbox"/>		

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

B. **Information about the children**

- (1) The children listed in A are the only children born to or adopted by these parents.
 (2) One or more of the children is in a juvenile court case. *If you check (2), attach a copy of the order that allows the district court to order child custody and visitation.*

C. Special concerns about the children

Check all that are true

- (1) Breastfeeding infant
- (2) Child with a disability
- (3) Other *Explain*

D. Information about the parents

Check all that are true

- (1) Petitioner receives public assistance, Title XIX, or FIP.
- (2) Respondent receives public assistance, Title XIX, or FIP.
- (3) Petitioner plans to move within the next year.
- (4) Respondent plans to move within the next year.
- (5) This is the Parenting Plan for before the move.
- (6) This is the Parenting Plan for after the move.

E. Special concerns about the parents

Check all that are true

- (1) Petitioner has an alcohol or drug problem.
- (2) Respondent has an alcohol or drug problem.
- (3) Petitioner does not have a driver's license.
- (4) Respondent does not have a driver's license.
- (5) Petitioner's home environment is not suitable. *Explain in 11*
- (6) Respondent's home environment is not suitable. *Explain in 11*
- (7) Petitioner is in jail or a mental health institution. *Explain in 11*
- (8) Respondent is in jail or a mental health institution. *Explain in 11*
- (9) Petitioner is protected under a Domestic Abuse Protective Order. *Explain in 11*
- (10) Respondent is protected under a Domestic Abuse Protective Order. *Explain in 11*
- (11) *Explain:*

2. Plan

A. Read these definitions of legal custody and physical care:

- (1) **Legal custody** means a parent has legal rights and responsibilities for the child. These include making decisions about medical care, education, extracurricular activities, and religious instruction.
- (2) **Joint legal custody** means both parents have equal legal rights and responsibilities for the child. These include making decisions about medical care, education, extracurricular activities, and religious instruction.
- (3) **Physical care** means providing the main home for the child and taking care of the child.
- (4) **Joint physical care** means both parents have equal rights and responsibilities for providing the main home for the child and taking care of the child.

B. Legal custody should be

Check one

- (1) Joint legal custody to both parents
- (2) To Petitioner
- (3) To Respondent
- (4) To other person _____

Full name of other person: first, middle, last

C. Physical care should be

Check one

- (1) To Petitioner *If you check (1), use D for Respondent's visitation.*
- (2) To Respondent *If you check (2), use D for Petitioner's visitation.*
- (3) Joint physical care to both parents *If you check (3), use E to explain the joint physical care schedule.*
- (4) To other person _____

Full name of other person: first, middle, last

Continued on next page

D. Regular Visitation Schedule

Use D only if one parent will have physical care. This is the visitation schedule for the other parent to see the children.

If the parents will have joint physical care, then skip this section and complete section E instead.

(1) Visitation for

Check one

- a. Petitioner
- b. Respondent

(2) Visitation permission

Check a, b, or c.

- a. Visitation should not be allowed because:

- b. Visitation should be supervised because:

The supervisor for visitation should be _____
Supervisor's full name: first, middle last

- c. Regular unsupervised visitation schedule as the parents agree:

Check all that apply

- i. Reasonable visitation as the parents agree.

- ii. Mid-week visitation on these days:

M Tu W Th F From _____ a.m. to _____ p.m.

- iii. Every weekend a.m. a.m.
From _____ at _____ p.m. to _____ at _____ p.m.
Day of week Time Day of week Time

- iv. Every other weekend a.m. a.m.
From _____ at _____ p.m. to _____ at _____ p.m.
Day of week Time Day of week Time

- v. Other *Describe*

- vi. Visitation will start on _____, 20____
Month Day Year

E. Joint physical care plan

Use E only if both Petitioner and Respondent will have joint physical care.

If one parent will have physical care with the other having visitation, then skip this section and complete section D instead.

- (1) How Petitioner and Respondent will make decisions about the children: *For example, decisions on school, medical care, religion, and other decisions parents make for their children.*

- (2) How the children's time will be divided between Petitioner and Respondent:

Also use section F for holidays, school breaks, birthdays, and other issues.

- (3) How the children's expenses will be paid: *For example, expenses such as clothes, activities, and school fees.*

- (4) How Petitioner and Respondent will deal with major changes or disagreements about the children (including changes due to the children's age and development):

- (5) Other issues:

F. Other Custody and Visitation Considerations

All parents should complete section F regardless of physical care plan.

(1) Detailed holiday schedule

This schedule tells on which holidays the children will be with either Petitioner or Respondent.

You do not have to fill in everything. Any day that is left blank means the children will spend that day with the parent who already has the children on that day.

