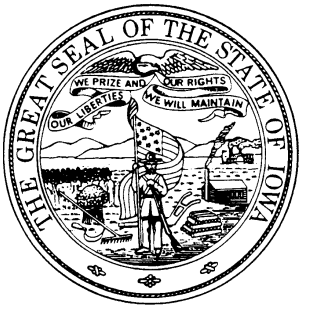
IOWA
COURT RULES

FIFTH EDITION

September 2026



Published under the authority of Iowa Code section 2B.5B.

Preface

The Iowa Court Rules includes rules of procedure, pleadings, practice, evidence, and the forms of process, writs and notices, for all proceedings in the state courts as prescribed by the Iowa Supreme Court and published by the Legislative Services Agency.

The Fifth Edition of the Iowa Court Rules was published in July 2009 pursuant to Iowa Code section 2B.5(2). Subsequent updates to the Iowa Court Rules, as ordered by the Supreme Court, are published in electronic format only and include chapters that have been amended or adopted.

The Iowa Court Rules and related documents are available at www.legis.iowa.gov/law/courtRules.

To receive email notification of the publication of a Supplement to the Iowa Court Rules, subscribe at www.legis.iowa.gov/subscribe/subscriptions.

Inquiries. Inquiries regarding access to the Iowa Court Rules should be directed to the Legislative Services Agency's Computer Services Division Help Desk at 515.281.6506.

Citation. The rules shall be cited as follows:

Chapter 1	Iowa R. Civ. P.
Chapter 2	Iowa R. Crim. P.
Chapter 5	Iowa R. Evid.
Chapter 6	Iowa R. App. P.
Chapter 16	Iowa R. Elec. P.
Chapter 32	Iowa R. of Prof'l Conduct
Chapter 51	Iowa Code of Judicial Conduct

All other rules shall be cited as "Iowa Ct. R."

Supplements. Supplements to the Fifth Edition of the Iowa Court Rules have been issued as follows:

2009 — August, September, October, November, December
2010 — January, February, March, May, June, August, September, December
2011 — February
2012 — January, May, June, August, September, December
2013 — March, May, June, August, September, November, December
2014 — January, March, April, June, December
2015 — January, April, May, October, December
2016 — February, July, August, December
2017 — January, April, August, September, November, December
2018 — June, August, December
2019 — February, July, August, December
2020 — February, April, June, September, October, December

2021 — April, May, June, July, August, September, October, December

2022 — January, February, March, June, September, October, November, December

2023 — March, June, July, August, November, December

2024 — January, March, April, May, June, July, September, October, November, December

2025 — March, May, July, October, November, December

2026 — January, February, July, August, September

September 2026 Supplement

Changes in this supplement

Rule 7.11. . . . . Amended
Rule 7.11, Forms 7 and 8. . . . . Adopted
Rule 7.12. . . . . Amended
Rule 7.12, Form 11. . . . . Adopted
Rule 8.39, Forms and 7 and 8. . . . . Adopted
Rule 17.40. . . . . Adopted

INSTRUCTIONS FOR UPDATING THE IOWA COURT RULES

Replace Chapter 7
Replace Chapter 8
Replace Chapter 17

CHAPTER 7
RULES OF PROBATE PROCEDURE

Rule 7.1 Effective removal order — turnover
Rule 7.2 Fees in probate
Rule 7.3 District court rules in probate
Rule 7.4 Report of referee
Rule 7.5 Referees in probate
Rule 7.6 Reports of delinquent initial plans, inventories, and reports
Rule 7.7 Interlocutory report
Rule 7.8 Adult guardianship and conservatorship required filings
Rules 7.9 and 7.10 Reserved
Rule 7.11 Adult guardianships: required forms and confidential filings
- Form 1: Protected Information Disclosure
- Form 2: Background Check Information for a Proposed Guardian of a Protected Person
- Form 3: Guardian's Initial Care Plan for Protected Person
- Form 4: Guardian's Annual Report for Protected Person
- Form 5: Guardian's Final Report for Protected Person
- Form 6: Court Officer's Oath (Guardianship)
- Form 7: Former Guardian's Transition Report for Protected Person
- Form 8: Request for Copy of Guardianship Care Plan or Report

Rule 7.12 Conservatorships; forms mandatory for self-represented litigants; confidential filings
- Form 1: Protected Information Disclosure
- Form 2: Background Check Information for a Proposed Conservator of a Protected Person
- Form 3: Conservator's Request for Approval for Other Action on Behalf of Protected Person
- Form 4: Notice of Filing Conservator's Initial Plan or Amended Plan
- Form 5: Conservator's Initial Plan or Amended Plan
- Form 6: Inventory of Assets of Protected Person
- Form 7: Conservator's Annual Report
- Form 8: Conservator's Final Report
- Form 9: Court Officer's Oath (Conservatorship, Individual)
- Form 10: Court Officer's Oath (Conservatorship, Corporation)
- Form 11: Request for Copy of Conservatorship Plan, Inventory, or Report

CHAPTER 7
RULES OF PROBATE PROCEDURE

Rule 7.1 Effective removal order — turnover. When the court orders the removal of a fiduciary under Iowa Code section 633.65, such order, unless expressly providing otherwise, shall be effective as a turnover order under Iowa Code section 633.70, and without further order the fiduciary so removed shall turn over all personal property, money or securities to or for the fiduciary's successor at the clerk's office within five days after such order is filed.
[Court Order November 16, 1965; November 14, 1979; Report November 9, 2001, effective February 15, 2002]

Rule 7.2 Fees in probate.

7.2(1) Every report or application requesting an allowance of fees for personal representatives or their attorneys shall be written and verified as provided in Iowa Code section 633.35.

7.2(2) When fees for ordinary services are sought pursuant to Iowa Code sections 633.197 and 633.198, proof of the nature and extent of responsibilities assumed and services rendered shall be required. Unless special circumstances should be called to the court's attention, the contents of the court probate file may be relied upon as such proof. In determining the value of gross assets of the estate for purposes of Iowa Code section 633.197, the court shall not include the value of joint tenancy property excluded from the taxable estate pursuant to Iowa Code section 450.3(5) or the value of life insurance payable to a designated beneficiary.

7.2(3) When an allowance for extraordinary expenses or services is sought pursuant to Iowa Code section 633.199, the request shall include a written statement showing the necessity for such expenses or services, the responsibilities assumed, and the amount of extra time or expense involved. In appropriate cases, the statement shall also explain the importance of the matter to the estate and describe the results obtained. The request may be made in the final report or by separate application. It shall be set for hearing upon reasonable notice, specifying the amounts claimed, unless waivers of notice identifying the amounts claimed are filed by all interested persons. The applicant shall have the burden of proving such allowance should be made.

7.2(4) One half of the fees for ordinary services may be paid when the federal estate tax return, if required, and Iowa inheritance tax return, if required, are prepared. When a federal estate tax return is not required, the one-half fee may be paid when the Iowa inheritance tax return is prepared or, when it is not required, when the probate inventory required by the Iowa Probate Code is filed. The remainder of the fees may be paid when the final report is filed and the costs have been paid. The schedule for paying fees may be different when so provided by order of the court for good cause.

7.2(5) Every report or application requesting compensation for other fiduciaries and their attorneys pursuant to Iowa Code section 633.200 shall be written and verified.

7.2(6) When compensation has been allowed to a person employed by the fiduciary or attorney to assist the estate pursuant to Iowa Code section 633.84, the request for fees by the fiduciary shall disclose the identity of such person and the amount allowed, for consideration by the court in determining fees for the fiduciary pursuant to Iowa Code section 633.86.
[Court Order November 14, 1979; Report September 5, 1985, effective November 15, 1985; November 9, 2001, effective February 15, 2002; November 23, 2004, effective February 1, 2005]

Rule 7.3 District court rules in probate. A district court rule of probate and administration shall not be valid until it has been filed with the clerk of the supreme court and approved by that court.
[Court Order November 14, 1979; Report November 9, 2001, effective February 15, 2002]

Rule 7.4 Report of referee. A report of a referee in probate shall substantially comply with the form that accompanies this rule.
[Report November 9, 2001, effective February 15, 2002; Court Order December 12, 2019, temporarily effective December 12, 2019, permanently effective February 11, 2020]

Rule 7.4—Form 1: ***Report of Referee***

In the Iowa District Court for _____ County	
In the Matter of the Estate of: _____ *Full name: first, middle, last* **Deceased.**	Probate no._____ **Report of Referee**

The undersigned Referee verifies that the Final Report has been filed in this estate and that the Referee has examined the Final Report and reports to the court as follows:

All questions must be answered. If **Yes** *or* **No** *is not appropriate, check* **N/A**.

		Yes	No	N/A
1.	Proof of publication filed?	☐	☐	☐
2.	Affidavit of Mailing Notice filed as required by:			
	A. Iowa Code sections 633.230 and 633.304?	☐	☐	☐
	B. Iowa Code sections 633.231 and 633.304A (medical assistance claims)?	☐	☐	☐
3.	Fiduciaries fees ordered or waived and affidavit of compensation filed?	☐	☐	☐
4.	Attorney fees ordered and affidavit of compensation filed?	☐	☐	☐
	A. Itemization requested and provided?	☐	☐	☐
	B. If not, statement required by Iowa Code section 633.477(11) made?	☐	☐	☐
5.	Income tax acquittance filed?	☐	☐	☐
6.	Inheritance tax clearance filed or certification required by Iowa Code section 450.58 made? *Note: This is no longer required for decedents dying on or after January 1, 2025 (Iowa Code § 450.98).*	☐	☐	☐
7.	Federal estate tax transcript or federal estate tax closing letter filed or certification required by Iowa Code section 633.477(10) made?	☐	☐	☐
8.	List of distributees shown?	☐	☐	☐
9.	Description of real estate shown?	☐	☐	☐
10.	Certificates of change of title to real estate filed or reference to the transfer of property by Court Officer Deed made, as required?	☐	☐	☐
11.	All claims filed have been paid, disallowed, or released, or a classification of debts and charges has been made pursuant to Iowa Code section 633.425 and approved by the Court?	☐	☐	☐
12.	Notice of hearings on the Final Report waived?	☐	☐	☐
	If not waived, proper proof of service of notice on file and period for filing objection(s) expired?	☐	☐	☐

Continued on next page

Rule 7.4—Form 1: Report of Referee, continued

	Yes	No	N/A
13. Accounting waived?	☐	☐	☐
If not waived, has accounting been provided?	☐	☐	☐
14. Court costs paid, including cost for final order(s)?	☐	☐	☐
15. Election filed by or for surviving spouse under Iowa Code section 633.236 or notice filed and time period for filing election under Iowa Code section 633.237 expired?	☐	☐	☐
16. Receipts for all specific bequests filed?	☐	☐	☐
17. Is there a statement regarding whether decedent left genetic material?	☐	☐	☐

If you checked **No**, *check* **N/A** *for the remaining questions in section 17.*

A. Decedent:

(1) Was unmarried.	☐	☐	☐
(2) Left no genetic material.	☐	☐	☐
(3) Left no signed writing authorizing spouse to use the genetic material.	☐	☐	☐

If you checked **Yes** *to any question in section 17(A), check* **N/A** *for the remaining questions in section 17.*

B. Have sufficient estate assets been reserved to fund distribution to posthumous heirs?	☐	☐	☐

If you checked **No**, *check* **N/A** *for the remaining questions in section 17.*

C. Does the Final Report state that final distributions will not be made until two years after the decedent's date of death?	☐	☐	☐

If you checked **No**, *check* **N/A** *for the remaining questions in section 17.*

D. Does the Final Report state that a supplemental report will be submitted after final distributions of the reserved assets?	☐	☐	☐

18. Remarks:

_____

_____

_____

_____

_____

_____

_____

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

Continued on next page

Rule 7.4—Form 1: Report of Referee, continued

19. Filer's information:

_____ _____, 20_____
Month *Day* *Year*
Date signed

_____ /s/_____
Printed name *Referee in probate signature*

_____
Law firm, if applicable

_____
Mailing address

_____, _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

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

[Court Order November 14, 1979; December 3, 1981; November 14, 1984, effective November 26, 1984; Report September 5, 1985, effective November 15, 1985; February 18, 1987, effective July 1, 1987; September 23, 1994, effective January 3, 1995; November 9, 2001, effective February 15, 2002; July 23, 2003, effective October 1, 2003; November 30, 2005, effective March 1, 2006; April 11, 2008, effective July 1, 2008; May 23, 2014, effective August 16, 2014; December 12, 2019, temporarily effective December 12, 2019, permanently effective February 11, 2020; December 17, 2021; February 24, 2022, temporarily effective February 24, 2022; permanently effective April 26, 2022]

Rule 7.5 Referees in probate.

7.5(1) *Duties.*

a. Referees as masters. Unless otherwise directed by the court, a referee in probate appointed by the district court pursuant to Iowa Code section 633.20, and determined by the court to be qualified to serve as a master, shall have the powers to perform all the duties required of masters appointed by the court in civil actions (Iowa Rs.Civ. P. 1.935 - 1.942) and shall examine all reports, applications and petitions in probate and in trusts requiring action by the court.

b. Other referees. A referee in probate not determined by the court to be qualified to serve as a master shall have authority to examine probate files to make the report provided by rule 7.4.

c. Referee reports. The report of the referee shall be in writing on a form which substantially complies with the form that accompanies these rules and shall contain such matters as the court may request as shown by the files and reports in the clerk's office. If the referee is authorized to act as a master, the report shall also contain recommendations of the referee as to what ought to be done relative to the reports when considered by the court. No final report will be approved until the report of the referee is presented to the court, it being contemplated that such presentation shall be made expeditiously and without delay.

d. Other duties. In addition to the powers and duties of the referee in probate prescribed by this rule, the referee shall perform such duties as the court may require.

7.5(2) *Fees.*

a. The referee shall be paid a fee for services as permitted under a schedule established under Iowa Code section 633.21, unless a referee and any assistant are appointed for the county for all matters in probate in the county and are paid an annual compensation.

b. Referee fees shall be taxed and collected by the clerk as other costs, and such fees shall be in addition to all other fees charged and collected by the clerk in probate matters as required by Iowa Code section 633.31.

c. In such cases where a referee and any assistant are paid an annual compensation, any excess of fees remaining after payment of such other expenses as are approved by the court shall be disbursed pursuant to the Code.

[Court Order December 18, 1980, effective January 1, 1981; Report November 9, 2001, effective February 15, 2002]

Rule 7.6 Reports of delinquent initial plans, inventories, and reports.

7.6(1) The clerk's report to the presiding judge required by Iowa Code section 633.32 of all delinquent initial plans, inventories, and reports in estates, trusts, conservatorships, and adult guardianships shall contain, in addition to the information required by Iowa Code section 633.32(3) for estates, trusts, and conservatorships, a copy of each delinquency notice and, if they do not appear on the face of the delinquency notice, the following information for each delinquent initial plan, inventory, or report:

a. The probate number of the matter.

b. The title of the matter.

c. An indication of whether the matter is an estate, trust, conservatorship, or adult guardianship.

d. The name and address of the fiduciary.

e. The name and address of the attorney, if any, for the fiduciary.

f. The type of delinquent initial plan, inventory, or report.

g. The date notice of delinquency was given.

h. A statement that the required initial plan, inventory, or report, or an order extending time for a specified period, was not filed within 60 days after the giving of notice of delinquency.

i. The date the matter was opened.

j. The name and date of filing of the last submission filed by the fiduciary or attorney in the case.

k. The number, including "zero" if appropriate, of previous delinquency notices given in the matter and ignored.

7.6(2) In addition to submitting the report to the presiding judge as required by Iowa Code section 633.32(2), the clerk shall submit a copy of the report to the chief judge of the judicial district and the state court administrator. If an order extending time for a specified period was filed but not complied with, the clerk shall proceed as in instances in which an order is not filed.

7.6(3) The state court administrator shall utilize the reports in the discharge of the duties prescribed in Iowa Code section 602.1209 and, in addition, shall prepare a list of the attorneys for

fiduciaries who have received and ignored a notice of delinquency. The state court administrator shall transmit the list of attorneys, together with other relevant information, to the Iowa Supreme Court Attorney Disciplinary Board and to the Client Security Commission.

7.6(4) The Iowa Supreme Court Attorney Disciplinary Board, as a commission of the supreme court pursuant to Iowa Ct. R. 35.2, shall communicate with each attorney licensed to practice law in Iowa whose name appears on the list transmitted to the board pursuant to rule 7.6(3). If the board determines there is reasonable cause to believe an attorney for a fiduciary has violated Iowa R. of Prof'l Conduct 32:1.3 or 32:3.2 for failure to file a required inventory or report within 60 days after receiving notice of delinquency, or within an extension of time for a specified period granted by order, the board shall initiate appropriate disciplinary action. The board chairperson shall include the number of attorneys investigated and complaints initiated and processed pursuant to this rule, a synopsis of each such complaint, and the disposition thereof, in the annual board report to the supreme court required by Iowa Ct. R. 35.25.

7.6(5) The assistant court administrator of the disciplinary system is authorized to inquire into the status of any delinquent probate inventory or report.

[Court Order March 13, 1980; October 20, 1981; 1983 Iowa Acts, chapter 186, §10151; January 17, 1995, effective April 3, 1995; Report November 9, 2001, effective February 15, 2002; August 29, 2002, effective December 1, 2002; April 20, 2005, and July 1, 2005, effective July 1, 2005; February 20, 2012; September 8, 2025, effective November 10, 2025]

Rule 7.7 Interlocutory report. If the final report of the personal representative required by Iowa Code section 633.477 is not filed within 18 months after the date of the second publication of the notice to creditors, the personal representative shall at that time file an interlocutory report in accordance with Iowa Code section 633.469. The report shall identify the work remaining to be done in the estate and shall include an estimate of the period within which the work will be completed. The personal representative shall provide copies of the report to all interested parties by mailing, and proof of mailing shall be filed with the clerk. An order of the court approving the report shall not be required unless hearing on the report is held upon request of the personal representative or an interested party. The provisions of Iowa Code section 633.32 and rule 7.6 shall apply to the report required by this rule.

[Report August 22, 1985, effective November 1, 1985; November 9, 2001, effective February 15, 2002]

Rule 7.8 Adult guardianship and conservatorship required filings.

7.8(1) The court shall not waive the requirement to file an initial care plan, annual report, or final report in an adult guardianship proceeding.

7.8(2) The court shall not waive the requirement to file an initial plan, inventory of assets of the protected person, annual report, or final report in a conservatorship proceeding.

7.8(3) The court may extend the time for submitting any filing listed in rule 7.8(1) or 7.8(2) only upon the showing of good cause.

7.8(4) If a guardian fails to submit any filing listed in rule 7.8(1) or 7.8(2), the court may, after notice and an opportunity to cure the failure, impose sanctions, including removal of the guardian or conservator.

[Court Order March 7, 2018, effective January 1, 2019; September 8, 2025, effective November 10, 2025]

Rules 7.9 and **7.10** Reserved.

Rule 7.11 Adult guardianships: required forms and confidential filings.

7.11(1) *Forms mandatory.* An individual serving as guardian for an adult guardianship must use forms contained in this rule for required filings.

7.11(2) *Background check form confidential.* Rule 7.11—Form 2: *Background Check Information for a Proposed Guardian of a Protected Person* is confidential.

7.11(3) *Guardian care plan and reports confidential.* Rule 7.11–Form 3: *Guardian's Initial Care Plan for Protected Person*, Rule 7.11—Form 4: *Guardian's Annual Report for Protected Person*, Rule 7.11—Form 5: *Guardian's Final Report for Protected Person*, and Rule 7.11—Form 7: *Former Guardian's Transition Report for Protected Person* are confidential, except as otherwise provided by statute, the Iowa Court Rules, or the procedures set forth in this rule.

a. Request for copy. Any person may request a copy of an initial care plan, annual report, or final report filed in a guardianship by filing Rule 7.11—Form 8: *Request for Copy of Guardianship Care Plan or Report*.

b. Limited access. A granted request entitles the requester to a single copy of the filing or filings specifically identified in the submitted form. It does not confer party status or participation rights and does not entitle the requester to any future filings.

c. Continued access. A person who seeks continuing access to future filings must file a motion to intervene under the Iowa Rules of Civil Procedure governing intervention.

d. Release authority. The clerk of court shall release the requested filing without a court order if the requester is named in the guardianship petition under Iowa Code section 633.556(5) or (6), or would have been entitled to notice under section 633.556(9) at the time the petition was filed. Otherwise, the clerk of court shall forward the request to the court for entry of an order granting or denying the request.

[Court Order December 12, 2019, temporarily effective December 12, 2019, permanently effective February 11, 2020; September 8, 2025, effective November 10, 2025; July 7, 2026, effective September 7, 2026]

Rule 7.11 — Form 1: *Protected Information Disclosure*

- *If information is abbreviated on other rule 7.11 forms, use this form to include the protected information in full.*

In the Iowa District Court for _____ County

In the Matter of the Guardianship of: _____ *Full name: first, middle, last* **Protected Person.**	Probate no._____ **Protected Information Disclosure**

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

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

1. Protected Person. *The person who is the subject of the guardianship.*

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

Name _____ _____ _____
First *Middle* *Last*

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

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

Continued on next page

Rule 7.11—Form 1: Protected Information Disclosure, continued

2. Petitioner. *The person filing the petition for appointment of a guardian.*

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	- -	*Last four digits only*
B. Date of birth	/ / *mm/dd/yyyy*	*Year only*
C. Individual taxpayer identification numbers	- -	*Last four digits only*
D. Personal identification numbers (if no social security number)	*Full number*	*Partial only*
E. Other unique identifying numbers	*Full number*	*Partial only*
F. *Additional protected information*	*Full information*	*Partial information*
G. *Additional protected information*	*Full information*	*Partial information*
H. *Additional protected information*	*Full information*	*Partial information*
I. *Additional protected information*	*Full information*	*Partial information*

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

3. Proposed Guardian or Guardian. *The proposed, or current, guardian of the protected person.*

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	- -	*Last four digits only*
B. Date of birth	/ / *mm/dd/yyyy*	*Year only*
C. Individual taxpayer identification numbers	- -	*Last four digits only*
D. Personal identification numbers (if no social security number)	*Full number*	*Partial only*
E. Other unique identifying numbers	*Full number*	*Partial only*

Continued on next page

Rule 7.11—Form 1: Protected Information Disclosure, continued

F. *Additional protected information*	*Full information*	*Partial information*
G. *Additional protected information*	*Full information*	*Partial information*
H. *Additional protected information*	*Full information*	*Partial information*
I. *Additional protected information*	*Full information*	*Partial information*

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

4. Other Persons. *Any other person with information redacted in the documents you file.*

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	- -	*Last four digits only*
B. Date of birth	/ / *mm/dd/yyyy*	*Year only*
C. Individual taxpayer identification numbers	- -	*Last four digits only*
D. Personal identification numbers (if no social security number)	*Full number*	*Partial only*
E. Other unique identifying numbers	*Full number*	*Partial only*
F. *Additional protected information*	*Full information*	*Partial information*
G. *Additional protected information*	*Full information*	*Partial information*
H. *Additional protected information*	*Full information*	*Partial information*
I. *Additional protected information*	*Full information*	*Partial information*

☐ *Check this box if you are attaching a separate sheet listing additional information for Other Person.*

Continued on next page

Rule 7.11—Form 1: Protected Information Disclosure, continued

5. Information provided by:

_____ /s/_____
Printed name *Signature*

_____
Law firm, if applicable

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

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

_____ _____, 20_____
Month *Day* *Year*
Date signed

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

Rule 7.11 — Form 2: ***Background Check Information for a Proposed Guardian of a Protected Person***

Instructions:

- Iowa Code section 633.564 requires the court to conduct a criminal records check and checks of the child abuse, dependent adult abuse, and sex offender registry for a proposed guardian of a protected person, and requires the proposed guardian to pay the background check fee ($15.00). *Note: The clerk of court will keep this information form* ***confidential****.*
- Do not give copies of this form to anyone except the clerk of court or your attorney, if you have one.
- If there is no existing conservatorship approved by the court, file this form and a Petition to Establish a Guardianship for a Protected Person with the clerk of court.