P = *Petitioner* R = *Respondent*

Holiday	Time	Every year		Even years		Odd years	
		P	R	P	R	P	R
New Year's Eve	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Year's Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Martin Luther King, Jr. Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
President's Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memorial Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence Day <i>July 4th</i>	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labor Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veterans' Day <i>November 11th</i>	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thanksgiving Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christmas Eve	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christmas Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother's Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father's Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Petitioner's Birthday	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respondent's Birthday	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Halloween <i>October 31st</i>	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: <i>Describe</i>	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: <i>Describe</i>	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

(2) Special rules for holidays *Check one*

- a. If a holiday falls on a Friday or a Monday, the parent with the holiday will have the whole weekend.
- b. If a holiday falls on a Monday or a Friday, the alternating weekend schedule in 2.D(2)c.iv. will continue. *This means the parent who has the children on the holiday weekend may have the children two weekends in a row.*
- c. Other *Explain*

(3) Summer *Check one*

- a. Summer school vacation will be divided as Petitioner and Respondent agree.
- b. Petitioner and Respondent will each have one-half of the summer school vacation with alternate weekends to the other parent. The children will be returned to the parent with physical care at least one week before school starts.
- c. The parent without physical care will have two weeks of uninterrupted summer visitation with the children and the parent with physical care will have two weeks of uninterrupted summer visitation with the children. During the rest of the summer the weekly visitation schedule should be followed.
- d. Other *Explain*

(4) Winter school holiday *Check one*

- a. Winter school holidays will be divided as Petitioner and Respondent agree.
- b. Petitioner and Respondent will each have one-half of the winter school holiday and alternate the first and second half each year.
- c. Other *Explain*

(5) Spring school break *Check one*

- a. Spring school break will be divided as Petitioner and Respondent agree.
- b. Spring school break will be alternated every other year between Petitioner and Respondent.
- c. Petitioner and Respondent will each have one-half of each spring school break.
- d. Other *Explain*

(6) The children's birthdays *Check all that apply*

- a. Petitioner and Respondent will have contact with the children on their birthdays as the parents may agree.
- b. A child's birthday will be spent with the parent who has the child on that day.
- c. Each child's birthday will be alternated from year to year between Petitioner and Respondent.
- d. Petitioner and Respondent will each have no less than two hours of personal contact with the child on the child's birthday.
- e. Other *Explain*

(7) Pick up and drop off *Check all that apply*

- a. The parents will agree about pick up and drop off for each visit.
- b. The parent with visitation will pick up the children at the other parent's residence at the beginning of visitation and the parent with physical care will pick up the children at the end of visitation.
- c. Only certain people can help the parents with transportation. If persons other than Petitioner and Respondent will help them provide transportation of the children, only the following people are permitted to help:

- d. Other arrangements for visitation (for example, Petitioner and Respondent will meet at a location between their residences): *Explain*

(8) The parent without the children may contact the children by *Check all that apply*

- a. Calling the children

Check one

- i. At reasonable hours
- ii. Any day from _____ a.m. to _____ a.m.
 p.m. to _____ p.m.

Phone number (_____) _____
Phone no. where children can be contacted

- b. Emailing the children at this address: _____
Email where children can be contacted

- c. Other *Explain*

(9) Changes to the schedule

Check all that apply

- a. The parties may agree to additional visitation or changes to the schedule.
- b. If one parent fails to arrive at the appointed time, then the other parent will wait for at least _____ minutes before cancelling the visit.
- c. No changes allowed except by a court order.
- d. Other *Explain*

(10) Resolving disagreements

Check one

Before going to court to resolve disagreements, Petitioner and Respondent will

- a. Ask the following person to help them resolve disagreements:

_____	_____	(____)	_____
<i>Name</i>	<i>Relationship to parties</i>	<i>Phone number</i>	
_____	_____	_____	_____
<i>Present street address</i>	<i>City</i>	<i>State</i>	<i>ZIP code</i>

- b. Go to mediation. *Do not check if mediation will not work because of domestic violence or an injunction.*

Continued on next page

3. Attorney Help

Check one

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

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

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

Name of attorney or organization, if any Attorney's PIN – Ask the Attorney

Business address of attorney or organization City State ZIP code

(____) _____ (____) _____
Attorney's phone no. Attorney's fax no. – optional Attorney's email address – optional

4. Certification of Service by Mailing or Delivery

Section 4 to be completed only if filing in paper or if the other party is exempt from electronic filing. This document, if filed electronically, will automatically be served on registered parties.

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

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

Name of person to whom I delivered or mailed it

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

5. Oath and Signature

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

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

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

Mailing address City State ZIP code

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

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