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

In the Iowa District Court for _____ County

In the Matter of the Guardianship of:	Probate no._____
_____ *Full name: first, middle, last*	**Background Check Information for a Proposed Guardian of a Protected Person**
Protected Person.	Iowa Code § 633.564

Guardian states as follows:

1. Proposed Guardian's personal information

A. Current legal name:

_____ *Full first name*	_____ *Full middle name (full name, not middle initial; write "N/A" if no middle name)*	_____ *Full last name*

B. Personal identifying information:

___/___/___ *Date of birth (month/day/year)*	_____ *Gender*	___-___-___ *Social security number*

C. All other names ever used, including any other previous legal names and nicknames (if none, write "N/A" in the first blank below):

Alternate name #1	_____ *Full first name*	_____ *Full middle name (write "N/A" if no middle name)*	_____ *Full last name*
Alternate name #2	_____ *Full first name*	_____ *Full middle name (write "N/A" if no middle name)*	_____ *Full last name*

Alternate name #3 _____ _____ _____
Full first name | *Full middle name (write "N/A" if no middle name)* | *Full last name*

Alternate name #4 _____ _____ _____
Full first name | *Full middle name (write "N/A" if no middle name)* | *Full last name*

☐ *Check this box if you have additional alternate names. Provide the information above for all additional alternates names on an attached sheet.*

2. Certification and release authorization

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

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

_____ _____, 20____ _____
Month *Day* *Year* *Proposed guardian's signature**

_____
Mailing address

_____, _____ _____
City *State* *ZIP code*

(_____) _____ _____
Phone number *Email address*

**This form may be signed either by using a digitized signature, see instructions at https://www.iowacourts.gov/for-the-public/court-forms/, or by printing and hand-signing.*

[Court Order December 12, 2019, temporarily effective December 12, 2019, permanently effective February 11, 2020; September 8, 2025, effective November 10, 2025]

Rule 7.11 — Form 3: *Guardian's Initial Care Plan for Protected Person*

Instructions:

- A guardian must complete, sign, and file this form with the court within 60 days of appointment.
- All appointed guardians must sign this form.
- The purpose of this form is to provide the court with a complete picture of the protected person's current situation and needs and the guardian's plan to meet those needs. Provide as much detailed information as possible.
- Do not include protected information on this form. For protected information, complete Rule 7.11—Form 1: Protected Information Disclosure.

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

In the Iowa District Court for _____ County

In the Matter of the Guardianship of _____, *Full name: first, middle, last* **Protected Person.**	Probate no._____ **Guardian's Initial Care Plan for Protected Person** Iowa Code § 633.669(1)(*b*)

Guardian states as follows:

1. Guardian information

A. Guardian's name: _____

B. Guardian's relationship to Protected Person:

_____
(Spouse, adult child, parent, sibling, etc.)

⚠ *Skip to section* 1(E) *if there is only one guardian.*

C. Co-Guardian's name: _____

D. Co-Guardian's relationship to Protected Person:

_____
(Spouse, adult child, parent, sibling, etc.)

☐ *Check this box if there are additional co-guardians and provide the information requested in section* 2 *for all additional co-guardians on an attached sheet.*

E. Identify an emergency contact who knows information about Protected Person and the guardianship in case Guardian or Co-Guardian cannot be reached:

_____ (_____) _____
Name *Phone Number*

2. Protected Person's information

A. Protected Person's age: _____

B. Does Protected Person have a living will (also known as an advance healthcare directive)?

☐ Yes ☐ No ☐ Unsure

C. Does Protected Person have a medical power of attorney (also known as a healthcare power of attorney or healthcare proxy)?

☐ Yes ☐ No ☐ Unsure

⚠ *If* No *or* Unsure, *skip to section* 3

Is Guardian the person designated in Protected Person's medical power of attorney (often called the healthcare agent or proxy)?

☐ Yes ☐ No

If No, who is designated in Protected Person's medical power of attorney?

_____
Full name: first, middle, last

_____
Relationship to Protected Person

(_____) _____ _____
Phone number *Email address*

3. Protected Person's residence and interaction with Guardian

A. Where does Protected Person currently reside:

Check one

☐ With Guardian

☐ Independently in _____.
City

☐ In a group or host home managed by:

_____ in _____.
Organization name *City*

☐ In a hospital, nursing home, or other residential care facility:

_____ in _____.
Organization name *City*

☐ Other: _____

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

B. Date Protected Person began living at their current residence, if known:

_____ _____, _____
Month *Day* *Year*

C. Does Protected Person's current living situation best meet Protected Person's needs?

☐ Yes ☐ No

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

_____

_____

_____

_____

_____

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

D. Summarize the nature and extent of Guardian's plan for contact with, and activities on behalf of, Protected Person:

_____

_____

_____

_____

_____

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

4. Protected Person's living expenses and income

A. Has the Court appointed a conservator to manage the financial affairs of Protected Person?

☐ Yes ☐ No

If No, has a petition to appoint a conservator been filed or is the filing of such a petition planned for the future?

☐ Yes ☐ No

Is Guardian the conservator or does Guardian plan to be the conservator?

☐ Yes ☐ No

Rule 7.11—Form 3: Guardian's Initial Care Plan for Protected Person, continued

B. Information regarding Protected Person's living expenses:

⚠ *Skip section* 4(B) *if you indicated that Protected Person is under a conservatorship in section* 4(A).

Identify the sources of payment for the Protected Person's living expenses:

Check all that apply

☐ Protected Person will pay their own living expenses

☐ Guardian

☐ Family member (spouse, adult child, parent, sibling, etc.)

If family member, identify that person's:

_____
Full name: first, middle, last

_____
Relationship to Protected Person

(_____) _____ _____
Phone number *Email address*

☐ *Check this box if there is more than one family member paying Protected Person's expenses and provide the information requested for all additional payers on an attached sheet.*

☐ Social Security benefits

Who is the payee?

☐ Guardian

☐ Other

If Other, identify the Social Security benefits payee:

_____
Full name: first, middle, last

_____
Relationship to Protected Person

(___) _____ _____
Phone number *Email address*

☐ Other: _____

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

Rule 7.11—Form 3: Guardian's Initial Care Plan for Protected Person, continued

5. Protected Person's health

A. Medical and dental health

(1) Summarize Protected Person's current medical and dental health status, identifying any medical or dental concerns:

_____

_____

_____

_____

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

(2) Summarize Guardian's plan for meeting Protected Person's medical and dental needs:

_____

_____

_____

_____

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

B. Mental health

(1) Summarize Protected Person's current mental health status, identifying any mental, cognitive, behavioral, or emotional concerns:

_____

_____

_____

_____

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

(2) Summarize Guardian's plan for meeting Protected Person's mental healthcare needs:

_____

_____

_____

_____

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

Rule 7.11—Form 3: Guardian's Initial Care Plan for Protected Person, continued

C. Other healthcare needs

(1) Summarize any other healthcare concerns related to Protected Person, identifying any ongoing healthcare concerns not described in sections 5(A)–(B):

_____

_____

_____

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

(2) Summarize Guardian's plan for addressing any other healthcare concerns identified in section C(1):

_____

_____

_____

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

D. Does Guardian plan to arrange for Protected Person to receive any health-related professional services other than those identified above?

☐ Yes ☐ No

If Yes, describe the other health-related professional services Guardian plans to arrange for Protected Person:

_____

_____

_____

_____

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

6. Protected Person's employment status and education, training, or other vocational needs

A. Is Protected Person currently employed?

☐ Yes ☐ No

⚠ *If* No, *skip to section* 6(B)

(1) Protected Person is employed:

Check one

☐ Full-time

☐ Part-time

☐ Other: _____

(2) Employer's name: _____

(3) Summarize Protected Person's work duties:

_____

_____

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

B. Does Protected Person need educational, training, or other vocational assistance?

☐ Yes ☐ No

If Yes, summarize Guardian's plan for providing needed educational, training, or vocational assistance:

_____

_____

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

7. Protected Person's social activities

Does Protected Person require assistance with participation in social activities?

☐ Yes ☐ No

If Yes, summarize what assistance Protected Person needs and what assistance Guardian plans to provide:

_____

_____

_____

_____

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

8. Protected Person's contact with family members and other significant individuals

A. Briefly describe Guardian's plan for facilitating contact between Protected Person and family members and other individuals significant to Protected Person. Identify any such individuals the Court should be aware of, including their relationship to Protected Person.

_____

_____

_____

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

B. Does Guardian plan to place any time, place, or manner restrictions on Protected Person's communication, visitation, or interaction with anyone?

☐ Yes ☐ No

If Yes, identify whom and what restrictions Guardian plans to put in place and briefly describe why:

_____

_____

_____

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

9. Guardian powers

Identify any guardian powers requiring court approval necessary to carry out the care plan for Protected Person: *Check all that apply.*

☐ None

☐ Changing Protected Person's permanent residence to a nursing home, other secure facility, or secure portion of a facility that restricts Protected Person's ability to leave or have visitors.

☐ Consenting to the withholding or withdrawal of life-sustaining procedures from Protected Person in accordance with Iowa Code chapter 144A or 144D.

☐ Consenting to performance of an abortion on Protected Person.

☐ Consenting to sterilization of Protected Person.

☐ Denying Protected Person's communication, visitation, or interaction with a person with whom Protected Person has expressed a desire to communicate, visit, or interact or with a person who seeks to communicate, visit, or interact with Protected Person.

☐ Other:

_____

_____

_____

_____

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

⚠ NOTE

If you have identified additional guardian powers necessary to carry out the care plan for a protected person, these powers will not be granted until you file a separate motion requesting the power, and the court approves that motion.

10. Additional information

Additional information that may be useful for the Court to know in determining what is in Protected Person's best interest:

_____

_____

_____

_____

_____

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

11. Fees for Guardian

Check one

☐ Guardian fees are waived.

☐ Guardian fees are applied for and will be submitted in a separate application.

12. Fees for Guardian's attorney

Check one

☐ Attorney fees are waived or not applicable.

☐ Attorney fees should be set by the Court and will be submitted in a separate application.

13. Attorney help

Did an attorney help you prepare or fill out this form?

☐ Yes ☐ No

If Yes, please complete the following:

_____
Name of attorney or organization, if any

_____
Business address of attorney or organization

_____, _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

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

Rule 7.11—Form 3: Guardian's Initial Care Plan for Protected Person, continued

14. Oath and signature of Guardian

A. Guardian's oath and signature

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

_____ _____, 20___ _____
Month *Day* *Year* *Signature**

_____
Mailing address

_____, _____ _____
City *State* *ZIP code*

(_____) _____ _____
Phone number *Email address*

Is Guardian's home address the same as the mailing address above?

☐ Yes ☐ No

If No, what is Guardian's home address?

_____
Street address

_____, _____ _____
City *State* *ZIP code*

B. Co-Guardian's oath and signature *Leave blank if there is only one guardian*

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

_____ _____, 20___ _____
Month *Day* *Year* *Signature**

(_____) _____ _____
Phone number *Email address*

Is your mailing address the same as Guardian's in section 14(A)?

☐ Yes ☐ No

If No, complete the following:

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

☐ *Check this box if there are more than two guardians and provide the information requested in section* 14(B) *for all additional guardians on an attached sheet. All guardians signing on a separate sheet must include the oath at the beginning of section* 14(B).

**This form may be signed either by using a digitized signature, see instructions at https://www.iowacourts.gov/for-the-public/court-forms/, or by printing and hand-signing.*

[Court Order December 12, 2019, temporarily effective December 12, 2019, permanently effective February 11, 2020; September 8, 2025, effective November 10, 2025]

Rule 7.11 — Form 4: *Guardian's Annual Report for Protected Person*

Instructions:

- A guardian must complete, sign, and file this form with the court within 60 days of the close of the reporting period.
- All appointed guardians must sign this form.
- The purpose of this form is to provide the court with a complete picture of the protected person's current situation as well as developments that occurred during the reporting period. Provide as much detailed information as possible. Do not include responses such as "same as last report" or "no change since last report."
- Do not include protected information on this form. For protected information, complete Rule 7.11—Form 1: Protected Information Disclosure.

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

In the Iowa District Court for _____ County

In the Matter of the Guardianship of	Probate no._____
_____, *Full name: first, middle, last*	**Guardian's Annual Report for Protected Person**
Protected Person.	Iowa Code § 633.669(1)(*c*)

Guardian states as follows:

1. Reporting period

This report is for the period from: _____/_____/_____ to _____/_____/_____.
Month Day Year Month Day Year

2. Guardian information

A. Guardian's name: _____

B. Guardian's relationship to Protected Person:

_____
(Spouse, adult child, parent, sibling, etc.)

⚠ *Skip to section* 2(E) *if there is only one guardian.*

C. Co-Guardian's name: _____

D. Co-Guardian's relationship to Protected Person:

_____
(Spouse, adult child, parent, sibling, etc.)

☐ *Check this box if there are additional co-guardians and provide the information requested in section* 2 *for all additional co-guardians on an attached sheet.*

E. Identify an emergency contact who knows information about Protected Person and the guardianship in case Guardian or Co-Guardian cannot be reached:

_____ (_____) _____
Name *Phone Number*

Rule 7.11—Form 4: Guardian's Annual Report for Protected Person, continued

3. Protected Person's information

Protected Person's age: _____

4. Protected Person's residence and interaction with Guardian

A. During the reporting period, Protected Person resided:

Check one

☐ With Guardian

☐ Independently in _____.
City

☐ In a group or host home managed by:

_____ in _____.
Organization name *City*

☐ In a hospital, nursing home, or other residential care facility:

_____ in _____.
Organization name *City*

☐ Other: _____

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

B. Date Protected Person began living at the residence identified in section 4(A), if known:

_____ _____, _____
Month *Day* *Year*

C. Does Protected Person's current living situation best meet Protected Person's future needs?

☐ Yes ☐ No

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

_____

_____

_____

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

D. Summarize the nature and extent of Guardian's visits with, and activities on behalf of, Protected Person during the reporting period:

_____

_____

_____

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

Rule 7.11—Form 4: Guardian's Annual Report for Protected Person, continued

5. Protected Person's living expenses and income

A. Has the Court appointed a conservator to manage the financial affairs of Protected Person?

☐ Yes ☐ No

⚠ *If* No, *skip to section* 5(B)

Is Guardian the conservator?

☐ Yes ☐ No

B. Information regarding Protected Person's living expenses:

⚠ *Skip section* 5(B) *if you indicated that Protected Person is under a conservatorship in section* 5(A).

Identify the sources of payment for the Protected Person's living expenses during the reporting period:

Check all that apply

☐ Protected Person paid their own living expenses

☐ Guardian

☐ Family member (spouse, adult child, parent, sibling, etc.)

If family member, identify that person's:

_____

Full name: first, middle, last

_____

Relationship to Protected Person

(_____) _____ _____

Phone number *Email address*

☐ *Check this box if there is more than one family member paying Protected Person's expenses and provide the information requested for all additional payers on an attached sheet.*

☐ Social Security benefits

Who is the payee?

☐ Guardian

☐ Other

If Other, identify the Social Security benefits payee:

_____

Full name: first, middle, last

_____

Relationship to Protected Person

(___) _____ _____

Phone number *Email address*

☐ Other: _____

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

Rule 7.11—Form 4: Guardian's Annual Report for Protected Person, continued

6. Protected Person's health

A. Summarize Protected Person's medical and dental health status during the reporting period, identifying any medical or dental concerns that occurred:

_____

_____

_____

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

B. Summarize Protected Person's mental health status during the reporting period, identifying any mental, cognitive, behavioral, or emotional concerns that occurred:

_____

_____

_____

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

C. Summarize any other healthcare concerns related to Protected Person during the reporting period, identifying any new or ongoing healthcare concerns not described in sections 6(A)–(B):

_____

_____

_____

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

D. Did Protected Person receive any health-related professional services other than those identified above during the reporting period?

☐ Yes ☐ No

If Yes, describe the other health-related professional services Protected Person received:

_____

_____

_____

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

Rule 7.11—Form 4: Guardian's Annual Report for Protected Person, continued

E. Does Guardian plan to arrange for Protected Person to receive any health-related professional services other than those identified above during the next reporting period?

☐ Yes ☐ No

If Yes, describe the other health-related professional services Guardian plans to arrange for Protected Person during the next reporting period:

_____

_____

_____

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

7. Protected Person's employment status and education, training, or other vocational services received

A. Was Protected Person employed during the reporting period?

☐ Yes ☐ No

⚠ *If* No, *skip to section* 7(B)

(1) Protected Person was employed:

Check one

☐ Full-time

☐ Part-time

☐ Other: _____

(2) Employer's name: _____

(3) Summarize Protected Person's work duties:

_____

_____

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

B. Did Protected Person receive educational, training, or other vocational assistance during the reporting period?

☐ Yes ☐ No

If Yes, summarize the educational, training, or vocational assistance received:

_____

_____

_____

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

Rule 7.11—Form 4: Guardian's Annual Report for Protected Person, continued

8. Protected Person's social activities

Did Protected Person require assistance with participation in social activities during the reporting period?

☐ Yes ☐ No

If Yes, summarize what assistance Protected Person received, including assistance Guardian provided:

_____

_____

_____

_____

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

9. Protected Person's contact with family members and other significant individuals

A. Briefly describe Protected Person's contact with family members and other individuals significant to Protected Person during the reporting period. Identify any such individuals, their relationship to Protected Person, and the nature and frequency of contact, if known.

_____

_____

_____

_____

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

B. Did Guardian place any time, place, or manner restrictions on Protected Person's communication, visitation, or interaction with anyone during the reporting period?

☐ Yes ☐ No

If Yes, identify with whom and what restrictions were put in place and briefly describe why:

_____

_____

_____

_____

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

Rule 7.11—Form 4: Guardian's Annual Report for Protected Person, continued

10. Continuation of guardianship

A. Guardianship is recommended to be:

Check one

☐ Continued

☐ Terminated because:

_____

_____

_____

_____

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

B. Ability and willingness of Guardian to continue as guardian:

Check one

☐ Guardian is able and willing to continue as guardian.

☐ Guardian is unable or unwilling to continue as guardian because:

_____

_____

_____

_____

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

⚠ NOTE

If you believe the guardianship should be terminated or someone else should be appointed as guardian, you must file a motion asking the court to approve the change. The guardianship will stay in place until the court orders otherwise. You must continue your duties as guardian until the court approves the change and files a written order.

Rule 7.11—Form 4: Guardian's Annual Report for Protected Person, continued

8. Protected Person's social activities

Did Protected Person require assistance with participation in social activities during the reporting period?

☐ Yes ☐ No

If Yes, summarize what assistance Protected Person received, including assistance Guardian provided:

_____

_____

_____

_____

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

9. Protected Person's contact with family members and other significant individuals

A. Briefly describe Protected Person's contact with family members and other individuals significant to Protected Person during the reporting period. Identify any such individuals, their relationship to Protected Person, and the nature and frequency of contact, if known.

_____

_____

_____

_____

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

B. Did Guardian place any time, place, or manner restrictions on Protected Person's communication, visitation, or interaction with anyone during the reporting period?

☐ Yes ☐ No

If Yes, identify with whom and what restrictions were put in place and briefly describe why:

_____

_____

_____

_____

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

B. Are there any difficulties that Guardian or Protected Person is having with the guardianship or any need for assistance that Guardian would like to make the Court aware of?

☐ Yes ☐ No

If Yes, describe the difficulties or needed assistance:

_____

_____

_____

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

C. Additional information that may be useful for the Court to know in determining what is in Protected Person's best interest:

_____

_____

_____

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

13. Fees for Guardian *Check one*

☐ Guardian fees are waived.

☐ Guardian fees are applied for and will be submitted in a separate application.

14. Fees for Guardian's attorney *Check one*

☐ Attorney fees are waived or not applicable.

☐ Attorney fees should be set by the Court and will be submitted in a separate application.

15. Attorney help

Did an attorney help you prepare or fill out this form?

☐ Yes ☐ No

If Yes, please complete the following:

_____

Name of attorney or organization, if any

_____

Business address of attorney or organization

_____, _____ _____

City *State* *ZIP code*

(_____) _____

Phone number

_____ _____

Email address *Additional email address, if applicable*

Rule 7.11—Form 4: Guardian's Annual Report for Protected Person, continued

16. Oath and signature of Guardian

A. Guardian's oath and signature

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

_____ _____, 20 ___ _____
Month *Day* *Year* *Signature**

_____
Mailing address

_____, _____ _____
City *State* *ZIP code*

(_____) _____ _____
Phone number *Email address*

Is Guardian's home address the same as the mailing address above?

☐ Yes ☐ No

If No, what is Guardian's home address?

_____
Street address

_____, _____ _____
City *State* *ZIP code*

B. Co-Guardian's oath and signature *Leave blank if there is only one guardian*

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

_____ _____, 20 ___ _____
Month *Day* *Year* *Signature**

(_____) _____ _____
Phone number *Email address*

Is your mailing address the same as Guardian's in section 16(A)?

☐ Yes ☐ No

If No, complete the following:

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

☐ *Check this box if there are more than two guardians and provide the information requested in section* 16(B) *for all additional guardians on an attached sheet. All guardians signing on a separate sheet must include the oath at the beginning of section* 16(B).

**This form may be signed either by using a digitized signature, see instructions at https://www.iowacourts.gov/for-the-public/court-forms/, or by printing and hand-signing.*

[Court Order December 12, 2019, temporarily effective December 12, 2019, permanently effective February 11, 2020; September 8, 2025, effective November 10, 2025]

Rule 7.11 — Form 5: *Guardian's Final Report for Protected Person*

Instructions:

- A guardian must complete, sign, and file this form with the court within 30 days of the termination of the guardianship.
- All appointed guardians must sign this form.
- Do not include protected information on this form. For protected information, complete Rule 7.11—Form 1: Protected Information Disclosure.

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

In the Iowa District Court for _____ County

In the Matter of the Guardianship of _____, *Full name: first, middle, last* **Protected Person.**	Probate no._____ **Guardian's Final Report for Protected Person** Iowa Code § 633.669(1)(*d*) & § 633.675

Guardian states as follows:

1. Reporting period

This report is for the period from: _____/_____/_____ to _____/_____/_____.
Month Day Year Month Day Year

2. Guardian information

A. Guardian's name: _____

B. Guardian's relationship to Protected Person:

_____
(Spouse, adult child, parent, sibling, etc.)

⚠ *Skip to section* 3 *if there is only one guardian.*

C. Co-Guardian's name: _____

D. Co-Guardian's relationship to Protected Person:

_____
(Spouse, adult child, parent, sibling, etc.)

☐ *Check this box if there are additional co-guardians and provide the information requested in section* 2 *for all additional co-guardians on an attached sheet.*

3. Protected Person's information

Protected Person's age: _____

4. Termination of guardianship

The guardianship was terminated because: *Check one*

☐ Protected Person is deceased.

Date of death: _____

☐ The court determined that the guardianship is no longer necessary for another reason.

5. Fees for Guardian *Check one*

☐ Guardian fees are waived.

☐ Guardian fees are applied for and will be submitted in a separate application.

6. Fees for Guardian's attorney *Check one*

☐ Attorney fees are waived or not applicable.

☐ Attorney fees should be set by the Court and will be submitted in a separate application.

7. Attorney help

Did an attorney help you prepare or fill out this form?

☐ Yes ☐ No

If Yes, please complete the following:

_____

Name of attorney or organization, if any

_____

Business address of attorney or organization

_____, _____ _____

City *State* *ZIP code*

(_____) _____

Phone number

_____ _____

Email address *Additional email address, if applicable*

Continued on next page

Rule 7.11—Form 5: Guardian's Final Report for Protected Person, continued

8. Oath and signature of Guardian

A. Guardian's oath and signature

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

_____ _____, 20 ___ _____
Month *Day* *Year* *Signature**

_____
Mailing address

_____, _____ _____
City *State* *ZIP code*

(_____) _____ _____
Phone number *Email address*

Is Guardian's home address the same as the mailing address above?

☐ Yes ☐ No

If No, what is Guardian's home address?

_____
Street address

_____, _____ _____
City *State* *ZIP code*

B. Co-Guardian's oath and signature *Leave blank if there is only one guardian*

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

_____ _____, 20 ___ _____
Month *Day* *Year* *Signature**

(_____) _____ _____
Phone number *Email address*

Is your mailing address the same as Guardian's in section 8(A)?

☐ Yes ☐ No

If No, complete the following:

_____
Mailing address

_____, _____ _____
City *State* *ZIP code*

☐ *Check this box if there are more than two guardians and provide the information requested in section* 8(B) *for all additional guardians on an attached sheet. All guardians signing on a separate sheet must include the oath at the beginning of section* 8(B).

**This form may be signed either by using a digitized signature, see instructions at https://www.iowacourts.gov/for-the-public/court-forms/, or by printing and hand-signing.*

[Court Order December 12, 2019, temporarily effective December 12, 2019, permanently effective February 11, 2020; September 8, 2025, effective November 10, 2025]

Rule 7.11 — Form 6: ***Court Officer's Oath (Guardianship)***

In the Iowa District Court for _____ County

In the Matter of the Guardianship of _____, *Full name: first, middle, last* **Protected Person.**	Probate no._____ **Court Officer's Oath (Guardianship)** Iowa Code § 633.168 & § 633.633

I, _____, certify under penalty of perjury and pursuant to the laws
Print your name
of the State of Iowa that I, the undersigned, do solemnly swear (or affirm) that as a Court Officer and as Guardian in the above matter, I will faithfully discharge the duties imposed by law, including the duty to account, to the best of my ability.

Signature

_____ _____, 20____ _____
Month *Day* *Year* *Signature**

_____
Mailing address

_____, _____ _____
City *State* *ZIP code*

(_____)_____ _____
Phone number *Email address*

**This form may be signed either by using a digitized signature, see instructions at https://www.iowacourts.gov/for-the-public/court-forms/, or by printing and hand-signing.*

[Court Order September 8, 2025, effective November 10, 2025;]

Rule 7.11 — Form 7: *Former Guardian's Transition Report for Protected Person*

Rule 7.11—Form 7: ***Former Guardian's Transition Report for Protected Person***

Instructions:

- All appointed guardians must sign this form.
- The purpose of this form is to provide the court and the successor guardian with a complete and current picture of the protected person's situation at the time of the guardian's resignation. Provide detailed and specific information about the protected person's status and any developments during the reporting period. Do not use statements such as "same as last report" or "no change since last report." Be as specific as possible about recent information.
- Do not include protected information on this form. To provide protected information, complete Rule 7.11—Form 1: *Protected Information Disclosure.*

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

In the Iowa District Court for _____ County

In the Matter of the Guardianship of	Probate no._____
_____, *Full name: first, middle, last*	**Former Guardian's Transition Report for Protected Person**
Protected Person.	(RPOT)

⚠ NOTE

You may use this form only if the Court directs you to do so, and you must file the form within the time set by the Court. Until the Court approves your withdrawal and enters a written order removing you as the guardian for the protected person, you must continue performing all guardianship duties.

Former Guardian states as follows:

1. Reporting period

The end date should be the date this report is signed or the date set by the court.

This report is for the period from: _____/_____/_____ to _____/_____/_____.
Month Day Year Month Day Year

2. Former Guardian information

A. Former Guardian's name: _____

B. Former Guardian's relationship to Protected Person:

_____
(Spouse, adult child, parent, sibling, etc.)

⚠ *Skip to section* 2(E) *if there is only one guardian.*

C. Former Co-Guardian's name: _____

D. Former Co-Guardian's relationship to Protected Person:

_____
(Spouse, adult child, parent, sibling, etc.)

☐ *Check this box if there are additional former co-guardians and provide the information requested in section* 2 *for all additional co-guardians on an attached sheet.*

E. Identify an emergency contact who knows information about Protected Person and the guardianship, if any:

_____ (_____) _____
Name *Phone Number*

3. Protected Person's information

Protected Person's age: _____

4. Protected Person's residence and interaction with Former Guardian

A. During the reporting period, Protected Person resided:

Check one

☐ With Former Guardian

☐ Independently in _____.
City

☐ In a group or host home managed by:

_____ in _____.
Organization name *City*

☐ In a hospital, nursing home, or other residential care facility:

_____ in _____.
Organization name *City*

☐ Other: _____

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

B. Date Protected Person began living at the residence identified in section 4(A), if known:

_____ _____, _____
Month *Day* *Year*

C. Explain whether Protected Person's current living situation meets Protected Person's needs and identify any changes anticipated or recommended for the near future:

_____

_____

_____

_____

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

D. Summarize the nature and extent of Former Guardian's visits with, and activities on behalf of, Protected Person during the reporting period:

_____

_____

_____

_____

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

5. Protected Person's living expenses and income

A. Has the Court appointed a conservator to manage the financial affairs of Protected Person?

☐ Yes ☐ No

⚠ *If* No, *skip to section* 5(B)

Is Former Guardian the conservator?

☐ Yes ☐ No

Will Former Guardian remain the conservator?

☐ Yes ☐ No ☐ Unsure

If No, identify the person the Court has appointed or is considering appointing as conservator, if known; describe what steps have been taken toward that appointment and, if known, when the successor conservator is expected to begin their duties:

_____

_____

_____

_____

_____

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

B. Provide the following information regarding Protected Person's living expenses:

⚠ *Skip section* 5(B) *if you indicated that Protected Person is under a conservatorship in section* 5(A).

(1) Identify the sources of payment for Protected Person's living expenses during the reporting period:

Check all that apply

☐ Protected Person paid their own living expenses

☐ Former Guardian

☐ Family member (spouse, adult child, parent, sibling, etc.)

If family member, identify that person's:

_____
Full name: first, middle, last

_____
Relationship to Protected Person

(____) _____ _____
Phone number *Email address*

☐ *Check this box if there is more than one family member paying Protected Person's expenses and provide the information requested for all additional payers on an attached sheet.*

☐ Social Security benefits

Who is the payee?

☐ Former Guardian

☐ Other

If Other, identify the Social Security benefits payee:

_____
Full name: first, middle, last

_____
Relationship to Protected Person

(____) _____ _____
Phone number *Email address*

☐ Other: _____

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

(2) After Former Guardian resigns, identify whether any changes to the source or sources of payment for Protected Person's living expenses are expected, if known:

_____

_____

_____

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

6. Protected Person's health

A. Summarize Protected Person's medical and dental health status during the reporting period, identifying any medical or dental concerns that occurred:

_____

_____

_____

_____

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

B. Summarize Protected Person's mental health status during the reporting period, identifying any mental, cognitive, behavioral, or emotional concerns that occurred:

_____

_____

_____

_____

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

C. Summarize any other healthcare concerns related to Protected Person during the reporting period, identifying any new or ongoing healthcare concerns not described in sections 6(A)–(B):

_____

_____

_____

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

D. Did Protected Person receive any health-related professional services other than those identified above during the reporting period?

☐ Yes ☐ No

If Yes, describe the other health-related professional services Protected Person received:

_____

_____

_____

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

E. Identify any health-related professional services that are already scheduled or that Former Guardian recommends the successor guardian arrange in the next 12 months (for example, upcoming appointments, needed evaluations, or recommended therapy):

_____

_____

_____

_____

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

7. Protected Person's employment status and education, training, or other vocational services received

A. Was Protected Person employed during the reporting period?

☐ Yes ☐ No

⚠ *If* No, *skip to section* 7(B)

(1) Protected Person was employed:

Check one

☐ Full-time

☐ Part-time

☐ Other: _____

(2) Employer's name: _____

(3) Summarize Protected Person's work duties:

_____

_____

_____

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

B. Did Protected Person receive educational, training, or other vocational assistance during the reporting period?

☐ Yes ☐ No

If Yes, summarize the educational, training, or vocational assistance received:

_____

_____

_____

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

8. Protected Person's social activities

Did Protected Person require assistance with participation in social activities during the reporting period?

☐ Yes ☐ No

⚠ *If* No, *skip to section* 9

Summarize what assistance Protected Person received, including assistance Former Guardian provided:

_____

_____

_____

_____

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

Summarize any assistance the successor guardian may need to provide to support Protected Person's participation in social activities:

_____

_____

_____

_____

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

9. Protected Person's contact with family members and other significant individuals

A. Briefly describe Protected Person's contact with family members and other individuals significant to Protected Person, if any, during the reporting period, identifying any such individuals, their relationship to Protected Person, and the nature and frequency of contact, if known:

_____

_____

_____

_____

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

B. Did Former Guardian place any time, place, or manner restrictions on Protected Person's communication, visitation, or interaction with anyone during the reporting period?

☐ Yes ☐ No

If Yes, identify with whom and what restrictions were put in place and briefly describe why:

_____

_____

_____

_____

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

C. If Former Guardian imposed any restrictions as described in section 9(B), explain whether those restrictions should continue after the successor guardian assumes duties and briefly explain why:

_____

_____

_____

_____

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

10. Resignation and transition

A. Briefly explain why Former Guardian is withdrawing as Protected Person's guardian:

_____

_____

_____

_____

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

B. After the Court approves the resignation, does Former Guardian intend to stay involved in Protected Person's life in any way?

☐ Yes ☐ No

If Yes, please briefly describe how (for example, ongoing contact with Protected Person, support role to successor guardian, etc.):

_____

_____

_____

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

C. If known, identify the person the Court has appointed or is considering appointing as successor guardian:

Full name: _____
First, middle, last

Relationship to Protected Person:

_____
(Spouse, adult child, parent, sibling, etc.)

Contact information:

(____) _____ _____
Phone number *Email address*

D. Identify any concerns, risks, or immediate issues Former Guardian believes the Court or the successor guardian should be aware of during the transition or shortly after the successor guardian assumes duties:

_____

_____

_____

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

11. Additional information

A. Identify any changes to Protected Person's care plan that Former Guardian believes are necessary or would be helpful:

_____

_____

_____

_____

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

B. Identify any difficulties that Former Guardian had or ongoing difficulties that Protected Person is having with the guardianship and any potential need for assistance that Former Guardian would like to make the Court or successor guardian aware of:

_____

_____

_____

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

C. Additional information that Former Guardian believes would help the Court or the successor guardian determine what is in Protected Person's best interests:

_____

_____

_____

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

12. Fees for Former Guardian *Check one*

☐ Former Guardian fees are waived.

☐ Former Guardian fees are applied for and will be submitted in a separate application.

13. Fees for Former Guardian's attorney *Check one*

☐ Attorney fees are waived or not applicable.

☐ Attorney fees should be set by the Court and will be submitted in a separate application.

14. Attorney help

Did an attorney help you prepare or fill out this form?

☐ Yes ☐ No

If Yes, please complete the following:

_____
Name of attorney or organization, if any

_____
Business address of attorney or organization

_____, _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

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

15. Oath and signature of Former Guardian

A. Former Guardian's oath and signature

I, _____, have read this Transition Report, and I certify under
Print your name

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

_____ _____, 20 ___ _____
Month *Day* *Year* *Signature**

_____
Mailing address

_____, _____ _____
City *State* *ZIP code*

(_____) _____ _____
Phone number *Email address*

Is Former Guardian's home address the same as the mailing address above?

☐ Yes ☐ No

If No, what is Former Guardian's home address?

_____
Street address

_____, _____ _____
City *State* *ZIP code*

B. Former Co-Guardian's oath and signature *Leave blank if there is only one guardian*

I, _____, have read this Transition Report, and I certify under
Print your name

penalty of perjury and pursuant to the laws of the State of Iowa that the information provided in this Transition Report is true and correct.

_____ _____, 20 ___ _____
Month *Day* *Year* *Signature**

(_____) _____ _____
Phone number *Email address*

Is your mailing address the same as Former Guardian's in section 15(A)?

☐ Yes ☐ No

If No, complete the following:

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

☐ *Check this box if there are more than two guardians and provide the information requested in section* 15(B) *for all additional guardians on an attached sheet. All guardians signing on a separate sheet must include the oath at the beginning of section* 15(B).

**This form may be signed either by using a digitized signature, see instructions at https://www.iowacourts.gov/for-the-public/court-forms/, or by printing and hand-signing.*

[Court Order July 7, 2026, effective September 7, 2026]

Rule 7.11 — Form 8: *Request for Copy of Guardianship Care Plan or Report*

Rule 7.11—Form 8: ***Request for Copy of Guardianship Care Plan or Report***

In the Iowa District Court for _____ County

In the Matter of the Guardianship of _____, *Full name: first, middle, last* **Protected Person.**	Probate no._____ **Request for Copy of Guardianship Care Plan or Report** **(OTOT or MOOT)**

I, the undersigned, state to the court as follows:

1. Document or documents requested

I am requesting a copy of the following in the above-captioned guardianship:

Check all that apply

☐ Guardian's Initial Care Plan

☐ Guardian's most recently filed Annual Report

☐ Guardian's Annual Report filed _____
Year

☐ Guardian's Final Report

2. Relationship to Protected Person

Check the option that best describes your relationship to Protected Person:

Check one

☐ Spouse

☐ Adult child

☐ Parent

☐ Adult who provided primary care for or lived with Protected Person for 6+ months before the guardianship petition was filed

☐ Institution or facility where Protected Person resided for 6+ months before the guardianship petition was filed

☐ Legal representative or representative payee for Protected Person

☐ Attorney-in-fact (or healthcare agent or proxy) pursuant to a health care power of attorney (or medical power of attorney or healthcare proxy) for Protected Person

☐ Agent pursuant to a general power of attorney for financial or general matters for Protected Person

☐ None of the above, but I was identified as an interested person in the petition for appointment of guardian

☐ Other: _____

Rule 7.11—Form 8: Request for Copy of Guardianship Care Plan or Report, continued

3. Reason for request

I am filing this request because:

_____

_____

_____

_____

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

4. Oath and signature

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

_____ _____, 20____ _____
Month *Day* *Year* *Signature**

_____
Mailing address

_____, _____ _____
City *State* *ZIP code*

(_____) _____ _____
Phone number *Email address*

**This form may be signed either by using a digitized signature, see instructions at https://www.iowacourts.gov/for-the-public/court-forms/, or by printing and hand-signing.*

[Court Order July 7, 2026, effective September 7, 2026]

Rule 7.12 Conservatorships; forms mandatory for self-represented litigants; confidential filings.

7.12(1) *Forms mandatory for self-represented conservators.* An individual serving as conservator for a conservatorship without attorney representation must use forms contained in this rule for required filings. An attorney may use these forms but is not required to do so.

7.12(2) *Background check information confidential.* A filing submitted to the court pursuant to Iowa Code section 633.564, including Rule 7.12—Form 2: *Background Check Information for a Proposed Conservator of a Protected Person*, is confidential.

7.12(3) *Confidentiality of conservatorship plans, inventories, and reports.*

a. Conservator's conservatorship plan, inventory, and reports are confidential. The following filings are confidential, except as otherwise provided by statute, the Iowa Court Rules, or the procedures set forth in this rule:

(1) A conservatorship plan filed pursuant to Iowa Code section 633.670(1), including Rule 7.12—Form 5: *Conservator's Initial Plan or Amended Plan*.

(2) An inventory of the protected person's assets filed pursuant to Iowa Code section 633.670(2), including Rule 7.12—Form 6: *Inventory of Assets of Protected Person*.

(3) An annual report filed pursuant to Iowa Code section 633.670(3), including Rule 7.12—Form 7: *Conservator's Annual Report*.

(4) A final report filed pursuant to Iowa Code section 633.670(4), including Rule 7.12—Form 8: *Conservator's Final Report*.

b. Request for copy. Any person may request a copy of a conservatorship plan, inventory, or annual or final report filed in a conservatorship by filing Rule 7.12—Form 11: *Request for Copy of Conservatorship Plan, Inventory, or Report*.

c. Limited access. A granted request entitles the requester to a single copy of the filing or filings specifically identified in the submitted form. It does not confer party status or participation rights and does not entitle the requester to any future filings.

d. Continued access. A person who seeks continuing access to future filings must file a motion to intervene under the Iowa Rules of Civil Procedure governing intervention.

e. Release authority. The clerk of court shall release the requested filing without a court order if the requester is named in the conservatorship petition under Iowa Code section 633.556(5) or (6), or would have been entitled to notice under section 633.556(9) at the time the petition was filed. Otherwise, the clerk of court shall forward the request to the court for entry of an order granting or denying the request.

[Court Order December 12, 2019, temporarily effective December 12, 2019, permanently effective February 11, 2020; July 7, 2026, effective September 7, 2026]

Rule 7.12 — Form 1: *Protected Information Disclosure*

- *If information is abbreviated on other rule 7.12 forms, use this form to include the protected information in full.*

In the Iowa District Court for _____ County

In the Matter of the Conservatorship of:	Probate no._____
_____ *Full name: first, middle, last* *If the protected person is a minor, use initials only.* **Protected Person.**	**Protected Information Disclosure**

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

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

1. Protected Person. *The person who is the subject of the conservatorship.*

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. Protected Person's full name (if minor)	*Full name*	*Initials only*
B. Social security number	- -	*Last four digits only*
C. Date of birth	/ / *mm/dd/yyyy*	*Year only*
D. Personal identification numbers (if no social security number)	*Full number*	*Partial only*
E. Other unique identifying numbers	*Full number*	*Partial only*
F. *Additional protected information*	*Full information*	*Partial information*
G. *Additional protected information*	*Full information*	*Partial information*

Continued on next page

Rule 7.12—Form 1: Protected Information Disclosure, continued

H. *Additional protected information*	*Full information*	*Partial information*
I. *Additional protected information*	*Full information*	*Partial information*

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

2. Petitioner. *The person filing the petition for appointment of a conservator.*

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	- -	*Last four digits only*
B. Date of birth	/ / *mm/dd/yyyy*	*Year only*
C. Individual taxpayer identification numbers	- -	*Last four digits only*
D. Personal identification numbers (if no social security number)	*Full number*	*Partial only*
E. Other unique identifying numbers	*Full number*	*Partial only*
F. *Additional protected information*	*Full information*	*Partial information*
G. *Additional protected information*	*Full information*	*Partial information*
H. *Additional protected information*	*Full information*	*Partial information*
I. *Additional protected information*	*Full information*	*Partial information*

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

3. Parent. *If requesting a conservatorship of a minor, the person who has legal custody of the minor.*

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	- -	*Last four digits only*
B. Date of birth	/ / *mm/dd/yyyy*	*Year only*

Continued on next page

Rule 7.12—Form 1: Protected Information Disclosure, continued

C. Individual taxpayer identification numbers	- -	*Last four digits only*
D. Personal identification numbers (if no social security number)	*Full number*	*Partial only*
E. Other unique identifying numbers	*Full number*	*Partial only*
F. *Additional protected information*	*Full information*	*Partial information*
G. *Additional protected information*	*Full information*	*Partial information*
H. *Additional protected information*	*Full information*	*Partial information*
I. *Additional protected information*	*Full information*	*Partial information*

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

4. Additional Parent. *If requesting a conservatorship of a minor, any other person who has legal custody of the minor.*

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	- -	*Last four digits only*
B. Date of birth	/ / *mm/dd/yyyy*	*Year only*
C. Individual taxpayer identification numbers	- -	*Last four digits only*
D. Personal identification numbers (if no social security number)	*Full number*	*Partial only*
E. Other unique identifying numbers	*Full number*	*Partial only*
F. *Additional protected information*	*Full information*	*Partial information*
G. *Additional protected information*	*Full information*	*Partial information*
H. *Additional protected information*	*Full information*	*Partial information*
I. *Additional protected information*	*Full information*	*Partial information*

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

Continued on next page

Rule 7.12—Form 1: Protected Information Disclosure, continued

5. Proposed Conservator or Conservator. *The proposed, or current, conservator of the protected person.*

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	- -	*Last four digits only*
B. Date of birth	/ / *mm/dd/yyyy*	*Year only*
C. Individual taxpayer identification numbers	- -	*Last four digits only*
D. Personal identification numbers (if no social security number)	*Full number*	*Partial only*
E. Other unique identifying numbers	*Full number*	*Partial only*
F. *Additional protected information*	*Full information*	*Partial information*
G. *Additional protected information*	*Full information*	*Partial information*
H. *Additional protected information*	*Full information*	*Partial information*
I. *Additional protected information*	*Full information*	*Partial information*

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

6. Other Persons. *Any other person with information redacted in the documents you file.*

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	- -	*Last four digits only*
B. Date of birth	/ / *mm/dd/yyyy*	*Year only*
C. Individual taxpayer identification numbers	- -	*Last four digits only*
D. Personal identification numbers (if no social security number)	*Full number*	*Partial only*

Continued on next page

Rule 7.12—Form 1: Protected Information Disclosure, continued

E. Other unique identifying numbers	*Full number*	*Partial only*
F. *Additional protected information*	*Full information*	*Partial information*
G. *Additional protected information*	*Full information*	*Partial information*
H. *Additional protected information*	*Full information*	*Partial information*
I. *Additional protected information*	*Full information*	*Partial information*

☐ *Check this box if you are attaching a separate sheet listing additional information for Other Person.*

7. Information provided by:

_____ /s/_____
Printed name *Signature*

_____
Law firm, if applicable

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

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

_____ _____, 20_____
Month *Day* *Year*
Date signed

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

Rule 7.12 — Form 2: *Background Check Information for a Proposed Conservator of a Protected Person*

Instructions:

- Iowa Code section 633.564 requires the court to conduct a criminal records check and checks of the child abuse, dependent adult abuse, and sex offender registry for a proposed conservator of a protected person, and requires the proposed conservator to pay the background check fee ($15.00). *Note: The clerk of court will keep this information form **confidential**.*
- Do not give copies of this form to anyone except the clerk of court or your attorney, if you have one.
- If there is no existing conservatorship approved by the court, file this form and a Petition to Establish a Conservatorship for a Protected Person with the clerk of court.

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

In the Iowa District Court for _____ County

In the Matter of the Conservatorship of:	Probate no._____
_____	**Background Check Information for a Proposed Conservator of a Protected Person**
Full name: first, middle, last *If the protected person is a minor, use initials only.* **Protected Person.**	Iowa Code § 633.564

Conservator states as follows:

1. Proposed Conservator's personal information

A. Current legal name

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

B. Personal identifying information

___/___/___	_____	___-___-___
Date of birth (month/day/year)	*Gender*	*Social security number*

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

Alternate name #1	_____	_____	_____
	Full first name	*Full middle name (write "N/A" if no middle name)*	*Full last name*
Alternate name #2	_____	_____	_____
	Full first name	*Full middle name (write "N/A" if no middle name)*	*Full last name*

Continued on next page

Rule 7.12—Form 2: Background Check Information for a Proposed Conservator of a Protected Person, continued

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

2. Certification and release authorization

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

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

Signature of proposed conservator	*Month*	*Day*	*Year*

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

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

Rule 7.12 — Form 3: *Conservator's Request for Approval for Other Action on Behalf of Protected Person*

Instructions: Copies of this Request must be provided to Protected Person, Protected Person's attorney and court advisor, if any, and others as the court directs.

In the Iowa District Court for _____ County

In the Matter of the Conservatorship of: _____ *Full name: first, middle, last* *If the protected person is a minor, use initials only.* **Protected Person.**	Probate no._____ **Conservator's Request for Approval for Other Action on Behalf of Protected Person** Iowa Code § 633.642

1. Requested actions

I, _____, as Conservator of
Name of Conservator or financial institution

_____, request authorization from the court to
Name of Protected Person or Initials of Protected Minor

take the following action on behalf of Protected Person: *Mark all that apply*

☐ Invest Protected Person's assets consistent with Iowa Code section 633.123.

☐ Make gifts on Protected Person's behalf from conservatorship assets to persons or charitable, educational, religious, scientific, or other nonprofit organizations to whom or to which such gifts were regularly made prior to Conservator's appointment.

☐ Make gifts upon a showing that such gifts would benefit Protected Person from the perspective of gift, estate, inheritance, or other taxes.

☐ Make payments consistent with Conservator's Initial Plan or Amended Plan directly to Protected Person or to others for Protected Person's education and training needs.

☐ Use Protected Person's income or assets to provide support for any person Protected Person is legally obligated to support.

☐ Compromise, adjust, arbitrate, or settle any claim by or against Protected Person or Conservator due to Conservator's reasonable actions on behalf of the conservatorship.

Continued on next page

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

Rule 7.12—Form 3: Conservator's Request for Approval for Other Action on Behalf of Protected Person, continued

☐ Make elections for Protected Person who is the surviving spouse as provided in Iowa Code sections 633.236 and 633.240.

☐ Exercise the right to disclaim on behalf of Protected Person as provided in Iowa Code section 633E.5.

☐ Sell, mortgage, exchange, pledge, or lease Protected Person's real and personal property consistent with Iowa Code sections 633.383–.403 regarding sale of property from a decedent's estate.

☐ Other action. *Describe and explain below.*

2. Explanation of actions for which Conservator is seeking court approval

Action: _____
Describe action for which Conservator is seeking the court's approval.

Explain how this action benefits Protected Person:

_____

_____

_____

_____

_____

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

Action: _____
Describe action for which Conservator is seeking the court's approval.

Explain how this action benefits Protected Person:

_____

_____

_____

_____

_____

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

Continued on next page

Rule 7.12—Form 3: Conservator's Request for Approval for Other Action on Behalf of Protected Person, continued

Action: _____
Describe action for which Conservator is seeking the court's approval.

Explain how this action benefits Protected Person:

_____

_____

_____

_____

_____

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

Action: _____
Describe action for which Conservator is seeking the court's approval.

Explain how this action benefits Protected Person:

_____

_____

_____

_____

_____

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

☐ *Check this box if you have attached a sheet with additional requested actions.*

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

_____
Business address of attorney or organization

_____ _____ _____
City *State* *ZIP code*

(_____) _____ _____
Phone number *Fax number*

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

Continued on next page

Rule 7.12—Form 3: Conservator's Request for Approval for Other Action on Behalf of Protected Person, continued

4. Oath and signature of Conservator

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

_____ _____, 20___ _____
Month *Day* *Year* *Signature**

_____ _____
Name of financial institution, if applicable *Conservator's title, if applicable*

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

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

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

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

Rule 7.12 — Form 4: ***Notice of Filing Conservator's Initial Plan or Amended Plan***

In the Iowa District Court for _____ County	
In the Matter of the Conservatorship of: _____ *Full name: first, middle, last* *If the protected person is a minor, use initials only.* **Protected Person.**	Probate no._____ **Notice of Filing Conservator's** **☐ Initial Plan** **☐ Amended Plan** Iowa Code § 633.670(1)(*b*)

To: _____
Name of Protected Person

_____
Name of Protected Person's Attorney (if applicable)

_____
Name of Court Advisor (if applicable)

You are notified that _____,
Name of Conservator or financial institution

as conservator of _____,
Name of Protected Person

filed a Conservator's *Check one*

☐ Initial Plan

☐ Amended Plan

on _____ _____, 20___.
Month *Day* *Year*

All initial plans or amended plans must outline Conservator's plan for protecting, managing, investing, expending, and distributing the assets of the conservatorship. The plan must be based on the needs of Protected Person and take into account the best interest of Protected Person as well as Protected Person's preference, values, and prior directions to the extent known to, or reasonably ascertainable by, Conservator.

Continued on next page

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

Rule 7.12—Form 4: Notice of Filing Conservator's Initial Plan or Amended Plan, continued

At a minimum, all initial plans or amended plans must include:

(1) A budget containing projected expenses and resources for Protected Person, including an estimate of the total amount of fees Conservator anticipates charging per year and a statement or list of the amount Conservator proposes to charge for each service Conservator anticipates providing to Protected Person.

(2) A statement as to how Conservator will involve Protected Person in decisions about management of conservatorship assets.

(3) If ordered by the court, any steps Conservator plans to take to develop or restore the ability of Protected Person to manage conservatorship assets.

(4) An estimate of the duration of the conservatorship.

A copy of the filed plan is included with this notice.

Any person entitled to a copy of the plan must file any objections to the plan not later than fifteen days after it is filed.

Conservator's Information:

_____ _____, 20____ _____
Month *Day* *Year* *Signature*

_____
Conservator's printed name

_____ _____
Name of financial institution, if applicable *Conservator's title, if applicable*

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

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

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

Rule 7.12 — Form 5: *Conservator's Initial Plan or Amended Plan*

Instructions:

- Conservator must complete, sign, and file this form with the court within ninety (90) days of appointment, when there has been a significant change in circumstances, or when Conservator seeks to deviate significantly from an approved plan.
- Within two (2) days of filing this form, Conservator must provide notice of filing (Rule 7.12—Form 4: Notice of Filing of Conservator's Initial Plan or Amended Plan) and a copy of this form to Protected Person, Protected Person's attorney and court advisor, if any, and others as the court directs.
- Do not include protected information on this form. For protected information, complete Rule 7.12—Form 1: Protected Information Disclosure.
- The purpose of the Initial Plan is to provide the court with a complete picture of Protected Person's current situation, Protected Person's needs, and Conservator's plan to meet those needs.
- Provide as much detailed information as possible.

In the Iowa District Court for _____ County

In the Matter of the Conservatorship of: _____ *Full name: first, middle, last* *If the protected person is a minor, use initials only.* **Protected Person.**	Probate no._____ **Conservator's** *Check one* ☐ **Initial Plan** ☐ **Amended Plan** Iowa Code § 633.670(1)(*a*), (*e*)

Conservator states as follows:

1. Conservator's information

A. Conservator's name:

_____
Name of Conservator or financial institution

B. Conservator is Protected Person's:
Check one

☐ Spouse

☐ Adult child

☐ Parent

☐ Adult sibling

☐ Financial institution

☐ Other: _____

Continued on next page

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

Rule 7.12—Form 5: Conservator's Initial Plan or Amended Plan, continued

2. Protected Person's information

A. Protected Person's age: _____.

B. Reason for conservatorship:

_____

_____

_____

_____

_____

_____

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

C. Protected Person's residence:

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

D. Guardianship: *Check one*

☐ Protected Person does not have a guardian or guardianship.

☐ Protected Person has a natural guardian (legal parent):

_____
Full name of natural guardian: first, middle, last

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

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

☐ Protected Person has a court-appointed guardian:

_____
Full name of court-appointed guardian: first, middle, last

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

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

Continued on next page

Rule 7.12—Form 5: Conservator's Initial Plan or Amended Plan, continued

E. Does Protected Person have a valid Durable Financial Power of Attorney?

☐ Yes *File a copy of the power of attorney as an attachment to this form.*

☐ No

F. Does Protected Person have a Last Will and Testament?

☐ Yes ☐ No

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

Has the original Last Will and Testament been filed with the clerk of court?

☐ Yes, in _____ County, _____.
Name of county *Name of state*

☐ No, the following person has a copy of the Last Will and Testament:

_____
Full name: first, middle, last / business name

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

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

G. Does Protected Person have a prepaid funeral plan or prepaid funeral trust?

☐ Yes *File a copy of the contract plan or trust as an attachment to this form.*

☐ No

Continued on next page

Rule 7.12—Form 5: Conservator's Initial Plan or Amended Plan, continued

3. Annual budget

A. Income sources

Estimate the amount of each source of income Protected Person receives.

**How often is income received?*
W = Weekly B = Bi-weekly (every other week) M = Monthly T = Two times a month

Income sources for Protected Person	**Income**	
	How often received?* *W,B,M,T*	**Amount**
(1) Wages from employer *Employer name:* *Job title:*		$
(2) Wages from employer *Employer name:* *Job title:*		$
(3) Unemployment assistance		$
(4) Family Investment Program		$
(5) Social Security		$
(6) Other *Identify:*		$
(7) Other *Identify:*		$
(8) Other *Identify:*		$
(9) Totals from attached sheets, if any ☐ *Check this box if you have attached a sheet with additional information on Protected Person's income sources.*		$
Total *Total estimated annual income for Protected Person*		**$**

B. Debts and liabilities

Estimate the amount of each debt or liability Protected Person owes.

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

Debts and liabilities of Protected Person	**Debts and liabilities**	
	How often paid?* *W,B,M,T*	**Amount**
(1) Mortgage		$
(2) Car loan payments		$

Continued on next page

Rule 7.12—Form 5: Conservator's Initial Plan or Amended Plan, continued

(3) Credit card debt		$
(4) Other *Identify:*		$
(5) Other *Identify:*		$
(6) Other *Identify:*		$
(7) Totals from attached sheets, if any ☐ *Check this box if you have attached a sheet with additional information on Protected Person's debts and liabilities.*		$
Total *Total estimated annual debts and liabilities for Protected Person*		**$**

Is any other person jointly liable for all or part of any listed debt or liability?

☐ Yes ☐ No

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

Debt: _____
Description of jointly owed debt or liability

a. Person jointly liable:

_____
Full name: first, middle, last

b. Above person's relationship to Protected Person:_____
Describe relationship

c. Payment amount (if any):_____
Identify payment amount and how often it is paid

d. Source of payments (if any):_____
Identify sources of payment for debt or liability

Debt: _____
Description of jointly owed debt or liability

a. Person jointly liable:

_____
Full name: first, middle, last

b. Above person's relationship to Protected Person:_____
Describe relationship

c. Payment amount (if any):_____
Identify payment amount and how often it is paid

d. Source of payments (if any):_____
Identify sources of payment for debt or liability

Continued on next page

Rule 7.12—Form 5: Conservator's Initial Plan or Amended Plan, continued

Debt: _____
Description of jointly owed debt or liability

a. Person jointly liable:

_____
Full name: first, middle, last

b. Above person's relationship to Protected Person:_____
Describe relationship

c. Payment amount (if any):_____
Identify payment amount and how often it is paid

d. Source of payments (if any):_____
Identify sources of payment for debt or liability

☐ *Check this box if you have attached a sheet with additional debts or liabilities.*

Are any of the listed debts or liabilities owed by Protected Person to Conservator?

☐ Yes ☐ No

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

Debt: _____
Description of debt or liability owed by Protected Person to Conservator

a. Amount: $_____
Total amount of debt or liability

b. Current balance: $_____
Current balance owed

c. Source of payments (if any):_____
Identify sources of payment for debt or liability

Debt: _____
Description of debt or liability owed by Protected Person to Conservator

a. Amount: $_____
Total amount of debt or liability

b. Current balance: $_____
Current balance owed

c. Source of payments (if any):_____
Identify sources of payment for debt or liability

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

Continued on next page

Rule 7.12—Form 5: Conservator's Initial Plan or Amended Plan, continued

C. Monthly or annual budget

Complete a monthly or annual budget for Protected Person.

Type of expense	**Amount estimated** *Check one* ☐ **monthly** ☐ **annual**
(1) House payment or rent	$
(2) Food *At home and restaurants*	$
(3) Transportation *(gas, bus fare) Not car loan payments – see (14).*	$
(4) Clothing	$
(5) Medical, dental *Not health insurance payments – see (10).*	$
(6) Utilities *(gas, electric, water)*	$
(7) Phone	$
(8) Cable / satellite television / internet	$
(9) Car insurance payment	$
(10) Health insurance payment	$
(11) Transportation	$
(12) Educational or vocational training expenses	$
(13) Credit card payments	$
(14) Car loan payments	$
(15) Other loan payments	$
(16) Other expense *Identify:*	$
(17) Other expense *Identify:*	$
(18) Other expense *Identify:*	$

Continued on next page

Rule 7.12—Form 5: Conservator's Initial Plan or Amended Plan, continued

(19) Other expense *Identify:*	$
(20) Totals from attached sheets, if any ☐ *Check this box if you have attached a sheet with additional information regarding expenses.*	$
Total *Total monthly or annual budgeted expenditures*	**$**

4. Conservatorship checking and savings account

A. Is there a conservatorship **checking** account?

☐ Yes ☐ No

If you checked Yes, *complete sections* (1) *and* (2), *otherwise skip to* B.

(1) Is the checking account interest-bearing?

☐ Yes ☐ No

(2) Location of conservatorship checking account:

_____
Name of financial institution

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

The partial account number is:_____
Last 4 digits of account number

B. Is there a conservatorship **savings** account?

☐ Yes ☐ No

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

Location of conservatorship savings account:

_____
Name of financial institution

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

The partial account number is:_____
Last 4 digits of account number

Continued on next page

Rule 7.12—Form 5: Conservator's Initial Plan or Amended Plan, continued

5. Conservatorship services and fees

Will Conservator be charging for services provided to Protected Person?

☐ Yes ☐ No

If you checked Yes, *complete the next section, otherwise skip to* **6**.

List the services Conservator will provide to Protected Person and an estimate of the charge for each service.

Conservatorship service	**Amount estimated** *Check one* ☐ **hourly** ☐ **monthly** ☐ **annual**
(1)	$
(2)	$
(3)	$
(4)	$
(5) Totals from attached sheets, if any ☐ *Check this box if you have attached a sheet with additional information regarding conservatorship services.*	$
Total amount of fees Conservator anticipates charging annually for services:	$

6. Asset management plan

Identify each of Protected Person's assets that Conservator will manage and describe Conservator's plan for management of the asset.

Asset (1)

Asset:_____
Description of asset

Plan for management of this asset:

_____

_____

_____

_____

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

Continued on next page

Rule 7.12—Form 5: Conservator's Initial Plan or Amended Plan, continued

Asset (2)

Asset:_____

Description of asset

Plan for management of this asset:

_____

_____

_____

_____

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

Asset (3)

Asset:_____

Description of asset

Plan for management of this asset:

_____

_____

_____

_____

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

Asset (4)

Asset:_____

Description of asset

Plan for management of this asset:

_____

_____

_____

_____

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

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

Continued on next page

7. Involvement of Protected Person

State how Conservator will involve Protected Person in decisions about the management of the conservatorship's assets:

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

8. Restoration of Protected Person to management of conservatorship assets

If ordered by the court, state the steps Conservator plans to take to develop or restore the ability of Protected Person to manage the conservatorship assets:

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

9. Duration of conservatorship

How long is the conservatorship estimated to last? *Explain*

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

Continued on next page

Rule 7.12—Form 5: Conservator's Initial Plan or Amended Plan, continued

10. Additional information

Additional information that may be useful for the court to determine what is in Protected Person's best interest:

_____

_____

_____

_____

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

11. Request for approval of proposed budget and general conservatorship powers

Conservator requests that the court approve the following: *Check only those that apply*

☐ Conservator's proposed budget for Protected Person.

☐ Authority to apply for and receive Protected Person's income (*see* **3**(A)).

☐ Authority to use conservatorship income and assets for payment of debts and liabilities (*see* **3**(B)).

☐ Authority to use conservatorship income and assets for payment of expenses in accordance with the proposed monthly or annual budget (*see* **3**(C)).

☐ Authority to use conservatorship income and assets for payment of conservatorship services and fees (*see* **5**).

☐ Authority to manage Protected Person's assets in accordance with the proposed asset management plan (*see* **6**).

☐ Authority to use conservatorship income and assets for payment of attorney fees and other professional fees related to administration of the conservatorship.

☐ Authority to use conservatorship income and assets for payment of Protected Person's miscellaneous expenses not to exceed $_____ per month without further order of the court.

☐ Authority to file Protected Person's federal and state income tax returns and pay Protected Person's income taxes and local property taxes from conservatorship income and assets.

Note: If additional conservatorship powers are necessary, complete and file Rule 7.12—Form 3: Conservator's Request for Approval for Other Action on Behalf of Protected Person.

12. Fees for Conservator

Check one

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

☐ Fees are waived.

Continued on next page

Rule 7.12—Form 5: Conservator's Initial Plan or Amended Plan, continued

13. Fees for Conservator's attorney

Check one

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

☐ Fees are not requested.

☐ Fees are waived or not applicable.

14. Attorney Help *Check one*

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

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

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

_____
Name of attorney or organization, if any

_____
Business address of attorney or organization

_____ _____ _____
City *State* *ZIP code*

(_____) _____ _____
Phone number *Fax number*

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

15. Oath and signature

I, _____, have read this Initial Plan or Amended Plan, and I
Print Conservator's name
certify under penalty of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this plan is believed to be complete and accurate as far as information permits.

_____ _____, 20____ _____
Month *Day* *Year* *Signature**

_____ _____
Name of financial institution, if applicable *Conservator's title, if applicable*

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

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

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

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

Rule 7.12 — Form 6: *Inventory of Assets of Protected Person*

Instructions:

- Conservators must complete, sign, and file this form with the court within ninety (90) days of appointment. Once the conservatorship is approved, Conservators must also file this form with all Conservator's Annual Reports and Final Reports, identifying Protected Person's assets at the close of the reporting period.
- The purpose of the Inventory is to provide the court with a complete picture of Protected Person's current assets.
- Copies of this Inventory must be provided to Protected Person, Protected Person's attorney and court advisor, if any, and others as the court directs.

In the Iowa District Court for _____ County

In the Matter of the Conservatorship of:	Probate no._____
_____ *Full name: first, middle, last* *If the protected person is a minor, use initials only.* **Protected Person.**	**Inventory of Assets of Protected Person** Iowa Code § 633.670(2)

Conservator states as follows:

1. Protected Person's assets

Protected Person owns the following assets:

A. Real estate

Type of real estate	**Jointly owned?** *Check box if jointly owned.*	**Market value** *What it would sell for*	**Debt** *Total amount owed on debt* **and to whom owed**	**Net value** *Market value minus debt owed*
(1) Homestead *Address*	☐	$	$ to:	$
(2) Other real estate *Address*	☐	$	$ to:	$

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

Continued on next page

Rule 7.12—Form 6: Inventory of Assets of Protected Person, continued

B. Vehicles *Includes cars, trucks, motorcycles, and other motorized vehicles.*

Vehicles *Make (e.g., Ford) Year*	**Jointly owned?** *Check box if jointly owned*	**Market value** *What it would sell for*	**Debt** *Total amount owed on debt* **and to whom owed**	**Net Value** *Market value minus debt owed*
(1)	☐	$	$ to:	$
(2)	☐	$	$ to:	$
(3)	☐	$	$ to:	$

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

C. Securities, stocks, & bonds

Securities, stocks, & bonds *Company name*	**Jointly owned?** *Check box if jointly owned*	**Market value** *What it would sell for*	**Debt** *Total amount owed on debt* **and to whom owed**	**Net value** *Market value minus debt owed*
(1)	☐	$	$ to:	$
(2)	☐	$	$ to:	$
(3)	☐	$	$ to:	$

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

Continued on next page

Rule 7.12—Form 6: Inventory of Assets of Protected Person, continued

D. Life insurance

Life insurance *Company name*	**Jointly owned?** *Check box if jointly owned*	**Cash value** *Not death benefit*	**Loan from cash value** *Total amount still owed on loan*	**Cash value** *Minus loan owed*
(1)	☐	$	$	$
(2)	☐	$	$	$
(3)	☐	$	$	$

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

E. Bank accounts

Checking & savings accounts *Bank or Credit Union name If you do not use bank accounts, write "Cash"*	**Jointly owned?** *Check box if jointly owned*	**Cash value**	**Personal loans or overdraft accounts** *Total amount still owed, if any*	**Net value** *Cash value minus loan / overdraft owed*
(1)	☐	$	$	$
(2)	☐	$	$	$
(3)	☐	$	$	$

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

F. Household

Household contents *Describe*	**Jointly owned?** *Check box if jointly owned*	**Market value** *What it would sell for*	**Debt** *Total amount owed on debt* **and to whom owed**	**Net value** *Market value minus debt owed*
(1) Furniture a.	☐	$	$ to:	$
b.	☐	$	$ to:	$
c.	☐	$	$ to:	$
d.	☐	$	$ to:	$

Rule 7.12—Form 6: Inventory of Assets of Protected Person, continued

(2) Appliances / Electronics a.	☐	$	$ to:	$
b.	☐	$	$ to:	$
c.	☐	$	$ to:	$
d.	☐	$	$ to:	$
(3) Other contents a.	☐	$	$ to:	$
b.	☐	$	$ to:	$
c.	☐	$	$ to:	$

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

G. Retirement assets

Retirement assets *Examples: Pensions, IRAs, 401(k)s, annuities, etc.*	**Jointly owned?** *Check box if jointly owned*	**Market value** *What it would sell for*	**Loan from retirement account** *Total amount still owed, if any* **and to whom owed**	**Net value** *Market value minus loan owed*
(1)	☐	$	$ to:	$
(2)	☐	$	$ to:	$
(3)	☐	$	$ to:	$

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

Continued on next page

Rule 7.12—Form 6: Inventory of Assets of Protected Person, continued

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

Other assets *Describe*	**Jointly owned?** *Check box if jointly owned*	**Market value** *What it would sell for*	**Debt** *Total amount owed on debt* **and to whom owed**	**Net value** *Market value minus debt owed*
(1)	☐	$	$ to:	$
(2)	☐	$	$ to:	$
(3)	☐	$	$ to:	$

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

I. Totals

(1) Total from attached sheets *Listed in 1A-H.*	$
(2) **Total net value of assets** *Listed in 1A-H.*	$

J. Jointly owned assets

For each jointly owned asset, identify:

Asset: _____
Description of jointly owned asset

a. Person responsible for management of asset:

_____
Full name: first, middle, last

b. Person responsible for payments (if any):

_____
Full name: first, middle, last

c. Payment amount (if any):_____
Identify payment amount and how often it is paid

d. Source of payments (if any):_____
Identify sources of payment for asset

Continued on next page

Rule 7.12—Form 6: Inventory of Assets of Protected Person, continued

Asset: _____
Description of jointly owned asset

a. Person responsible for management of asset:

_____
Full name: first, middle, last

b. Person responsible for payments (if any):

_____
Full name: first, middle, last

c. Payment amount (if any):_____
Identify payment amount and how often it is paid

d. Source of payments (if any):_____
Identify sources of payment for asset

Asset: _____
Description of jointly owned asset

a. Person responsible for management of asset:

_____
Full name: first, middle, last

b. Person responsible for payments (if any):

_____
Full name: first, middle, last

c. Payment amount (if any):_____
Identify payment amount and how often it is paid

d. Source of payments (if any):_____
Identify sources of payment for asset

☐ *Check this box if you have attached a sheet with additional jointly owned assets.*

Continued on next page

Rule 7.12—Form 6: Inventory of Assets of Protected Person, continued

2. Other assets

A. Provide a complete list of Protected Person's assets **not transferred** into conservatorship's name.

Other assets *Describe*	**Jointly owned?** *Check box if jointly owned*	**Market value** *What it would sell for*	**Debt** *Total amount owed on debt* **and to whom owed**	**Net value** *Market value minus debt owed*
(1)	☐	$	$ to:	$
(2)	☐	$	$ to:	$
(3)	☐	$	$ to:	$
(4)	☐	$	$ to:	$
(5)	☐	$	$ to:	$
(6)	☐	$	$ to:	$

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

For each jointly owned asset, identify:

Asset: _____
Description of jointly owned asset

a. Person responsible for management of asset:

_____
Full name: first, middle, last

b. Person responsible for payments (if any):

_____
Full name: first, middle, last

c. Payment amount (if any):_____
Identify payment amount and how often it is paid

d. Source of payments (if any):_____
Identify sources of payment for asset

Continued on next page

Rule 7.12—Form 6: Inventory of Assets of Protected Person, continued

Asset: _____
Description of jointly owned asset

a. Person responsible for management of asset:

_____
Full name: first, middle, last

b. Person responsible for payments (if any):

_____
Full name: first, middle, last

c. Payment amount (if any):_____
Identify payment amount and how often it is paid

d. Source of payments (if any):_____
Identify sources of payment for asset

Asset: _____
Description of jointly owned asset

a. Person responsible for management of asset:

_____
Full name: first, middle, last

b. Person responsible for payments (if any):

_____
Full name: first, middle, last

c. Payment amount (if any):_____
Identify payment amount and how often it is paid

d. Source of payments (if any):_____
Identify sources of payment for asset

☐ *Check this box if you have attached a sheet with additional jointly owned assets.*

Continued on next page

Rule 7.12—Form 6: Inventory of Assets of Protected Person, continued

B. Provide a complete list of any assets **not owned solely** by Protected Person that will be transferred into conservatorship's name.

Other assets *Describe*	**Market value** *What it would sell for*	**Debt** *Total amount owed on debt* **and to whom owed**	**Net value** *Market value minus debt owed*
(1)	$	$ to:	$
(2)	$	$ to:	$
(3)	$	$ to:	$
(4)	$	$ to:	$
(5)	$	$ to:	$
(6)	$	$ to:	$

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

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

_____
Business address of attorney or organization

_____ _____ _____
City *State* *ZIP code*

(_____) _____ _____
Phone number *Fax number*

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

Continued on next page

Rule 7.12—Form 6: Inventory of Assets of Protected Person, continued

4. Oath and signature of Conservator

I, _____, have read this Inventory, and I certify under
Print Conservator's name
penalty of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Inventory is believed to be complete and accurate as far as information permits.

_____ _____, 20____ _____
Month *Day* *Year* *Signature**

_____ _____
Name of financial institution, if applicable *Conservator's title, if applicable*

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

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

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

Note: Bank statements, checks, receipts, stubs, and other items evidencing receipt of funds and payment must be available to the court on demand.

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

Rule 7.12 — Form 7: *Conservator's Annual Report*

Instructions:

- Conservators must complete, sign, and file this form on an annual basis within sixty (60) days of the close of the reporting period.
- Once filed, Conservator must serve a copy of this Annual Report on Protected Person, Protected Person's attorney and court advisor, if any, and others as the court directs.
- Do not include protected information on this form. For protected information, complete Rule 7.12—Form 1: Protected Information Disclosure.
- The purpose of this Annual Report is to provide the court with the current financial situation of the conservatorship and an accounting of important transactions that occurred during the reporting period. The Annual Report is also an opportunity to advise the court of any anticipated needs of Protected Person arising during the upcoming year and obtain court approval to meet those needs.
- Provide as much detailed information as possible. Do not include responses such as "same as last report" or "no change since last report."

In the Iowa District Court for _____ County

In the Matter of the Conservatorship of:	Probate no._____
_____	**Conservator's Annual Report**
Full name: first, middle, last	
If the protected person is a minor, use initials only.	
Protected Person.	Iowa Code § 633.670(3)

Conservator states as follows:

1. Reporting period

This report is for the period from: _____/_____/_____ to _____/_____/_____.
Month Day Year Month Day Year

2. Conservator's information

A. Conservator's name:

_____
Name of Conservator or financial institution

B. Conservator is Protected Person's:
Check one

☐ Spouse

☐ Adult child

☐ Parent

☐ Adult sibling

☐ Financial institution

☐ Other: _____

Continued on next page

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

Rule 7.12—Form 7: Conservator's Annual Report, continued

3. Protected Person's information

A. Protected Person's age: _____.

B. Reason for conservatorship:

_____

_____

_____

_____

_____

_____

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

C. Protected Person's residence:

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

D. Guardianship: *Check one*

☐ Protected Person does not have a guardian or guardianship.

☐ Protected Person has a natural guardian (legal parent):

_____
Full name of natural guardian: first, middle, last

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

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

☐ Protected Person has a court-appointed guardian:

_____
Full name of court-appointed guardian: first, middle, last

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

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

Continued on next page

Rule 7.12—Form 7: Conservator's Annual Report, continued

E. Does Protected Person have a valid Durable Financial Power of Attorney?

☐ Yes *File a copy of the power of attorney as an attachment to this form.*

☐ No

F. Does Protected Person have a Last Will and Testament?

☐ Yes ☐ No

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

Has the original Last Will and Testament been filed with the clerk of court?

☐ Yes, in _____ County, _____.
Name of county *Name of state*

☐ No, the following person has a copy of the Last Will and Testament:

_____
Full name: first, middle, last / business name

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

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

G. Does Protected Person have a prepaid funeral plan or funeral trust:

☐ Yes *File a copy of the contract plan or trust as an attachment to this form.*

☐ No

H. Protected Person's health during reporting period

(1) Summarize Protected Person's physical health during the reporting period, identifying any physical concerns that occurred and if the concern is resolved or ongoing:

_____

_____

_____

_____

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

Continued on next page

Rule 7.12—Form 7: Conservator's Annual Report, continued

(2) Summarize Protected Person's mental health during the reporting period, identifying any mental, cognitive, behavioral, or emotional concerns that occurred and if the concern is resolved or ongoing:

_____

_____

_____

_____

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

(3) Summarize any other health care concerns related to Protected Person that occurred during the reporting period and if the concern is resolved or ongoing:

_____

_____

_____

_____

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

4. Conservatorship assets

A. Total value of conservatorship assets at close of **prior** reporting period: $_____

B. Total value of conservatorship assets at close of **this** reporting period: $_____

Complete and file with this form Rule 7.12—Form 6: Inventory of Assets of Protected Person detailing Protected Person's assets at the close of this reporting period.

5. Conservatorship income and expenditures

Note: Bank statements, checks, receipts, stubs, and other items evidencing receipt of funds and payment must be available to the court on demand.

A. Total funds on hand at close of **prior** reporting period: $_____

B. Income received during reporting period:

**How often was income received?*
W = Weekly B = Bi-weekly (every other week) M = Monthly T = Two times a month

Income sources for Protected Person	**Income**	
	How often received?* *W,B,M,T*	**Amount**
(1) Wages from employer *Employer name:* *Job title:*		$

Continued on next page

Rule 7.12—Form 7: Conservator's Annual Report, continued

(2) Wages from employer *Employer name:* *Job title:*		$
(3) Unemployment assistance		$
(4) Family Investment Program		$
(5) Social Security		$
(6) Other *Identify:*		$
(7) Other *Identify:*		$
(8) Other *Identify:*		$
(9) Totals from attached sheets, if any ☐ *Check this box if you have attached a sheet with additional information on Protected Person's income sources.*		$
Total *Income received for Protected Person during reporting period*		**$**

C. Debts and liabilities paid during reporting period:

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

Debts and liabilities of Protected Person	**Debts and liabilities**	
	How often paid?* *W,B,M,T*	**Amount**
(1) Mortgage		$
(2) Car loan payments		$
(3) Credit card debt		$
(4) Other *Identify:*		$
(5) Other *Identify:*		$
(6) Other *Identify:*		$
(7) Totals from attached sheets, if any ☐ *Check this box if you have attached a sheet with additional information on Protected Person's debts and liabilities.*		$
Total *Debts and liabilities paid for Protected Person during reporting period*		**$**

Continued on next page

Rule 7.12—Form 7: Conservator's Annual Report, continued

D. Expenditures during reporting period:

Type of expense	**Amount** *Check one* ☐ **monthly** ☐ **annual**
(1) House payment or rent	$
(2) Food *At home and restaurants*	$
(3) Transportation *(gas, bus fare) Not car loan payments – see (14).*	$
(4) Clothing	$
(5) Medical, dental *Not health insurance payments – see (10).*	$
(6) Utilities *(gas, electric, water)*	$
(7) Phone	$
(8) Cable / satellite television / internet	$
(9) Car insurance payment	$
(10) Health insurance payment	$
(11) Transportation	$
(12) Educational or vocational training expenses	$
(13) Credit card payments	$
(14) Car loan payments	$
(15) Other loan payments	$
(16) Other expense *Identify:*	$
(17) Other expense *Identify:*	$
(18) Other expense *Identify:*	$

Continued on next page

Rule 7.12—Form 7: Conservator's Annual Report, continued

(19) Other expense *Identify:*	$
(20) Totals from attached sheets, if any ☐ *Check this box if you have attached a sheet with additional information regarding expenses.*	$
Total *Total expenditures during reporting period*	**$**

E. Total funds on hand at the close of **this** reporting period: $_____

6. Conservatorship services and fees

Did Conservator charge fees for services provided to Protected Person during the reporting period?

☐ Yes ☐ No

If you checked Yes*, complete the next section, otherwise skip to* **7**.

List each service for which Conservator charged fees as well as the total amount charged for the service during the reporting period.

Conservatorship service	**Amount charged during reporting**
(1)	$
(2)	$
(3)	$
(4)	$
(5) Totals from attached sheets, if any ☐ *Check this box if you have attached a sheet with additional information regarding conservatorship services.*	$
Total amount of fees Conservator charged for services during reporting period:	$

Continued on next page

Rule 7.12—Form 7: Conservator's Annual Report, continued

7. Annual budget for next reporting period

A. Income sources

Estimate the amount of each source of income Protected Person will receive during the next reporting period.

**How often is income received?*
W = Weekly B = Bi-weekly (every other week) M = Monthly T = Two times a month

Income sources for Protected Person	**Income**	
	How often received?* *W,B,M,T*	**Amount**
(1) Wages from employer *Employer name:* *Job title:*		$
(2) Wages from employer *Employer name:* *Job title:*		$
(3) Unemployment assistance		$
(4) Family Investment Program		$
(5) Social Security		$
(6) Other *Identify:*		$
(7) Other *Identify:*		$
(8) Other *Identify:*		$
(9) Totals from attached sheets, if any ☐ *Check this box if you have attached a sheet with additional information on Protected Person's income sources.*		$
Total *Total estimated income for Protected Person during the next reporting period*		**$**

Continued on next page

Rule 7.12—Form 7: Conservator's Annual Report, continued

B. Debts and liabilities

Estimate the amount of each debt or liability Protected Person will pay during the next reporting period.

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

Debts and liabilities of Protected Person	**Debts and liabilities**	
	How often paid?* *W,B,M,T*	**Amount**
(1) Mortgage		$
(2) Car loan payments		$
(3) Credit card debt		$
(4) Other *Identify:*		$
(5) Other *Identify:*		$
(6) Other *Identify:*		$
(7) Totals from attached sheets, if any ☐ *Check this box if you have attached a sheet with additional information on Protected Person's debts and liabilities.*		$
Total *Total estimated debts and liabilities for Protected Person during the next reporting period*		**$**

Is any other person jointly liable for all or part of any listed debt or liability?

☐ Yes ☐ No

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

Debt: _____
Description of jointly owed debt or liability

a. Person jointly liable:

_____
Full name: first, middle, last

b. Above person's relationship to Protected Person:_____
Describe relationship

c. Payment amount (if any):_____
Identify payment amount and how often it is paid

d. Source of payments (if any):_____
Identify sources of payment for debt or liability

Continued on next page

Rule 7.12—Form 7: Conservator's Annual Report, continued

Debt: _____
Description of jointly owed debt or liability

a. Person jointly liable:

_____
Full name: first, middle, last

b. Above person's relationship to Protected Person:_____
Describe relationship

c. Payment amount (if any):_____
Identify payment amount and how often it is paid

d. Source of payments (if any):_____
Identify sources of payment for debt or liability

Debt: _____
Description of jointly owed debt or liability

a. Person jointly liable:

_____
Full name: first, middle, last

b. Above person's relationship to Protected Person:_____
Describe relationship

c. Payment amount (if any):_____
Identify payment amount and how often it is paid

d. Source of payments (if any):_____
Identify sources of payment for debt or liability

☐ *Check this box if you have attached a sheet with additional debts or liabilities.*

Are any of the listed debts or liabilities owed by Protected Person to Conservator?

☐ Yes ☐ No

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

Debt: _____
Description of debt or liability owed by Protected Person to Conservator

a. Amount: $_____
Total amount of debt or liability

b. Current balance: $_____
Current balance owed

c. Source of payments (if any):_____
Identify sources of payment for debt or liability

Continued on next page

Rule 7.12—Form 7: Conservator's Annual Report, continued

Debt: _____
Description of debt or liability owed by Protected Person to Conservator

a. Amount: $_____
Total amount of debt or liability

b. Current balance: $_____
Current balance owed

c. Source of payments (if any):_____
Identify sources of payment for debt or liability

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

C. Monthly or annual budget

Complete a monthly or annual budget for Protected Person during the next reporting period.

Type of expense	**Amount estimated** *Check one* ☐ **monthly** ☐ **annual**
(1) House payment or rent	$
(2) Food *At home and restaurants*	$
(3) Transportation *(gas, bus fare) Not car loan payments – see (14).*	$
(4) Clothing	$
(5) Medical, dental *Not health insurance payments – see (10).*	$
(6) Utilities *(gas, electric, water)*	$
(7) Phone	$
(8) Cable / satellite television / internet	$
(9) Car insurance payment	$
(10) Health insurance payment	$
(11) Transportation	$
(12) Educational or vocational training expenses	$
(13) Credit card payments	$

Continued on next page

Rule 7.12—Form 7: Conservator's Annual Report, continued

(14) Car loan payments	$
(15) Other loan payments	$
(16) Other expense *Identify:*	$
(17) Other expense *Identify:*	$
(18) Other expense *Identify:*	$
(19) Other expense *Identify:*	$
(20) Totals from attached sheets, if any ☐ *Check this box if you have attached a sheet with additional information regarding expenses.*	$
Total *Total monthly or annual budgeted expenditures for next reporting period*	**$**

8. Changes in Conservator's Initial Plan or Amended Plan

A. Were changes made in investments during this reporting period?

☐ Yes ☐ No

If Yes, identify each investment and the changes made during the reporting period:

_____

_____

_____

_____

_____

_____

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

Continued on next page

Rule 7.12—Form 7: Conservator's Annual Report, continued

B. Did the conservatorship receive any new assets during the reporting period?

☐ Yes ☐ No

If Yes, identify each new asset and its estimated value and describe Conservator's plan for management of the asset:

New Asset (1)

Asset:_____
Description of asset

Estimated value: $_____

Plan for management of this asset:

_____

_____

_____

_____

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

New Asset (2)

Asset:_____
Description of asset

Estimated value: $_____

Plan for management of this asset:

_____

_____

_____

_____

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

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

Continued on next page

Rule 7.12—Form 7: Conservator's Annual Report, continued

C. Are any modifications necessary for management of existing assets?

Significant modifications cannot be requested with this Annual Report. Significant modifications require Conservator to file an Amended Plan using Rule 7.12—Form 5: Conservator's Initial Plan or Amended Plan.

☐ Yes ☐ No

If Yes, identify each existing asset and describe the modification necessary for management of the asset:

Asset (1)

Asset:_____
Description of asset

Plan for management of this asset:

_____

_____

_____

_____

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

Asset (2)

Asset:_____
Description of asset

Plan for management of this asset:

_____

_____

_____

_____

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

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

Continued on next page

Rule 7.12—Form 7: Conservator's Annual Report, continued

D. Are any other modifications to Conservator's Initial Plan or Amended Plan necessary?

Note: Significant modifications cannot be requested with this Annual Report. Significant modifications require Conservator to file an Amended Plan using Rule 7.12—Form 5: Conservator's Initial Plan or Amended Plan.

☐ Yes ☐ No

If Yes, describe what modifications are necessary and why:

_____

_____

_____

_____

_____

_____

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

9. Conservator's bond *See Iowa Code sections 633.169–.187.*

Is there a bond for Conservator?

☐ Yes

If Yes*, complete the next* (1) *and* (2).

(1) Amount of Conservator's bond: $_____.

(2) Surety's information:

_____
Surety's name

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

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

Continued on next page

☐ No

If No, explain why:

_____

_____

_____

_____

_____

_____

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

10. Additional information

Additional information that may be useful for the court to determine what is in Protected Person's best interest:

_____

_____

_____

_____

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

11. Request for approval of proposed budget and general conservatorship powers

Conservator requests that the court approve the following: *Check only those that apply.*

☐ Conservator's proposed budget for Protected Person for the next reporting period.

☐ Authority to apply for and receive Protected Person's income during the next reporting period (*see* **7**(A)).

☐ Authority to use conservatorship income and assets for payment of debts and liabilities during the next reporting period (*see* **7**(B)).

☐ Authority to use conservatorship income and assets for payment of expenses in accordance with the proposed monthly or annual budget for the next reporting period (*see* **7**(C)).

☐ Authority to manage Protected Person's assets in accordance with the proposed asset management plan (*see* **8**(B) and **8**(C)).

Continued on next page

Rule 7.12—Form 7: Conservator's Annual Report, continued

☐ Authority to use conservatorship income and assets for payment of attorney fees and other professional fees related to administration of the conservatorship.

☐ Authority to use conservatorship income and assets for payment of Protected Person's miscellaneous expenses not to exceed $_____ per month without further order of the court.

☐ Authority to file Protected Person's federal and state income tax returns and pay Protected Person's income taxes and local property taxes from conservatorship income and assets.

Note: *If additional conservatorship powers are necessary, complete and file Rule 7.12—Form 3: Conservator's Request for Approval for Other Action on Behalf of Protected Person.*

12. Fees for Conservator

Check one

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

☐ Fees are waived.

13. Fees for Conservator's attorney

Check one

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

☐ Fees are not requested.

☐ Fees are waived or not applicable.

14. Attorney Help *Check one*

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

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

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

_____
Name of attorney or organization, if any

_____
Business address of attorney or organization

_____ _____ _____
City *State* *ZIP code*

(_____) _____ _____
Phone number *Fax number*

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

Continued on next page

Rule 7.12—Form 7: Conservator's Annual Report, continued

15. Oath and signature

I, _____, have read this Annual Report, and I certify under
Print Conservator's name
penalty of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Annual Report is believed to be complete and accurate as far as information permits.

_____ _____, 20____ _____
Month *Day* *Year* *Signature**

_____ _____
Name of financial institution, if applicable *Conservator's title, if applicable*

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

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

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

Rule 7.12 — Form 8: *Conservator's Final Report*

Instructions:

- Conservators must complete, sign, and file this form:
  - Within thirty (30) days following removal of Conservator.
  - Upon Conservator's filing of a resignation and before the court accepts the resignation.
  - Within sixty (60) days following the termination of conservatorship.
- Once filed, Conservator must serve a copy of this Final Report on Protected Person, Protected Person's attorney and court advisor, if any, and others as the court directs.
- Do not include protected information on this form. For protected information, complete Rule 7.12—Form 1: Protected Information Disclosure.
- The purpose of this Final Report is to provide the court with the current financial situation of the conservatorship and an accounting of important transactions that occurred during the reporting period.
- Provide as much detailed information as possible. Do not include responses such as "same as last report" or "no change since last report."

In the Iowa District Court for _____ County

In the Matter of the Conservatorship of:	Probate no._____
_____	**Conservator's Final Report**
Full name: first, middle, last	
If the protected person is a minor, use initials only.	
Protected Person.	Iowa Code § 633.670(3)

Conservator states as follows:

1. Reporting period

This report is for the period from: _____/_____/_____ to _____/_____/_____.
Month Day Year Month Day Year

2. Conservator's information

A. Conservator's name:

_____
Name of Conservator or financial institution

B. Conservator is Protected Person's:
Check one

☐ Spouse

☐ Adult child

☐ Parent

☐ Adult sibling

☐ Financial institution

☐ Other: _____

Continued on next page

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

Rule 7.12—Form 8: Conservator's Final Report, continued

3. Type of report
Check one

☐ Report filed within thirty (30) days following removal of Conservator.

☐ Report filed with Conservator's filing of a resignation and before the court's acceptance of the resignation.

☐ Report filed within sixty (60) days following termination of the conservatorship.

☐ Other. *Explain*

_____

_____

_____

_____

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

4. Status of the conservatorship

Identify status of the conservatorship at close of this reporting period. *Check one*

☐ The conservatorship has been or should be terminated because Protected Person was a minor who is no longer a minor and no longer benefits from a conservatorship.

☐ The conservatorship has been or should be terminated because Protected Person is deceased.

☐ The conservatorship will continue but a different conservator has been or will be appointed.

☐ Other. *Explain*

_____

_____

_____

_____

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

Continued on next page

Rule 7.12—Form 8: Conservator's Final Report, continued

5. Protected Person's information

If Protected Person is deceased, fill out only sections F *and* G.

A. Protected Person's age: _____.

B. Reason for conservatorship:

_____

_____

_____

_____

_____

_____

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

C. Protected Person's residence:

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

D. Guardianship: *Check one*

☐ Protected Person does not have a guardian or guardianship.

☐ Protected Person has a natural guardian (legal parent):

_____
Full name of natural guardian: first, middle, last

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

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

☐ Protected Person has a court-appointed guardian:

_____
Full name of court-appointed guardian: first, middle, last

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

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

Rule 7.12—Form 8: Conservator's Final Report, continued

E. Does Protected Person have a valid Durable Financial Power of Attorney?

☐ Yes *File a copy of the power of attorney as an attachment to this form.*

☐ No

F. Does Protected Person have a Last Will and Testament?

☐ Yes ☐ No

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

Has the original Last Will and Testament been filed with the clerk of court?

☐ Yes, in _____ County, _____.
Name of county *Name of state*

☐ No, the following person has a copy of the Last Will and Testament:

_____
Full name: first, middle, last / business name

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

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

G. Does Protected Person have a prepaid funeral plan or trust?

☐ Yes *File a copy of the contract plan or trust as an attachment to this form.*

☐ No

H. Protected Person's health during reporting period

(1) Summarize Protected Person's physical health during the reporting period, identifying any physical concerns that occurred and if the concern is resolved or ongoing:

_____

_____

_____

_____

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

Continued on next page

Rule 7.12—Form 8: Conservator's Final Report, continued

(2) Summarize Protected Person's mental health during the reporting period, identifying any mental, cognitive, behavioral, or emotional concerns that occurred and if the concern is resolved or ongoing:

_____

_____

_____

_____

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

(3) Summarize any other health care concerns related to Protected Person that occurred during the reporting period and if the concern is resolved or ongoing:

_____

_____

_____

_____

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

6. Conservatorship assets

A. Total value of conservatorship assets at close of **prior** reporting period: $_____

B. Did the conservatorship receive any new assets during the reporting period?

☐ Yes ☐ No

If Yes, identify each new asset and its estimated value.

Asset (1)

Asset:_____
Description of asset

Estimated value: $_____

Asset (2)

Asset:_____
Description of asset

Estimated value: $_____

Continued on next page

Rule 7.12—Form 8: Conservator's Final Report, continued

Asset (3)

Asset:_____
Description of asset

Estimated value: $_____

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

C. Total value of conservatorship assets at close of **this** reporting period: $_____

Complete and file with this form Rule 7.12—Form 6: Inventory of Assets of Protected Person detailing Protected Person's assets at the close of this reporting period.

7. Conservatorship income and expenditures

Note: Bank statements, checks, receipts, stubs, and other items evidencing receipt of funds and payment must be available to the court on demand.

A. Total funds on hand at close of **prior** reporting period: $_____

B. Income received during reporting period:

**How often was income received?*
W = Weekly B = Bi-weekly (every other week) M = Monthly T = Two times a month

Income sources for Protected Person	**Income**	
	How often received?* *W,B,M,T*	**Amount**
(1) Wages from employer *Employer name:* *Job title:*		$
(2) Wages from employer *Employer name:* *Job title:*		$
(3) Unemployment assistance		$
(4) Family Investment Program		$
(5) Social Security		$
(6) Other *Identify:*		$
(7) Other *Identify:*		$

Continued on next page

Rule 7.12—Form 8: Conservator's Final Report, continued

(8) Other *Identify:*		$
(9) Totals from attached sheets, if any ☐ *Check this box if you have attached a sheet with additional information on Protected Person's income sources.*		$
Total *Income received for Protected Person during reporting period*		**$**

C. Debts and liabilities paid during reporting period:

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

Debts and liabilities of Protected Person	**Debts and liabilities**	
	How often paid?* *W,B,M,T*	**Amount**
(1) Mortgage		$
(2) Car loan payments		$
(3) Credit card debt		$
(4) Other *Identify:*		$
(5) Other *Identify:*		$
(6) Other *Identify:*		$
(7) Totals from attached sheets, if any ☐ *Check this box if you have attached a sheet with additional information on Protected Person's debts and liabilities.*		$
Total *Debts and liabilities paid for Protected Person during reporting period*		**$**

D. Expenditures during reporting period:

Type of expense	**Amount** *Check one* ☐ **monthly** ☐ **annual**
(1) House payment or rent	$
(2) Food *At home and restaurants*	$
(3) Transportation *(gas, bus fare)* *Not car loan payments – see (14).*	$

Continued on next page

Rule 7.12—Form 8: Conservator's Final Report, continued

(4) Clothing	$
(5) Medical, dental *Not health insurance payments – see (10).*	$
(6) Utilities *(gas, electric, water)*	$
(7) Phone	$
(8) Cable / satellite television / internet	$
(9) Car insurance payment	$
(10) Health insurance payment	$
(11) Transportation	$
(12) Educational or vocational training expenses	$
(13) Credit card payments	$
(14) Car loan payments	$
(15) Other loan payments	$
(16) Other expense *Identify:*	$
(17) Other expense *Identify:*	$
(18) Other expense *Identify:*	$
(19) Other expense *Identify:*	$
(20) Totals from attached sheets, if any ☐ *Check this box if you have attached a sheet with additional information regarding expenses.*	$
Total *Total expenditures during reporting period*	**$**

E. Total funds on hand at the close of **this** reporting period: $_____

Continued on next page

Rule 7.12—Form 8: Conservator's Final Report, continued

8. Conservatorship services and fees

Did Conservator charge fees for services provided to Protected Person during the reporting period?

☐ Yes ☐ No

If you checked Yes*, complete the next section, otherwise skip to* **9**.

List each service for which Conservator charged fees as well as the total amount charged for the service during the reporting period.

Conservatorship service	**Amount charged during reporting**
(1)	$
(2)	$
(3)	$
(4)	$
(5) Totals from attached sheets, if any ☐ *Check this box if you have attached a sheet with additional information regarding conservatorship services.*	$
Total amount of fees Conservator charged for services during reporting period:	$

9. Changes in investments

Were changes made in investments during this reporting period?

☐ Yes ☐ No

If Yes, identify each investment and the changes made during the reporting period:

_____

_____

_____

_____

_____

_____

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

Continued on next page

10. Proposed plan for conservatorship's assets upon termination of conservatorship

Complete this section if the conservatorship has been or should be terminated.

How will the conservatorship's assets be distributed upon termination of conservatorship?

☐ Conservatorship assets will be transferred to Protected Person.

☐ Conservatorship assets will be transferred into an estate.

☐ Conservatorship assets will be transferred as follows:

Asset (1)

Asset:_____
Description of asset

Estimated value: $_____

Person or entity the asset will be transferred to:

_____
Full name of person or name or entity

Relationship to Protected Person (if a person):_____
Describe relationship

Asset (2)

Asset:_____
Description of asset

Estimated value: $_____

Person or entity the asset will be transferred to:

_____
Full name of person or name or entity

Relationship to Protected Person (if a person):_____
Describe relationship

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

Continued on next page

Rule 7.12—Form 8: Conservator's Final Report, continued

11. Conservator's bond *See Iowa Code sections 633.169–.187.*

Is there a bond for Conservator?

☐ Yes

If Yes*, complete the next* (1) *and* (2).

(1) Amount of Conservator's bond: $_____.

(2) Surety's information:

_____
Surety's name

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

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

☐ No

If No, explain why:

_____

_____

_____

_____

_____

_____

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

12. Additional information

Additional information that may be useful for the court to determine what is in Protected Person's best interest:

_____

_____

_____

_____

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

Continued on next page

Rule 7.12—Form 8: Conservator's Final Report, continued

13. Request for approval of proposed budget and general conservatorship powers

Conservator requests that the court: *Check only those that apply*

☐ Approve Conservator's final accounting as detailed in this Final Report and the accompanying Inventory.

☐ Discharge Conservator from the conservatorship.

☐ Terminate the conservatorship.

☐ Cancel Conservator's bond and exonerate the surety on Conservator's bond.

☐ Approve Conservator's proposed plan regarding the conservatorship's assets.

Note: *If additional conservatorship powers are necessary, complete and file Rule 7.12—Form 3: Conservator's Request for Approval for Other Action on Behalf of Protected Person.*

14. Fees for Conservator

Check one

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

☐ Fees are waived.

15. Fees for Conservator's attorney

Check one

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

☐ Fees are not requested.

☐ Fees are waived or not applicable.

16. Attorney Help *Check one*

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

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

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

_____
Name of attorney or organization, if any

_____
Business address of attorney or organization

_____ _____ _____
City *State* *ZIP code*

(_____) _____ _____
Phone number *Fax number*

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

Continued on next page

Rule 7.12—Form 8: Conservator's Final Report, continued

17. Oath and signature

I, _____, have read this Final Report, and I certify under
Print Conservator's name
penalty of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Final Report is believed to be complete and accurate as far as information permits.

_____ _____, 20____ _____
Month *Day* *Year* *Signature**

_____ _____
Name of financial institution, if applicable *Conservator's title, if applicable*

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

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

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

Rule 7.12 — Form 9: ***Court Officer's Oath (Conservatorship, Individual)***

In the Iowa District Court for _____ County

In the Matter of the Conservatorship of	Probate no._____
_____, *Full name: first, middle, last*	**Court Officer's Oath (Conservatorship, Individual)**
Protected Person.	Iowa Code § 633.168 & § 633.633

I, _____, certify under penalty of perjury and pursuant to the laws
Print your name
of the State of Iowa that I, the undersigned, do solemnly swear (or affirm) that as a Court Officer and as Conservator in the above matter, I will faithfully discharge the duties imposed by law, including the duty to account, to the best of my ability.

Signature

_____ _____, 20____ _____
Month *Day* *Year* *Signature**

_____
Mailing address

_____, _____ _____
City *State* *ZIP code*

(_____)_____ _____
Phone number *Email address*

**This form may be signed either by using a digitized signature, see instructions at https://www.iowacourts.gov/for-the-public/court-forms/, or by printing and hand-signing.*

[Court Order September 8, 2025, effective November 10, 2025]

Rule 7.12 — Form 10: ***Court Officer's Oath (Conservatorship, Corporation)***

In the Iowa District Court for _____ County	
In the Matter of the Conservatorship of _____, *Full name: first, middle, last* **Protected Person.**	Probate no._____ **Court Officer's Oath (Conservatorship, Corporation)** Iowa Code § 633.168 & § 633.633

I, the undersigned, do solemnly swear (or affirm) that I am the duly elected

_____ of _____; that I am duly authorized by
Position *Name of corporation*

the Board of Directors of said corporation to execute this oath for and on behalf of the said corporation; that said corporation is duly authorized by its Articles of Incorporation and by its Board of Directors to act as Conservator in the above-entitled matter; that as such court officer, said corporation will support and will faithfully discharge the duties imposed by law, including the duty to account, to the best of its ability.

In support of the foregoing, on my behalf and as such officer of said corporation, I personally subscribe to the same oath, as it may be applicable to all of my conduct, acts and doings in these proceedings; and I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the preceding is true and correct.

Signature

_____ _____, 20____ _____
Month *Day* *Year* *Signature**

_____
Name of corporation

_____
Mailing address

_____, _____ _____
City *State* *ZIP code*

(_____)_____ _____
Phone number *Email address*

**This form may be signed either by using a digitized signature, see instructions at https://www.iowacourts.gov/for-the-public/court-forms/, or by printing and hand-signing.*

[Court Order September 8, 2025, effective November 10, 2025; September 8, 2025, effective November 10, 2025]

Rule 7.12 — Form 11: *Request for Copy of Conservatorship Plan, Inventory, or Report*

Rule 7.12—Form 11: ***Request for Copy of Conservatorship Plan, Inventory, or Report***

In the Iowa District Court for _____ County	
In the Matter of the Conservatorship of _____, *Full name: first, middle, last* **Protected Person.**	Probate no._____ **Request for Copy of Conservatorship Plan, Inventory, or Report** **(MOOT)**

I, the undersigned, state to the court as follows:

1. Document or documents requested

I am requesting a copy of the following in the above-captioned conservatorship:

Check all that apply

☐ Conservator's Initial Conservatorship Plan

☐ Conservator's Inventory

☐ Conservator's most recently filed Annual Report

☐ Conservator's Annual Report filed _____
Year

☐ Conservator's Final Report

2. Relationship to Protected Person

Check the option that best describes your relationship to Protected Person:

Check one

☐ Spouse

☐ Adult child

☐ Parent

☐ Adult who provided primary care for or lived with Protected Person for 6+ months before the conservatorship petition was filed

☐ Institution or facility where Protected Person resided for 6+ months before the conservatorship petition was filed

☐ Legal representative or representative payee for Protected Person

☐ Attorney-in-fact (or healthcare agent or proxy) pursuant to a health care power of attorney (or medical power of attorney or healthcare proxy) for Protected Person

☐ Agent pursuant to a general power of attorney for financial or general matters for Protected Person

☐ None of the above, but I was identified as an interested person in the petition for appointment of conservator

Rule 7.12—Form 11: Request for Copy of Conservatorship Plan, Inventory, or Report, continued

☐ Other: _____

3. Reason for request

I am filing this request because:

_____

_____

_____

_____

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

4. Oath and signature

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

_____ _____, 20____ _____
Month *Day* *Year* *Signature**

_____
Mailing address

_____, _____ _____
City *State* *ZIP code*

(_____) _____ _____
Phone number *Email address*

**This form may be signed either by using a digitized signature, see instructions at https://www.iowacourts.gov/for-the-public/court-forms/, or by printing and hand-signing.*

[Court Order July 7, 2026, effective September 7, 2026]

CHAPTER 8
RULES OF JUVENILE PROCEDURE

DISCOVERY AND NOTICE OF DEFENSES

Rule 8.1 Discovery, in general
Rule 8.2 Delinquency proceedings
Rule 8.3 Child in need of assistance and termination proceedings

MOTION PRACTICE

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

PRETRIAL CONFERENCES

Rule 8.6 Pretrial conferences discretionary

SPEEDY HEARING

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

DELINQUENCY PROCEEDINGS

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

CINA AND TERMINATION PROCEEDINGS

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

PROCEDURE FOR JUDICIAL WAIVER OF PARENTAL NOTIFICATION

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

Form 3: Financial Affidavit of Parent and Application for Appointment of Counsel for ❑ Child ❑ Parent ❑ Other
Form 3A: Order for Appointment of Counsel for ❑ Child ❑ Parent ❑ Other
Form 4: Financial Affidavit of 600A Respondent and Application for Appointment of Counsel
Form 4A: Order for Appointment of Counsel for 600A Respondent
Form 5: Financial Affidavit of Petitioner Under Iowa Code Chapter 600A
Form 5A: Order for Payment of Respondent's Court Appointed Attorney Fees and Costs

Rule 8.34 Juvenile Procedure Forms — Judicial Waiver of Parental Notification
Form 1: Petition for Waiver of Parental Notification of Minor's Abortion
Form 2: Declaration of Minor who has Filed Pseudonymous Petition to Waive Parental Notification
Form 3: Order Appointing Counsel for a Minor
Form 4: Order Appointing a Guardian Ad Litem for a Minor
Form 5: Advisory Notice to Minor
Form 6: Order Setting Hearing on Petition for Waiver of Parental Notification of Minor's Abortion
Form 7: Findings of Fact, Conclusions of Law and Order
Form 8: Certification that Waiver of Parental Notification is Deemed Authorized
Form 9: Notice of Appeal

EMANCIPATION OF MINORS

Rule 8.35 Emancipation orders

PARENT REPRESENTATION

Rule 8.36 Educational requirements for court-appointed attorneys representing parents

MINOR GUARDIANSHIPS

Rule 8.37 Minor guardianship required filings
Rule 8.38 Reports of delinquent minor guardianship initial plans and reports
Rule 8.39 Minor guardianship forms
Form 1: Background Check Information for a Proposed Guardian of a Minor
Form 2: Affidavit of Parental Consent
Form 3: Court Officer's Oath (Minor Guardianship)
Form 4: Guardian's Initial Care Plan for Protected Minor
Form 5: Guardian's Annual Report for Protected Minor
Form 6: Guardian's Final Report for Protected Minor
Form 7: Former Guardian's Transition Report for Protected Minor
Form 8: Protected Information Disclosure

Rule 8.40 Reserved

RESTRAINT OF JUVENILES DURING COURT PROCEEDINGS

Rule 8.41 Routine use of restraints prohibited

CHAPTER 8
RULES OF JUVENILE PROCEDURE

DISCOVERY AND NOTICE OF DEFENSES

Rule 8.1 Discovery, in general.

8.1(1) *Scope of discovery.* In order to provide adequate information for informed decision making and to expedite trials, minimize surprise, afford opportunity for effective cross-examination and meet the requirements of due process, discovery prior to trial and other judicial hearings should be as full and free as possible consistent with protection of persons and effectuation of the goals of the juvenile justice system.

8.1(2) *Subpoenas in juvenile court cases.* A subpoena issued in a juvenile court proceeding must conform to the form and procedures set forth in Iowa Rule of Civil Procedure 1.1701.

[Report February 21, 1985, effective July 1, 1985; November 9, 2001, effective February 15, 2002; September 8, 2025, effective November 10, 2025]

Rule 8.2 Delinquency proceedings.

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

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

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

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

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

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

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

8.2(8) *Separate petition(s).* In cases not subject to rule 8.2(7), a separate delinquency petition shall be filed for each delinquent act.
[Report February 21, 1985, effective July 1, 1985; April 7, 2000, effective July 1, 2000; November 9, 2001, effective February 15, 2002; February 22, 2002, effective May 1, 2002]

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

MOTION PRACTICE

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

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

PRETRIAL CONFERENCES

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

SPEEDY HEARING

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

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

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

8.8(2) The provisions contained herein shall be applicable notwithstanding a motion or hearing to waive jurisdiction pursuant to rule 8.9 or 8.10.
[Report February 21, 1985, effective July 1, 1985; November 9, 2001, effective February 15, 2002]

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

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

Rule 8.11 Child in need of assistance adjudicatory hearings. The adjudicatory hearing on a child in need of assistance petition shall be held within 60 days of the filing of said petition

unless good cause to the contrary is shown. Failure to comply with this rule shall not result in automatic dismissal, but any such failure may be urged as grounds for discretionary dismissal.
[Report February 21, 1985, effective July 1, 1985; November 9, 2001, effective February 15, 2002]

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

DELINQUENCY PROCEEDINGS

Rule 8.13 Corroboration of accomplice or solicited person. An adjudication of delinquency shall not be entered against a juvenile based upon the testimony of an accomplice or a solicited person unless corroborated by other evidence which tends to connect the juvenile with the commission of the offense; and the corroboration is not sufficient if it merely shows the commission of the offense or the circumstances thereof. Corroboration of the testimony of victims shall not be required.
[Report April 7, 2000, effective July 1, 2000; November 9, 2001, effective February 15, 2002]

Rule 8.14 Suppression of evidence. Motions to suppress evidence shall be raised by motion of the juvenile specifying the ground upon which the juvenile claims the search and seizure to be unlawful. Motions to suppress evidence shall be filed not later than the time set by the court for said filing and in any event not less than ten calendar days prior to the adjudicatory hearing, except for good cause shown.
[Report April 7, 2000, effective July 1, 2000; November 9, 2001, effective February 15, 2002]

Rule 8.15 Multiple juvenile defendants. Two or more juveniles may be tried jointly if in the discretion of the court a joint trial will not result in prejudice to one or more of the parties. Otherwise, the juvenile defendants shall be tried separately. When tried jointly, the juvenile defendants shall be adjudged separately on each count.
[Report April 7, 2000, effective July 1, 2000; November 9, 2001, effective February 15, 2002]

Rule 8.16 Evidence at detention, shelter care, and waiver hearings. The probable cause finding made at a shelter or detention hearing under Iowa Code section 232.44 and at waiver of jurisdiction hearings under Iowa Code section 232.45 shall be based upon substantial evidence, which may be hearsay in whole or in part, provided there is a substantial basis for believing the source of the hearsay to be credible and for believing that there is a factual basis for the information furnished. The juvenile defendant may cross-examine witnesses and may introduce evidence in his or her own behalf.
[Report April 7, 2000, effective July 1, 2000; November 9, 2001, effective February 15, 2002]

Rule 8.17 Venue in delinquency cases where child has been placed in another judicial district. Where a juvenile has been placed in another judicial district and is alleged to have committed a delinquent act or acts during such placement, venue, for the purpose of conducting the adjudicatory hearing, shall be in the judicial district where the delinquent act or acts are alleged to have occurred. However, the juvenile court which originally placed the juvenile shall have the option of requesting that venue be transferred to it for the purpose of conducting the adjudicatory proceedings. If the juvenile is adjudicated of committing a delinquent act or acts in the judicial district of the juvenile's placement, venue of the matter shall be transferred to the juvenile court which previously placed the child pursuant to the original dispositional order for the purpose of conducting any dispositional and subsequent review hearings.
[Report April 7, 2000, effective July 1, 2000; November 9, 2001, effective February 15, 2002]

CINA AND TERMINATION PROCEEDINGS

Rule 8.18 Child abuse reports. The juvenile court shall retain founded child protective assessment reports for ten years. Notwithstanding the foregoing, when notified by the department of health and human services that the report shall be expunged, the juvenile court shall destroy

the report pursuant to Iowa Code section 235A.18. The juvenile court shall retain all other child protective assessment reports for five years from the date of intake at which time the clerk shall destroy the reports. Notwithstanding the foregoing, child protective assessment reports which are received into evidence in a juvenile proceeding shall be retained for so long as the case file is retained and shall not be destroyed pursuant to this rule.
[Report April 7, 2000, effective July 1, 2000; November 9, 2001, effective February 15, 2002; February 22, 2002, effective May 1, 2002; June 30, 2023, temporarily effective July 1, 2023, permanently effective August 30, 2023]

Rule 8.19 Admissibility of evidence at temporary removal hearings, hearings for removal of sexual offenders and physical abusers from the residence, and examination hearings. The finding of imminent risk of harm allowing for the temporary removal of a child from his or her parent, guardian or custodian under Iowa Code section 232.95, the finding that probable cause exists to believe that a sexual or physical abuse has occurred and that the presence of the alleged sexual offender or physical abuser in the child's residence presents a danger to the child's life or physical, emotional or mental health under Iowa Code section 232.82, and the finding that probable cause exists to believe a child is a child in need of assistance pursuant to section 232.2(6)(e) or (f) for purposes of establishing grounds for examination of the child pursuant to Iowa Code section 232.98 shall be made by substantial evidence, which may be hearsay in whole or in part, provided there is a substantial basis for believing the source of the hearsay to be credible and for believing that there is a factual basis for the information furnished.
[Report April 7, 2000, effective July 1, 2000; November 9, 2001, effective February 15, 2002; February 22, 2002, effective May 1, 2002]

Rule 8.20 Motions to vacate an order for termination of parental rights. Any request by a biological or putative parent to vacate an order terminating parental rights pursuant to Iowa Code chapter 600A must be filed within 30 days from the entry of said order. The 30-day period for filing a motion to vacate such order shall not be waived or extended.
[Report April 7, 2000, effective July 1, 2000; November 9, 2001, effective February 15, 2002]

Rule 8.21 CINA and termination of parental rights orders, informational notice regarding appeal. If a court enters an order in an Iowa Code chapter 232 CINA, termination of parental rights, or post-termination proceeding, the order shall contain a written notice that an appeal by an aggrieved party must be taken pursuant to Iowa R. App. P. 6.101(1)(*a*), the notice of appeal must be filed within 15 days of the entry of the order, and a petition on appeal must be filed within 15 days thereafter. The absence of such language from an order will not affect the time for filing a notice of appeal or a petition on appeal.
[Report August 31, 2001, effective January 1, 2002; November 9, 2001, effective February 15, 2002; April 21, 2003, effective July 1, 2003; October 31, 2008, effective January 1, 2009]

PROCEDURE FOR JUDICIAL WAIVER OF PARENTAL NOTIFICATION

Rule 8.22 General principles.

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

8.22(2) All references in these rules to the clerk shall mean the clerk of the district court and shall include the clerk's designee.
[Court Order June 26, 1997, temporary rules effective July 1, 1997; Court Order June 26, 1997, permanent rules effective September 8, 1997; Report November 9, 2001, effective February 15, 2002]

Rule 8.23 Petition for waiver.

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

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

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

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

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

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

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

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

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

Rule 8.26 Advisory notice to minor.

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

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

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

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

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

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

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

Rule 8.29 Burden of proof and standard of evidence. The minor shall have the burden of proving the allegations of her petition by a preponderance of the evidence.
[Court Order June 26, 1997, temporary rules effective July 1, 1997; Court Order June 26, 1997, permanent rules effective September 8, 1997; Report November 9, 2001, effective February 15, 2002]

Rule 8.30 Record required. In accordance with Iowa Code section 624.9, and consistent with the confidentiality requirements of rule 8.32, stenographic notes or electronic recordings shall be taken of all hearings held pursuant to Iowa Code chapter 135L and said record shall not be waived.
[Court Order June 26, 1997, temporary rules effective July 1, 1997; Court Order June 26, 1997, permanent rules effective September 8, 1997; Report November 9, 2001, effective February 15, 2002]

Rule 8.31 Order granting or denying petition.

8.31(1) *Time for granting or denying waiver.* An order either granting or denying waiver of parental notification with findings of fact and conclusions of law shall be filed immediately following the hearing and in no event later than 48 hours from the filing of the petition or from the hearing if an extension is granted under rule 8.27.

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

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

8.31(4) *Notification of appeal rights.* If the petition is denied, the order shall include notice of the right to appeal to the Iowa supreme court, the time period within which appeal must be filed and a copy of the applicable rules of appellate procedure.
[Court Order June 26, 1997, temporary rules effective July 1, 1997; Court Order June 26, 1997, permanent rules effective September 8, 1997; Report November 9, 2001, effective February 15, 2002]

Rule 8.32 Confidentiality of documents and hearings.

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

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

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

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

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

c. The date after which the court denies the petition for waiver of notification, the decision is appealed, and all appeals are exhausted.
[Court Order June 26, 1997, temporary rules effective July 1, 1997; Court Order June 26, 1997, permanent rules effective September 8, 1997; Report November 9, 2001, effective February 15, 2002]

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

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

IN THE IOWA DISTRICT COURT FOR _____ COUNTY
JUVENILE COURT

IN RE THE FAMILY OF _____; UPON THE PETITION OF _____ A CHILD/CHILDREN or A PARENT, GUARDIAN or CUSTODIAN	JUVENILE NO. _____ **PETITION FOR FAMILY IN NEED OF ASSISTANCE**

The petitioner respectfully states to the court that _____ [child/children] and _____ [parent, guardian or custodian] are a family in need of assistance within the purview of Iowa Code sections 232.122 through 232.127, in that there has been a breakdown in the familial relationship. In support thereof, petitioner states as follows:

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

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

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

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

The name and address of the guardian ad litem are _____.

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

Oath and Signature

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

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

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

(_____) _____ _____ _____
Phone number *Email address* *Additional email address, if applicable*

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

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

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

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

IN THE IOWA DISTRICT COURT FOR _____ COUNTY
JUVENILE COURT

IN RE THE FAMILY OF _____; UPON THE PETITION OF _____ A CHILD/CHILDREN or A PARENT, GUARDIAN or CUSTODIAN	JUVENILE NO. _____ **ORDER SETTING HEARING, APPOINTING COUNSEL AND GIVING NOTICE (FAMILY IN NEED OF ASSISTANCE)**

To: _____

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

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

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

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

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

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

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

Dated this _____ day of _____, 20 _____.

_____
Judge

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

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

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

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

In the Iowa District Court for _____ County (Juvenile Division)

In the Interest of	)	**Juvenile No.** _____
_____,	)	
_____,	)	**Financial Affidavit of Parent and Application for Appointment of Counsel for**
_____,	)	**❑ Child ❑ Parent ❑ Other:** _____
Child(ren).	)	

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

Name: _____ Date of birth: _____

Home phone: _____ Cell phone: _____ Email: _____

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

Case: ❑ CINA ❑ TPR ❑ Del ❑ Other: _____ Relationship to Child(ren): ❑ Parent ❑ Other: _____

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

Who do you work for? _____

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

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

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

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

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

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

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

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

Date_____ Signature _____

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

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

In the Iowa District Court for _____ County (Juvenile Division)

In the Interest of	)	**Juvenile No.** _____
_____,	)	
_____,	)	**Order for Appointment**
_____,	)	**of Counsel for**
Child(ren).	)	**❑ Child ❑ Parent ❑ Other:** _____

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

1. **Child/Applicant:**
   - ❑ Is eligible* for court-appointed counsel pursuant to Iowa Code section 815.9 because:
     - ❑ Child/Applicant's income is **at or below 125%** of the poverty guidelines and Child/Applicant is unable to pay for the cost of an attorney; **or**
     - ❑ Child/Applicant's income is **between 125% and 200%** of the poverty guidelines and not appointing counsel would cause Child/Applicant substantial financial hardship; **or**
     - ❑ Child/Applicant's Income is **over 200%** of the poverty guidelines, case is a felony-level delinquency, and not appointing counsel would cause Child/Applicant substantial financial hardship.
   - ❑ Is a child and is otherwise eligible for court-appointed counsel under Iowa Code chapter 232.
   - ❑ Is not eligible for court-appointed counsel.
2. **Counsel/Guardian ad litem** appointed below to represent Child/Applicant is:
   - ❑ The local public defender office, nonprofit organization, or attorney designated by the State Public Defender pursuant to Iowa Code section 13B.4(2) to represent indigent persons in this type of case in this county; **or**
   - ❑ An attorney not designated by the State Public Defender, **and** any local public defender office or other designee of the State Public Defender for this type of case in this county has been contacted and has declined the appointment or withdrawn from the case, or there is no designation for this type of case in this county, **and** the appointed attorney:
     - ❑ Has a current contract with the State Public Defender to represent indigent persons in this type of case and in this county; **or**
     - ❑ Does not have such a contract, but all attorneys with a contract to represent indigent persons in this type of case in this county have been contacted and no such attorney is available to take this case; **or**
     - ❑ Does not have such a contract, but the State Public Defender has been consulted and consents to the appointment.

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

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

_____
Judge, _____ Judicial District

Copy to:

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

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

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

In the Iowa District Court for _____ County (Juvenile Division)

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

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

Respondent's name: _____ Date of birth: _____

Home phone: _____ Cell phone: _____ Email: _____

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

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

Who do you work for? _____

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

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

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

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

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

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

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

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

Date_____ Signature _____

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

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

In the Iowa District Court for _____ County (Juvenile Division)

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

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

1. **Respondent:**
   - ❑ Is eligible for court-appointed counsel pursuant to Iowa Code section 600A.6A because each of the following criteria are met:
     - ❑ Respondent requested appointment of counsel; **and**
     - ❑ Respondent is indigent (at or below 100% of the poverty guidelines and Respondent is unable to pay for the cost of an attorney); **and**
     - ❑ Respondent, because of lack of skill or education, would have difficulty in presenting the person's version of the facts in dispute, particularly where the presentation of the facts requires the examination or cross-examination of witnesses or the presentation of complex documentary evidence; **and**
     - ❑ Respondent has a colorable defense to the termination of parental rights, or there are substantial reasons that make termination of parental rights inappropriate.
   - ❑ Is not eligible for court-appointed counsel.
2. **Counsel** appointed below to represent Respondent:
   - ❑ Has a current contract with the State Public Defender to represent indigent persons in this type of case and in this county; **or**
   - ❑ Does not have such a contract, but all attorneys with a contract to represent indigent persons in this type of case in this county have been contacted and no such attorney is available to take this case; **or**
   - ❑ Does not have such a contract, but the State Public Defender has been consulted and consents to the appointment.

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

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

_____
Judge, _____ Judicial District

Copy to:

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

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

In the Iowa District Court for _____ County (Juvenile Division)

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

Petitioner's name: _____ Birth date: _____

Home phone: _____ Cell phone: _____ Email: _____

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

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

Who do you work for? _____

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

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

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

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

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

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

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

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

Date_____ Signature _____

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

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

In the Iowa District Court for _____ County (Juvenile Division)

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

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

- ☐ Petitioner is **not indigent** (over 100% poverty guideline) and is responsible for payment of reasonable attorney's fees to Respondent's court-appointed attorney.

- ☐ Petitioner is **indigent** (at or under 100% poverty guideline unless able to pay attorney costs) and the State Public Defender is responsible for payment of reasonable attorney's fees to Respondent's court-appointed attorney under Iowa Code section 600A.6B(3) and Iowa Administrative Code section 493-14.

_____
Judge, _____ Judicial District

Copy to:

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

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

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

IN THE IOWA DISTRICT COURT FOR _____ COUNTY
(JUVENILE DIVISION)

IN THE INTEREST OF _____, A Minor.	Juvenile No. _____ **PETITION FOR WAIVER OF PARENTAL NOTIFICATION OF MINOR'S ABORTION PURSUANT TO IOWA CODE SECTION 135L.3**

I, the above-named minor, state:

1. I am under 18 years of age.

2. I am approximately _____ weeks pregnant and seek an abortion by a licensed physician, without notification of a parent.

3. (Check one)

_____ a. I am accompanied by a responsible adult (a responsible adult is a person who is 18 or over and who is not associated with the clinic or physician who will perform the abortion).

_____ b. I am not accompanied by a responsible adult.

4. (Check one)

_____ a. I have viewed the video prepared by the Iowa Department of Public Health that explains my options as a pregnant minor, including parenting, adoption, and abortion.

_____ b. I have not viewed the video.

5. (Check one)

_____ a. I understand that I have the right to a court-appointed attorney at no cost to me. Please appoint an attorney to represent me.

_____ b. I have an attorney to represent me. The attorney's name, address, and telephone number is _____ _____.

6. I understand that this proceeding will be kept secret from my parents and the public. The only persons who may attend any hearing on the petition are myself, my attorney, my guardian ad litem (if one is appointed) and those whose presence I, my attorney, or my guardian ad litem specifically request. I request that the following person(s) be notified of and admitted to all hearings in my case:
Name(s) and address(es): _____ _____.

7. I understand court personnel will not send any papers to my home or try to call me. I would like to be informed of the court's decision in the following way: _____ _____.

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

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

8. (Check one or both)

_____ a. I am mature and capable of providing informed consent for the performance of an abortion.

_____ b. It would not be in my best interests to notify a parent of my abortion for the following reasons: _____ _____ _____.

9. I state on oath that (check one)

_____ a. I am presenting this request to a court for the first time.

_____ b. I have made this request to a court before and was refused.

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

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

Signed on this _____ day of _____, 20 _____.

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

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

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

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

IN THE IOWA DISTRICT COURT FOR _____ COUNTY
(JUVENILE DIVISION)

IN THE INTEREST OF _____, A Minor.	Juvenile No. _____ **DECLARATION OF MINOR WHO HAS FILED PSEUDONYMOUS PETITION TO WAIVE PARENTAL NOTIFICATION UNDER IOWA CODE CHAPTER 135L**

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

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

1. My true name is _____, and my address is
(print your name)
_____.
(print your address)
2. My date of birth is _____.
3. I have filed a petition to waive parental notification, under the name _____
_____ on _____.
(date)

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

Dated: _____ Signed: _____
(You must sign your true name)

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

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

IN THE IOWA DISTRICT COURT FOR _____ COUNTY
(JUVENILE DIVISION)

IN THE INTEREST OF _____, A Minor.	Juvenile No. _____ **ORDER APPOINTING COUNSEL FOR A MINOR UNDER IOWA CODE SECTION 135L.3(3)(b)**

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

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

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

Dated this _____ day of _____, 20 _____.

_____
JUDGE
_____ **JUDICIAL DISTRICT OF IOWA**

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

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

IN THE IOWA DISTRICT COURT FOR _____ COUNTY
(JUVENILE DIVISION)

IN THE INTEREST OF _____, A Minor.	Juvenile No. _____ **ORDER APPOINTING A GUARDIAN AD LITEM FOR A MINOR UNDER IOWA CODE SECTION 135L.3(3)(b)**

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

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

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

Dated this _____ day of _____, 20 _____.

_____
JUDGE
_____ **JUDICIAL DISTRICT OF IOWA**

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

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

IN THE IOWA DISTRICT COURT FOR _____ COUNTY
(JUVENILE DIVISION)

IN THE INTEREST OF _____, A Minor.	Juvenile No. _____ **ADVISORY NOTICE TO MINOR**

YOU ARE NOTIFIED as follows:

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

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

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

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

Clerk: Complete information below:

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

   OR

   (b) You must call the clerk at (_____) _____ to obtain the date of the hearing.

2. (a) Your lawyer is _____, telephone number _____.

   OR

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

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

   OR

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

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

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

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

Advisory Notice to Minor *(cont'd)*

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

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

_____
Clerk of the Court
_____ County Courthouse
_____, Iowa _____

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

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

IN THE IOWA DISTRICT COURT FOR _____ COUNTY
(JUVENILE DIVISION)

IN THE INTEREST OF _____, A Minor.	Juvenile No. _____ **ORDER SETTING HEARING ON PETITION FOR WAIVER OF PARENTAL NOTIFICATION OF MINOR'S ABORTION**

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

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

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

Dated this _____ day of _____, 20 _____.

_____
JUDGE
_____ **JUDICIAL DISTRICT OF IOWA**

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

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

IN THE IOWA DISTRICT COURT FOR _____ COUNTY
(JUVENILE DIVISION)

IN THE INTEREST OF _____, A Minor.	Juvenile No. _____ **FINDINGS OF FACT, CONCLUSIONS OF LAW AND ORDER**

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

_____, the minor;

_____, the minor's attorney;

_____, the minor's guardian ad litem; and

_____, _____.

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

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

1. Notice of this hearing and a copy of the petition were served in accordance with Iowa R. Juv. P. 8.28.

2. The petitioner is a pregnant minor, _____ years of age. She is approximately _____ weeks pregnant and seeks an abortion but objects to the notification of a parent.

3. (Check one)

____ a. The petitioner is mature and capable of providing informed consent for the performance of an abortion. This decision is based upon the following facts: _____
_____
_____.

OR

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

OR

____ c. The petitioner has not shown she is mature and capable of providing informed consent, nor has she shown that notification to a parent is <u>not</u> in her best interest. This decision is based upon the following facts: _____
_____
_____
_____
_____.

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

CONCLUSIONS OF LAW

1. The court has jurisdiction of the petitioner and the subject matter as provided in Iowa Code chapter 135L.

2. The burden of proof is on the petitioner by a preponderance of the evidence.

3. (Check one)

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

OR

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

OR

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

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

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

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

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

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

Dated this _____ day of _____, 20 _____.

_____
JUDGE
_____ **JUDICIAL DISTRICT OF IOWA**

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

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

IN THE IOWA DISTRICT COURT FOR _____ COUNTY
(JUVENILE DIVISION)

IN THE INTEREST OF _____, A Minor.	Juvenile No. _____ **CERTIFICATION THAT WAIVER OF PARENTAL NOTIFICATION IS DEEMED AUTHORIZED**

Pursuant to Iowa Code section 135L.3 the clerk certifies that:

1. The minor's petition for waiver of parental notification was filed on _____.

2. ____ (a) A ruling was not made within 48 hours of the filing of said petition,

OR

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

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

Dated: _____

_____
Clerk of the Court
_____ County Courthouse

_____, Iowa _____

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

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

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

IN THE IOWA DISTRICT COURT FOR _____ COUNTY
(JUVENILE DIVISION)

IN THE INTEREST OF _____, A Minor.	Juvenile No. _____ Supreme Court No. _____ **NOTICE OF APPEAL**

TO THE CLERK OF THE DISTRICT COURT, _____ COUNTY, AND TO THE CLERK OF THE SUPREME COURT:

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

Dated this _____ day of _____, 20 _____.

_____
Attorney for _____

Address: _____
_____
_____

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

EMANCIPATION OF MINORS

Rule 8.35 Emancipation orders.

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

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

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

PARENT REPRESENTATION

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

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

8.36(2) *Qualifying courses.*

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

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

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

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

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

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

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

[Court Order October 16, 2013, effective January 1, 2015]

MINOR GUARDIANSHIPS

Rule 8.37 Minor guardianship required filings.

8.37(1) The court shall not waive the requirement to file an initial care plan, annual report, or final report in a minor guardianship proceeding.

8.37(2) The court may extend the time for submitting any filing listed in rule 8.37(1) only upon a showing of good cause.

8.37(3) If a guardian fails to submit any filing listed in rule 8.37(1), the court may, after notice and an opportunity to cure the failure, impose sanctions, including removal of the guardian.

[September 8, 2025, effective November 10, 2025]

Rule 8.38 Reports of delinquent minor guardianship initial plans and reports.

8.38(1) The clerk's report to the presiding judge required by Iowa Code section 232D.501A of all delinquent initial care plans, annual reports, and final reports in minor guardianships shall contain a copy of each delinquency notice and, if it does not appear on the face of the delinquency notice, the following information for each delinquent plan or report:

a. The juvenile number of the matter.
b. The title of the matter.
c. An indication that the matter is a minor guardianship.
d. The name and address of the fiduciary.
e. The name and address of the attorney, if any, for the fiduciary.
f. The type of delinquent plan or report.
g. The date notice of delinquency was given.
h. A statement that the required plan or report, or an order extending time for a specified period, was not filed within 60 days after the giving of notice of delinquency.
i. The date the matter was opened.
j. The name and date of filing of the last submission filed by the fiduciary or attorney in the case.
k. The number, including "zero" if appropriate, of previous delinquency notices given in the matter and ignored.

8.38(2) In addition to submitting the report to the presiding judge as required by Iowa Code sections 232D.501A(2) and rule 8.38(1), the clerk shall submit a copy of the report to the chief judge of the judicial district and the state court administrator. If an order extending time for a specified period was filed but not complied with, the clerk shall proceed as in instances in which an order is not filed.

8.38(3) The state court administrator shall utilize the reports in the discharge of the duties prescribed in Iowa Code section 602.1209 and, in addition, shall prepare a list of the attorneys for fiduciaries who have received and ignored a notice of delinquency. The state court administrator shall transmit the list of attorneys, together with other relevant information, to the Iowa Supreme Court Attorney Disciplinary Board and to the Client Security Commission.

8.38(4) The Iowa Supreme Court Attorney Disciplinary Board, as a commission of the supreme court pursuant to Iowa Ct. R. 35.2, shall communicate with each attorney licensed to practice law in Iowa whose name appears on the list transmitted to the board pursuant to rule 7.6(3). If the board determines there is reasonable cause to believe an attorney for a fiduciary has violated Iowa R. of Prof'l Conduct 32:1.3 or 32:3.2 for failure to file a required inventory or report within 60 days after receiving notice of delinquency, or within an extension of time for a specified period granted by order, the board shall initiate appropriate disciplinary action. The board chairperson shall include the number of attorneys investigated and complaints initiated and processed pursuant to this rule, a synopsis of each such complaint, and the disposition thereof, in the annual board report to the supreme court required by Iowa Ct. R. 35.25.

8.38(5) The assistant court administrator of the disciplinary system is authorized to inquire into the status of any delinquent probate inventory or report.

[September 8, 2025, effective November 10, 2025]

Rule 8.39 Minor guardianship forms.

8.39(1) *Forms mandatory.* An individual serving as guardian for a minor guardianship must use forms contained in this rule for required filings.

8.39(2) *Background check form confidential.* Rule 8.37—Form 2: *Background Check Information for a Proposed Guardian of a Minor* is confidential.

[Court Order December 12, 2019, temporarily effective December 12, 2019, permanently effective February 11, 2020; September 8, 2025, effective November 10, 2025; July 7, 2026, effective September 7, 2026]]

Rule 8.39 — Form 1: *Background Check Information for a Proposed Guardian of a Minor*

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

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

In the Iowa District Court for _____ County (Juvenile Division)

In the Matter of the Guardianship of: _____ *Full name: first, middle, last* **Protected Minor.**	Case no._____ **Background Check Information for a Proposed Guardian of a Minor** Iowa Code § 232D.307

Guardian states as follows:

1. Proposed Guardian's personal information

A. Current legal name:

_____ *Full first name* | _____ *Full middle name (full name, not middle initial; write "N/A" if no middle name)* | _____ *Full last name*

B. Personal identifying information:

_____ / _____ / _____ *Date of birth (month/day/year)* | _____ *Gender* | _____ - _____ - _____ *Social security number*

C. All other names ever used, including any other previous legal names and nicknames (if none, write "N/A" in the first blank below):

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

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

Alternate name #3 _____ _____ _____
Full first name *Full middle name (write "N/A" if no middle name)* *Full last name*

Alternate name #4 _____ _____ _____
Full first name *Full middle name (write "N/A" if no middle name)* *Full last name*

☐ *Check this box if you have additional alternate names. Provide the information above for all additional alternates names on an attached sheet.*

2. Certification and release authorization

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

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

_____ _____, 20___ _____
Month *Day* *Year* *Proposed guardian's signature**

_____
Mailing address

_____, _____ _____
City *State* *ZIP code*

(_____)_____ _____
Phone number *Email address*

**This form may be signed either by using a digitized signature, see instructions at https://www.iowacourts.gov/for-the-public/court-forms/, or by printing and hand-signing.*

[Court Order December 12, 2019, temporarily effective December 12, 2019, permanently effective February 11, 2020; September 8, 2025, effective November 10, 2025]

Rule 8.39 — Form 2: *Affidavit of Parental Consent*

Instructions:

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

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

In the Iowa District Court for _____ County (Juvenile Division)

In the Matter of the Guardianship of: _____ *Full name: first, middle, last* **Protected Minor.**	Case no._____ **Affidavit of Parental Consent** Iowa Code § 232D.203

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

☐ I, _____ *Print your name*, am the _____ *Parental relationship*

of _____ *Initials of minor* (Minor).

☐ I currently have legal custody of Minor.

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

- ☐ I have a physical or mental illness that prevents me from providing care and supervision of Minor.
- ☐ I am, or soon will be, incarcerated or imprisoned.
- ☐ I am, or soon will be, on active military duty.
- ☐ Other: *Explain*

_____

_____

_____

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

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

☐ I knowingly and voluntarily consent to the proposed guardianship.

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

Continued on next page

Rule 8.39—Form 2: Affidavit of Parental Consent, continued

Attorney help

Did an attorney help you prepare or fill out this form?

☐ Yes ☐ No

If Yes, please complete the following:

_____
Name of attorney or organization, if any

_____
Business address of attorney or organization

_____, _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

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

Oath and signature of parent

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

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

_____ _____, 20___ _____
Month *Day* *Year* *Signature**

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

(_____) _____ _____
Phone number *Email address*

**This form may be signed either by using a digitized signature, see instructions at https://www.iowacourts.gov/for-the-public/court-forms/, or by printing and hand-signing.*

[Court Order December 12, 2019, temporarily effective December 12, 2019, permanently effective February 11, 2020; September 8, 2025, effective November 10, 2025]

Rule 8.39 — Form 3: ***Court Officer's Oath (Minor Guardianship)***

In the Iowa District Court for _____ County (Juvenile Division)

In the Matter of the Guardianship of	Case no._____
_____, *Full name: first, middle, last*	**Court Officer's Oath (Minor Guardianship)**
Protected Minor.	
	Iowa Code § 232D.403

I, _____, certify under penalty of perjury and pursuant to the laws
Print your name
of the State of Iowa that I, the undersigned, do solemnly swear (or affirm) that as a Court Officer and as Guardian in the above matter, I will faithfully discharge the duties imposed by law, including the duty to account, to the best of my ability.

Signature

_____ _____, 20____ _____
Month *Day* *Year* *Signature**

_____
Mailing address

_____, _____ _____
City *State* *ZIP code*

(_____)_____ _____
Phone number *Email address*

**This form may be signed either by using a digitized signature, see instructions at https://www.iowacourts.gov/for-the-public/court-forms/, or by printing and hand-signing.*

[Court Order December 12, 2019, temporarily effective December 12, 2019, permanently effective February 11, 2020; September 8, 2025, effective November 10, 2025]

Rule 8.39 — Form 4: *Guardian's Initial Care Plan for Protected Minor*

Instructions:

- A guardian must complete, sign, and file this form with the court within 60 days of appointment.
- All appointed guardians must sign this form.
- The purpose of this form is to provide the court with a complete picture of the protected minor's current situation and needs and the guardian's plan to meet those needs. Provide as much detailed information as possible.

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

In the Iowa District Court for _____ County (Juvenile Division)

In the Matter of the Guardianship of	Case no._____
_____, *Full name: first, middle, last*	**Guardian's Initial Care Plan for Protected Minor**
Protected Minor.	Iowa Code § 232D.501(1)(*a*)

Guardian states as follows:

1. Guardian information

A. Guardian's name: _____

B. Guardian's relationship to Protected Minor:

_____
(Grandparent, aunt, uncle, etc.)

⚠ *Skip to section* 1(E) *if there is only one guardian.*

C. Co-Guardian's name: _____

D. Co-Guardian's relationship to Protected Minor:

_____
(Grandparent, aunt, uncle, etc.)

☐ *Check this box if there are additional co-guardians and provide the information requested in section* 1 *for all additional co-guardians on an attached sheet.*

E. Identify an emergency contact who knows information about Protected Minor and the guardianship in case Guardian or Co-Guardian cannot be reached:

_____ (_____) _____
Name *Phone Number*

2. Protected Minor's information

A. Protected Minor's age: _____

Rule 8.39—Form 4: Guardian's Initial Care Plan for Protected Minor, continued

3. Protected Minor's residence and interaction with Guardian

A. Where does Protected Minor currently reside:

☐ With Guardian

☐ Other: _____

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

B. Date Protected Minor began living at their current residence, if known:

_____ _____, _____
Month *Day* *Year*

C. Does Protected Minor's current living situation best meet Protected Minor's needs?

☐ Yes ☐ No

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

_____

_____

_____

_____

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

D. Summarize the nature and extent of Guardian's plan for contact with, and activities on behalf of, Protected Minor:

_____

_____

_____

_____

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

4. Payment of Protected Minor's living and other expenses

A. Has the Court appointed a conservator to manage the financial affairs of Protected Minor?

☐ Yes ☐ No

If No, has a petition to appoint a conservator been filed or is the filing of such a petition planned for the future?

☐ Yes ☐ No

Is Guardian the conservator or does Guardian plan to be the conservator?

☐ Yes ☐ No

Rule 8.39—Form 4: Guardian's Initial Care Plan for Protected Minor, continued

B. Information regarding payment of Protected Minor's living and other expenses:

⚠ *Skip section* 4(B) *if you indicated that Protected Minor is under a conservatorship in section* 4(A).

Identify the sources of payment for the Protected Minor's living expenses.

Check all that apply

☐ Guardian

☐ Family member (parent or other relative—not including court-ordered child support)

If family member, identify that person's:

_____
Full name: first, middle, last

_____
Relationship to Protected Minor

(_____) _____ _____
Phone number *Email address*

☐ *Check this box if there is more than one family member paying Protected Minor's expenses and provide the information requested for all additional payers on an attached sheet.*

☐ Social Security benefits (SSI, survivor benefits, etc.)

Who is the payee?

☐ Guardian

☐ Other

If Other, identify the Social Security benefits payee:

_____
Full name: first, middle, last

_____
Relationship to Protected Minor

(___) _____ _____
Phone number *Email address*

☐ Child support

Payor information:

_____
Full name: first, middle, last

(_____) _____ _____
Phone number *Email address*

☐ *Check this box if there is more than one noncustodial parent paying Protected Minor's expenses and provide the information requested for all additional payers on an attached sheet.*

☐ Other: _____

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

Rule 7.11—Form 4: Guardian's Annual Report for Protected Person, continued

6. Protected Person's health

A. Summarize Protected Person's medical and dental health status during the reporting period, identifying any medical or dental concerns that occurred:

_____

_____

_____

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

B. Summarize Protected Person's mental health status during the reporting period, identifying any mental, cognitive, behavioral, or emotional concerns that occurred:

_____

_____

_____

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

C. Summarize any other healthcare concerns related to Protected Person during the reporting period, identifying any new or ongoing healthcare concerns not described in sections 6(A)–(B):

_____

_____

_____

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

D. Did Protected Person receive any health-related professional services other than those identified above during the reporting period?

☐ Yes ☐ No

If Yes, describe the other health-related professional services Protected Person received:

_____

_____

_____

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

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

(2) Summarize Guardian's plan for meeting Protected Minor's medical and dental needs:

_____

_____

_____

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

B. Mental health

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

_____

_____

_____

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

(2) Summarize Guardian's plan for meeting Protected Minor's mental healthcare needs:

_____

_____

_____

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

C. Other healthcare needs

(1) Summarize any other healthcare concerns related to Protected Minor, identifying any ongoing healthcare concerns not described in sections 5(A)–(B):

_____

_____

_____

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

(2) Summarize Guardian's plan for addressing any other healthcare concerns identified in section C(1):

_____

_____

_____

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

Rule 8.39—Form 4: Guardian's Initial Care Plan for Protected Minor, continued

D. Does Guardian plan to arrange for Protected Minor to receive any health-related professional services other than those identified above?

☐ Yes ☐ No

If Yes, describe the other health-related professional services Guardian plans to arrange for Protected Minor:

_____

_____

_____

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

6. Protected Minor's educational status and other educational training or vocational services needs

A. Protected Minor is:

Check one

☐ Preschool age

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

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

☐ Yes ☐ No

If Yes, describe the services:

_____

_____

_____

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

☐ School age and enrolled in or attending school at:

_____ in _____.
School name *City*

☐ School age but not enrolled in or attending school.

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

Explain how Protected Minor's educational needs will be met:

_____

_____

_____

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

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

☐ Yes ☐ No

If Yes, describe the services:

_____

_____

_____

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

C. Does Minor receive or need any other educational training or vocational services?

☐ Yes ☐ No

If Yes, describe the services:

_____

_____

_____

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

D. Guardian's plan for meeting Minor's future educational training or vocational needs:

_____

_____

_____

_____

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

7. Protected Minor's contact with family members and other significant individuals

A. Briefly describe Guardian's plan for facilitating contact between Protected Minor and family members and other individuals significant to Protected Minor. Identify any such individuals the Court should be aware of, including their relationship to Protected Minor.

_____

_____

_____

_____

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

B. Does Guardian plan to place any time, place, or manner restrictions on Protected Minor's communication, visitation, or interaction with anyone?

☐ Yes ☐ No

If Yes, identify whom and what restrictions Guardian plans to put in place and briefly describe why:

_____

_____

_____

_____

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

8. Additional information

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

_____

_____

_____

_____

_____

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

9. Attorney help

Did an attorney help you prepare or fill out this form?

☐ Yes ☐ No

If Yes, please complete the following:

_____
Name of attorney or organization, if any

_____
Business address of attorney or organization

_____, _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

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

Rule 8.39—Form 4: Guardian's Initial Care Plan for Protected Minor, continued

10. Oath and signature of Guardian

A. Guardian's oath and signature

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

_____ _____, 20 ___ _____
Month *Day* *Year* *Signature**

_____
Mailing address

_____, _____ _____
City *State* *ZIP code*

(_____) _____ _____
Phone number *Email address*

Is Guardian's home address the same as the mailing address above?

☐ Yes ☐ No

If No, what is Guardian's home address?

_____
Street address

_____, _____ _____
City *State* *ZIP code*

B. Co-Guardian's oath and signature *Leave blank if there is only one guardian*

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

_____ _____, 20 ___ _____
Month *Day* *Year* *Signature**

(_____) _____ _____
Phone number *Email address*

Is your mailing address the same as Guardian's in section 10(A)?

☐ Yes ☐ No

If No, complete the following:

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

☐ *Check this box if there are more than two guardians and provide the information requested in section* 10(B) *for all additional guardians on an attached sheet. All guardians signing on a separate sheet must include the oath at the beginning of section* 10(B).

**This form may be signed either by using a digitized signature, see instructions at https://www.iowacourts.gov/for-the-public/court-forms/, or by printing and hand-signing.*

[Court Order December 12, 2019, temporarily effective December 12, 2019, permanently effective February 11, 2020; September 8, 2025, effective November 10, 2025]

Rule 8.39 — Form 5: *Guardian's Annual Report for Protected Minor*

Instructions:

- A guardian must complete, sign, and file this form with the court within 30 days of the close of the reporting period.
- All appointed guardians must sign this form.
- The purpose of this form is to provide the court with a complete picture of the protected minor's current situation as well as developments that occurred during the reporting period. Provide as much detailed information as possible. Do not include responses such as "same as last report" or "no change since last report."

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

In the Iowa District Court for _____ County (Juvenile Division)

In the Matter of the Guardianship of	Case no._____
_____, *Full name: first, middle, last*	**Guardian's Annual Report for Protected Minor**
Protected Minor.	Iowa Code § 232D.501(1)(*b*)

Guardian states as follows:

1. Reporting period

This report is for the period from: _____/_____/_____ to _____/_____/_____.
Month Day Year Month Day Year

2. Guardian information

A. Guardian's name: _____

B. Guardian's relationship to Protected Minor:

_____
(Grandparent, aunt, uncle, etc.)

⚠ *Skip to section* 2(E) *if there is only one guardian.*

C. Co-Guardian's name: _____

D. Co-Guardian's relationship to Protected Minor:

_____
(Grandparent, aunt, uncle, etc.)

☐ *Check this box if there are additional co-guardians and provide the information requested in section* 2 *for all additional co-guardians on an attached sheet.*

E. Identify an emergency contact who knows information about Protected Minor and the guardianship in case Guardian or Co-Guardian cannot be reached:

_____ (_____) _____
Name *Phone Number*

3. Protected Minor's information

Protected Minor's age: _____

Rule 8.39—Form 5: Guardian's Annual Report for Protected Minor, continued

4. Protected Minor's residence and interaction with Guardian

A. During the reporting period, Protected Minor resided:

Check one

☐ With Guardian

☐ Other: _____

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

B. Date Protected Minor began living at the residence identified in section 4(A), if known:

_____ ____, ____
Month *Day* *Year*

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

☐ Yes ☐ No

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

_____

_____

_____

_____

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

D. Summarize the nature and extent of Guardian's visits with, and activities on behalf of, Protected Minor during the reporting period:

_____

_____

_____

_____

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

5. Sources of payment for Protected Minor's living and other expenses

A. Has the Court appointed a conservator to manage the financial affairs of Protected Minor?

☐ Yes ☐ No

⚠ *If* No, *skip to section* 5(B)

Is Guardian the conservator?

☐ Yes ☐ No

Rule 8.39—Form 5: Guardian's Annual Report for Protected Minor, continued

B. Information regarding Protected Minor's living and other expenses:

⚠ *Skip section* 5(B) *if you indicated that Protected Minor is under a conservatorship in section* 5(A).

Identify the sources of payment for the Protected Minor's living and other expenses during the reporting period.

Check all that apply

☐ Guardian

☐ Family member (parent or other relative—not including court-ordered child support)

If family member, identify that person's:

_____
Full name: first, middle, last

_____
Relationship to Protected Minor

(_____) _____ _____
Phone number *Email address*

☐ *Check this box if there is more than one family member paying Protected Minor's expenses and provide the information requested for all additional payers on an attached sheet.*

☐ Social Security benefits (SSI, survivor benefits, etc.)

Who is the payee?

☐ Guardian

☐ Other

If Other, identify the Social Security benefits payee:

_____
Full name: first, middle, last

_____
Relationship to Protected Minor

(___) _____ _____
Phone number *Email address*

☐ Child support

Payor information:

_____
Full name: first, middle, last

(_____) _____ _____
Phone number *Email address*

☐ *Check this box if there is more than one noncustodial parent paying Protected Minor's expenses and provide the information requested for all additional payers on an attached sheet.*

☐ Other: _____

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

Rule 8.39—Form 5: Guardian's Annual Report for Protected Minor, continued

C. Has Guardian applied for any benefits or funds (SSI, Medicaid, SNAP, etc.) for Protected Minor before or during the reporting period?

☐ Yes ☐ No

⚠ *If* No, *skip to section* 6

(1) Identify what benefits or funds Guardian has applied for and approximately when the application for each was submitted.

_____

_____

_____

_____

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

(2) Identify which benefits or funds have been granted and approximately when they were granted.

_____

_____

_____

_____

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

(3) Describe how the funds were used for the support of Protected Minor.

_____

_____

_____

_____

_____

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

6. Protected Minor's health

A. Summarize Protected Minor's medical and dental health status during the reporting period, identifying any medical or dental concerns that occurred:

_____

_____

_____

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

Rule 8.39—Form 5: Guardian's Annual Report for Protected Minor, continued

B. Summarize Protected Minor's mental health status during the reporting period, identifying any mental, cognitive, behavioral, or emotional concerns that occurred:

_____

_____

_____

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

C. Summarize any other healthcare concerns related to Protected Minor during the reporting period, identifying any new or ongoing healthcare concerns not described in sections 6(A)–(B):

_____

_____

_____

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

D. Did Protected Minor receive any health-related professional services other than those identified above during the reporting period?

☐ Yes ☐ No

If Yes, describe the other health-related professional services Protected Minor received:

_____

_____

_____

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

E. Does Guardian plan to arrange for Protected Minor to receive any health-related professional services other than those identified above during the next reporting period?

☐ Yes ☐ No

If Yes, describe the other health-related professional services Guardian plans to arrange for Protected Minor during the next reporting period:

_____

_____

_____

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

Rule 8.39—Form 5: Guardian's Annual Report for Protected Minor, continued

7. Protected Minor's educational status and other educational training or vocational services received

A. Protected Minor is:

Check one

☐ Preschool age

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

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

☐ Yes ☐ No

If Yes, describe the services:

_____

_____

_____

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

☐ School age and enrolled in or attending school at:

_____ in _____.
School name *City*

☐ School age but not enrolled in or attending school.

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

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

_____

_____

_____

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

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

☐ Yes ☐ No

If Yes, describe the services:

_____

_____

_____

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

C. Did Protected Minor receive any other educational training or vocational services during the reporting period?

☐ Yes ☐ No

If Yes, describe the services:

_____

_____

_____

_____

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

8. Protected Minor's communication with parents and other significant individuals

A. Briefly describe Protected Minor's communication with parents and other individuals significant to Protected Minor during the reporting period. Identify any such individuals, their relationship to Protected Minor, and the nature and frequency of contact, if known.

_____

_____

_____

_____

_____

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

B. Did Guardian place any time, place, or manner restrictions on Protected Minor's communication, visitation, or interaction with anyone during the reporting period?

☐ Yes ☐ No

If Yes, identify with whom and what restrictions were put in place and briefly describe why:

_____

_____

_____

_____

_____

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

Rule 8.39—Form 5: Guardian's Annual Report for Protected Minor, continued

9. Continuation of guardianship

A. Guardianship is recommended to be:

Check one

☐ Continued

☐ Terminated because:

_____

_____

_____

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

B. Ability and willingness of Guardian to continue as guardian:

Check one

☐ Guardian is able and willing to continue as guardian.

☐ Guardian is unable or unwilling to continue as guardian because:

_____

_____

_____

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

⚠ NOTE

If you believe the guardianship should be terminated or someone else should be appointed as guardian, you must file a motion asking the court to approve the change. The guardianship will stay in place until the court orders otherwise. You must continue your duties as guardian until the court approves the change and files a written order.

10. Additional information

A. Will there be any changes to the care plan for Protected Minor for the next annual reporting period?

☐ Yes ☐ No

If Yes, describe the changes:

_____

_____

_____

_____

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

B. Are there any difficulties that Guardian or Protected Minor is having with the guardianship or any need for assistance that Guardian would like to make the Court aware of?

☐ Yes ☐ No

If Yes, describe the difficulties or needed assistance:

_____

_____

_____

_____

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

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

_____

_____

_____

_____

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

11. Attorney help

Did an attorney help you prepare or fill out this form?

☐ Yes ☐ No

If Yes, please complete the following:

_____
Name of attorney or organization, if any

_____
Business address of attorney or organization

_____, _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

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

Rule 8.39—Form 5: Guardian's Annual Report for Protected Minor, continued

12. Oath and signature of Guardian

A. Guardian's oath and signature

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

_____ _____, 20 ___ _____
Month *Day* *Year* *Signature**

_____
Mailing address

_____, _____ _____
City *State* *ZIP code*

(_____) _____ _____
Phone number *Email address*

Is Guardian's home address the same as the mailing address above?

☐ Yes ☐ No

If No, what is Guardian's home address?

_____
Street address

_____, _____ _____
City *State* *ZIP code*

B. Co-Guardian's oath and signature *Leave blank if there is only one guardian*

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

_____ _____, 20 ___ _____
Month *Day* *Year* *Signature**

(_____) _____ _____
Phone number *Email address*

Is your mailing address the same as Guardian's in section 12(A)?

☐ Yes ☐ No

If No, complete the following:

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

☐ *Check this box if there are more than two guardians and provide the information requested in section* 12(B) *for all additional guardians on an attached sheet. All guardians signing on a separate sheet must include the oath at the beginning of section* 12(B).

**This form may be signed either by using a digitized signature, see instructions at https://www.iowacourts.gov/for-the-public/court-forms/, or by printing and hand-signing.*

[Court Order December 12, 2019, temporarily effective December 12, 2019, permanently effective February 11, 2020; September 8, 2025, effective November 10, 2025]

Rule 8.39 — Form 6: *Guardian's Final Report for Protected Minor*

Instructions:

- A guardian must complete, sign, and file this form with the court within 30 days of the termination of the guardianship.
- All appointed guardians must sign this form.
- The purpose of this form is to provide the court with a complete picture of the developments that occurred related to the protected minor since the last annual report. Provide as much detailed information as possible. Do not include responses such as "same as last report" or "no change since last report."

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

In the Iowa District Court for _____ County (Juvenile Division)

In the Matter of the Guardianship of _____, *Full name: first, middle, last* **Protected Minor.**	Case no._____ **Guardian's Final Report for Protected Minor** Iowa Code § 232D.501(1)(*c*) & § 232D.503

Guardian states as follows:

1. Reporting period

This report is for the period from: _____/_____/_____ to _____/_____/_____.
Month Day Year Month Day Year

2. Guardian information

A. Guardian's name: _____

B. Guardian's relationship to Protected Minor:

_____
(Grandparent, aunt, uncle, etc.)

⚠ *Skip to section 3 if there is only one guardian.*

C. Co-Guardian's name: _____

D. Co-Guardian's relationship to Protected Minor:

_____
(Grandparent, aunt, uncle, etc.)

☐ *Check this box if there are additional co-guardians and provide the information requested in section 2 for all additional co-guardians on an attached sheet.*

3. Protected Minor's information

Protected Person's age: _____

Rule 8.39—Form 6: Guardian's Final Report for Protected Minor, continued

4. Termination of guardianship

The guardianship was terminated because: *Check one*

☐ Protected Minor is no longer a minor.

☐ Protected Minor is deceased.

Date of death: _____

☐ Protected Minor is now adopted.

☐ Protected Minor is now emancipated.

☐ The court determined that the guardianship is no longer necessary for another reason.

5. Attorney help

Did an attorney help you prepare or fill out this form?

☐ Yes ☐ No

If Yes, please complete the following:

_____
Name of attorney or organization, if any

_____
Business address of attorney or organization

_____, _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

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

6. Oath and signature of Guardian

A. Guardian's oath and signature

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

_____ _____, 20 ___ _____
Month *Day* *Year* *Signature**

_____
Mailing address

_____, _____ _____
City *State* *ZIP code*

(_____) _____ _____
Phone number *Email address*

Rule 8.39—Form 6: Guardian's Final Report for Protected Minor, continued

Is Guardian's home address the same as the mailing address on the previous page?

☐ Yes ☐ No

If No, what is Guardian's home address?

_____
Street address

_____, _____ _____
City *State* *ZIP code*

B. Co-Guardian's oath and signature *Leave blank if there is only one guardian*

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

_____ _____, 20___ _____
Month *Day* *Year* *Signature**

(_____) _____ _____
Phone number *Email address*

Is your mailing address the same as Guardian's in section 6(A)?

☐ Yes ☐ No

If No, complete the following:

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

☐ *Check this box if there are more than two guardians and provide the information requested in section* 6(B) *for all additional guardians on an attached sheet. All guardians signing on a separate sheet must include the oath at the beginning of section* 6(B).

**This form may be signed either by using a digitized signature, see instructions at https://www.iowacourts.gov/for-the-public/court-forms/, or by printing and hand-signing.*

[Court Order December 12, 2019, temporarily effective December 12, 2019, permanently effective February 11, 2020; September 8, 2025, effective November 10, 2025]

Rule 8.39 — Form 7: *Former Guardian's Transition Report for Protected Minor*

Rule 8.39—Form 7: ***Former Guardian's Transition Report for Protected Minor***

Instructions:

- All appointed guardians must sign this form.
- The purpose of this form is to provide the court and the successor guardian with a complete and current picture of the protected minor's situation at the time of the guardian's resignation. Provide detailed and specific information about the protected minor's status and any developments during the reporting period. Do not use statements such as "same as last report" or "no change since last report." Be as specific as possible about recent information.

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

In the Iowa District Court for _____ County (Juvenile Division)

In the Matter of the Guardianship of _____, *Full name: first, middle, last* **Protected Minor.**	Case no._____ **Former Guardian's Transition Report for Protected Minor** (RPOT)

⚠ NOTE

You may use this form only if the Court directs you to do so, and you must file the form within the time set by the Court. Until the Court approves your withdrawal and enters a written order removing you as the guardian for the protected person, you must continue performing all guardianship duties.

Former Guardian states as follows:

1. Reporting period

The end date should be the date this report is signed or the date set by the court.

This report is for the period from: ____/____/____ to ____/____/____.
Month Day Year Month Day Year

2. Former Guardian information

A. Former Guardian's name: _____

B. Former Guardian's relationship to Protected Minor:

_____
(Grandparent, aunt, uncle, etc.)

⚠ *Skip to section* 2(E) *if there is only one guardian.*

C. Former Co-Guardian's name: _____

D. Former Co-Guardian's relationship to Protected Minor:

_____
(Grandparent, aunt, uncle, etc.)

☐ *Check this box if there are additional former co-guardians and provide the information requested in section* 2 *for all additional co-guardians on an attached sheet.*

E. Identify an emergency contact who knows information about Protected Minor and the guardianship, if any:

_____ (_____) _____
Name *Phone Number*

3. Protected Minor's information

Protected Minor's age: _____

4. Protected Minor's residence and interaction with Former Guardian

A. During the reporting period, Protected Minor resided:

Check one

☐ With Former Guardian

☐ Other: _____

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

B. Date Protected Minor began living at the residence identified in section 4(A), if known:

_____ _____, _____
Month *Day* *Year*

C. Explain whether Protected Minor's current living situation meets Protected Minor's needs and identify any changes anticipated or recommended for the near future:

_____

_____

_____

_____

_____

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

D. Summarize the nature and extent of Former Guardian's visits with, and activities on behalf of, Protected Minor during the reporting period:

_____

_____

_____

_____

_____

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

5. Sources of payment for Protected Minor's living and other expenses

A. Has the Court appointed a conservator to manage the financial affairs of Protected Minor?

☐ Yes ☐ No

⚠ *If* No, *skip to section* 5(B)

Is Former Guardian the conservator?

☐ Yes ☐ No

Will Former Guardian remain the conservator?

☐ Yes ☐ No ☐ Unsure

If No, identify the person the Court has appointed or is considering appointing as conservator, if known; describe what steps have been taken toward that appointment and, if known, when the successor conservator is expected to begin their duties:

_____

_____

_____

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

B. Provide the following information regarding Protected Minor's living and other expenses:

⚠ *Skip section* 5(B) *if you indicated that Protected Minor is under a conservatorship in section* 5(A).

(1) Identify the sources of payment for Protected Minor's living and other expenses during the reporting period:

Check all that apply

☐ Former Guardian

☐ Family member (parent or other relative—not including court-ordered child support)

If family member, identify that person's:

_____
Full name: first, middle, last

_____
Relationship to Protected Minor

(____) _____ _____
Phone number *Email address*

☐ *Check this box if there is more than one family member paying Protected Minor's expenses and provide the information requested for all additional payers on an attached sheet.*

Continued on next page

☐ Social Security benefits (SSI, survivor benefits, etc.)

Who is the payee?

☐ Former Guardian

☐ Other

If Other, identify the Social Security benefits payee:

_____
Full name: first, middle, last

_____
Relationship to Protected Minor

(____) _____ _____
Phone number *Email address*

☐ Child support

Payor information:

_____
Full name: first, middle, last

(____) _____ _____
Phone number *Email address*

☐ *Check this box if there is more than one noncustodial parent paying Protected Minor's expenses and provide the information requested for all additional payers on an attached sheet.*

☐ Other: _____

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

(2) After Former Guardian resigns, identify whether any changes to the source or sources of payment for Protected Minor's living expenses are expected, if known:

_____

_____

_____

_____

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

C. Has Former Guardian applied for any benefits or funds (SSI, Medicaid, SNAP, etc.) for Protected Minor before or during the reporting period?

☐ Yes ☐ No

⚠ *If* No, *skip to section* 6

(1) Identify what benefits or funds Former Guardian has applied for and approximately when the application for each was submitted.

_____

_____

_____

_____

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

(2) Identify which benefits or funds have been granted and approximately when they were granted.

_____

_____

_____

_____

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

(3) Describe how the funds were used for the support of Protected Minor.

_____

_____

_____

_____

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

6. Protected Minor's health

A. Summarize Protected Minor's medical and dental health status during the reporting period, identifying any medical or dental concerns that occurred:

_____

_____

_____

_____

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

Rule 8.39—Form 7: Former Guardian's Transition Report for Protected Minor, continued

B. Summarize Protected Minor's mental health status during the reporting period, identifying any mental, cognitive, behavioral, or emotional concerns that occurred:

_____

_____

_____

_____

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

C. Summarize any other healthcare concerns related to Protected Minor during the reporting period, identifying any new or ongoing healthcare concerns not described in sections 6(A)–(B):

_____

_____

_____

_____

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

D. Did Protected Minor receive any health-related professional services other than those identified above during the reporting period?

☐ Yes ☐ No

If Yes, describe the other health-related professional services Protected Minor received:

_____

_____

_____

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

E. Identify any health-related professional services that are already scheduled or that Former Guardian recommends the successor guardian arrange in the next 12 months (for example, upcoming appointments, needed evaluations, or recommended therapy):

_____

_____

_____

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

7. Protected Minor's educational status and other educational training or vocational services received

A. Protected Minor is:

Check one

☐ Preschool age

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

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

☐ Yes ☐ No

If Yes, describe the services:

_____

_____

_____

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

☐ School age and enrolled in or attending school at:

_____ in _____.
School name *City*

☐ School age but not enrolled in or attending school.

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

Explain how Protected Minor's educational needs were met during the reporting period and identify any upcoming or additional educational needs, services, or actions the Court or successor guardian should be aware of:

_____

_____

_____

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

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

☐ Yes ☐ No

If Yes, describe the services:

_____

_____

_____

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

C. Did Protected Minor receive any other educational training or vocational services during the reporting period?

☐ Yes ☐ No

If Yes, describe the services:

_____

_____

_____

_____

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

8. Protected Minor's communication with parents and other significant individuals

A. Briefly describe Protected Minor's communication with parents and other individuals significant to Protected Minor, if any, during the reporting period, identifying any such individuals, their relationship to Protected Minor, and the nature and frequency of contact, if known:

_____

_____

_____

_____

_____

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

B. Did Former Guardian place any time, place, or manner restrictions on Protected Minor's communication, visitation, or interaction with anyone during the reporting period?

☐ Yes ☐ No

If Yes, identify with whom and what restrictions were put in place and briefly describe why:

_____

_____

_____

_____

_____

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

C. If Former Guardian imposed any restrictions as described in section 8(B), explain whether those restrictions should continue after the successor guardian assumes duties and briefly explain why:

_____

_____

_____

_____

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

9. Resignation and transition

A. Briefly explain why Former Guardian is withdrawing as Protected Minor's guardian:

_____

_____

_____

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

B. After the Court approves the resignation, does Former Guardian intend to stay involved in Protected Minor's life in any way?

☐ Yes ☐ No

If Yes, please briefly describe how (for example, ongoing contact with Protected Minor, support role to successor guardian, etc.):

_____

_____

_____

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

C. If known, identify the person the Court has appointed or is considering appointing as successor guardian:

Full name: _____
First, middle, last

Relationship to Protected Minor:

_____
(Spouse, adult child, parent, sibling, etc.)

Contact information:

(____) _____ _____
Phone number *Email address*

D. Identify any concerns, risks, or immediate issues Former Guardian believes the Court or the successor guardian should be aware of during the transition or shortly after the successor guardian assumes duties:

_____

_____

_____

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

10. Additional information

A. Identify any changes to Protected Minor's care plan that Former Guardian believes are necessary or would be helpful:

_____

_____

_____

_____

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

B. Identify any difficulties that Former Guardian had or ongoing difficulties that Protected Minor is having with the guardianship and any potential need for assistance that Former Guardian would like to make the Court or successor guardian aware of:

_____

_____

_____

_____

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

C. Additional information that Former Guardian believes would help the Court or the successor guardian determine what is in Protected Minor's best interests:

_____

_____

_____

_____

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

11. Attorney help

Did an attorney help you prepare or fill out this form?

☐ Yes ☐ No

If Yes, please complete the following:

_____
Name of attorney or organization, if any

_____
Business address of attorney or organization

_____, _____ _____
City *State* *ZIP code*

(_____) _____
Phone number

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

12. Oath and signature of Former Guardian

A. Former Guardian's oath and signature

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

_____ _____, 20 ____ _____
Month *Day* *Year* *Signature**

_____
Mailing address

_____, _____ _____
City *State* *ZIP code*

(_____) _____ _____
Phone number *Email address*

Is Former Guardian's home address the same as the mailing address above?

☐ Yes ☐ No

If No, what is Former Guardian's home address?

_____
Street address

_____, _____ _____
City *State* *ZIP code*

**This form may be signed either by using a digitized signature, see instructions at https://www.iowacourts.gov/for-the-public/court-forms/, or by printing and hand-signing.*

Rule 8.39—Form 7: Former Guardian's Transition Report for Protected Minor, continued

B. Former Co-Guardian's oath and signature *Leave blank if there is only one guardian*

I, _____, have read this Transition Report, and I certify under
Print your name

penalty of perjury and pursuant to the laws of the State of Iowa that the information provided in this Transition Report is true and correct.

_____ _____, 20 ___ _____
Month *Day* *Year* *Signature**

(_____) _____ _____
Phone number *Email address*

Is your mailing address the same as Former Guardian's in section 12(A)?

☐ Yes ☐ No

If No, complete the following:

_____
Mailing address

_____ _____ _____
City *State* *ZIP code*

☐ *Check this box if there are more than two guardians and provide the information requested in section* 12(B) *for all additional guardians on an attached sheet. All guardians signing on a separate sheet must include the oath at the beginning of section* 12(B).

**This form may be signed either by using a digitized signature, see instructions at https://www.iowacourts.gov/for-the-public/court-forms/, or by printing and hand-signing.*

[Court Order July 7, 2026, effective September 7, 2026]

Rule 8.39 — Form 8: *Protected Information Disclosure*

Rule 8.39—Form 8: ***Protected Information Disclosure***

- If information is abbreviated on other rule 8.39 forms, use this form to include protected information in full.

In the Iowa District Court for _____ County (Juvenile Division)

In the Matter of the Guardianship of: _____ *Initials of Protected Minor* **Protected Minor.**	Case no._____ **Protected Information Disclosure**

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

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

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

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

Name _____ _____ _____
First *Middle* *Last*

Protected information type	**Complete information** *See rules 16.602 and 16.604*	**Redacted information** *See rule 16.605*
A. Protected Minor's full name	*Full name*	*Initials only*
B. Social Security number	- -	*Last four digits only*
C. Date of birth	/ / *mm/dd/yyyy*	*Year only*
D. Personal identification numbers (if no Social Security number)	*Full number*	*Partial only*

Continued on next page

Rule 8.39—Form 8: Protected Information Disclosure, continued

E. Other unique identifying numbers	*Full number*	*Partial only*
F. *Additional protected information*	*Full information*	*Partial information*
G. *Additional protected information*	*Full information*	*Partial information*
H. *Additional protected information*	*Full information*	*Partial information*
I. *Additional protected information*	*Full information*	*Partial information*

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

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

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

Name _____ _____ _____
First *Middle* *Last*

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

Continued on next page

Rule 8.39—Form 8: Protected Information Disclosure, continued

G. *Additional protected information*	*Full information*	*Partial information*
H. *Additional protected information*	*Full information*	*Partial information*
I. *Additional protected information*	*Full information*	*Partial information*

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

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

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

Name _____ _____ _____
First *Middle* *Last*

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

Continued on next page

Rule 8.39—Form 8: Protected Information Disclosure, continued

I. *Additional protected information*	*Full information*	*Partial information*

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

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

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

Name _____ _____ _____
First *Middle* *Last*

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

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

Rule 8.39—Form 8: Protected Information Disclosure, continued

5. Information provided by:

_____
Printed name

_____ _____, 20 ___ _____
Month *Day* *Year* *Signature**

_____
Law firm, if applicable

_____
Mailing address

_____, _____ _____
City *State* *ZIP code*

(_____) _____ _____
Phone number *Email address*

[Court Order July 7, 2026, effective September 7, 2026]

Rule 8.40 Reserved.

RESTRAINT OF JUVENILES DURING COURT PROCEEDINGS

Rule 8.41 Routine use of restraints prohibited.

8.41(1) Instruments of restraint, such as handcuffs, chains, irons, or straitjackets, cloth and leather restraints, and other similar items, will not be used on a child during a court proceeding unless the juvenile court upon the recommendation of the juvenile court officer or the county attorney makes a finding on the record that restraints are necessary due to any of the following:

a. Recent behavior of the child has placed others at risk of substantial physical harm.

b. Sufficient grounds to believe the child is a substantial flight risk.

c. Sufficient grounds to show restraints are necessary to prevent physical harm to the child or another person during the court proceeding.

d. There are no less restrictive alternatives to restraints, including the presence of a security officer. The juvenile court officer is not considered a security officer.

8.41(2) If the juvenile court officer or the county attorney recommends that restraints are necessary, the juvenile court officer or county attorney must provide notice to the court and the child's attorney outlining the circumstances supporting that recommendation prior to the child's appearance in each court proceeding or as soon as practicable. If notice is not given in writing, a record must be made at the court proceeding.

8.41(3) The child's attorney, the juvenile court officer, and the county attorney must have an opportunity to be heard before the court prior to any court proceeding for which any recommendation to restrain the child has been made.

8.41(4) For subsequent court proceedings in the same case, the court may rely on a previous finding if the security circumstances relating to the child have not materially changed.

8.41(5) Any restraint must allow the child limited movement of the hands to read and handle documents and writings necessary to the hearing. Under no circumstances should a child be restrained using fixed restraints to a wall, floor, or furniture.

8.41(6) Any restraint of children in the courtroom must balance legitimate security needs against the care, protection, and positive mental and physical development of the child while preserving the dignity and decorum of the courtroom and security of the court proceeding and court personnel.

[Court Order October 25, 2017, effective December 26, 2017]

CHAPTER 17
FORMS FOR SELF-REPRESENTED LITIGANTS

Rule 17.1 Use of forms; mandatory for self-represented litigants

Rules 17.2 to 17.9 Reserved

Rule 17.10 Forms for relief from domestic abuse
- Form 11: Petition for Relief from Domestic Abuse
- Form 12: Petition for Relief from Domestic Abuse on Behalf of a Minor Child
- Form 13: Petition for Relief from Domestic Abuse on Behalf of a Ward or Protected Person
- Form 14: Protected Information Disclosure
- Form 15: Information Sheet for Protective Order Registry and Service of Protective Orders
- Form 16: Affidavit to Start Contempt Proceedings for Violation of a Domestic Abuse Protective Order
- Form 17: Request to Modify, Cancel, or Extend a Domestic Abuse Final Protective Order
- Form 18: Firearms Compliance Affidavit
- Form 19: Firearms Transfer Affidavit

Rules 17.11 to 17.19 Reserved

Rule 17.20 Forms for relief from elder abuse
- Form 11: Petition for Relief from Elder Abuse
- Form 12: Protected Information Disclosure
- Form 13: Information Sheet for Protective Order Registry and Service of Protective Orders
- Form 14: Affidavit to Start Contempt Proceedings for Violation of an Elder Abuse Protective Order
- Form 15: Request to Modify, Cancel, or Extend an Elder Abuse Final Protective Order
- Form 16: Firearms Compliance Affidavit
- Form 17: Firearms Transfer Affidavit

Rules 17.21 to 17.29 Reserved

Rule 17.30 Forms for relief from sexual abuse
- Form 11: Petition for Relief from Sexual Abuse
- Form 12: Petition for Relief from Sexual Abuse on Behalf of Minor Child
- Form 13: Petition for Relief from Sexual Abuse on Behalf of Ward or Protected Person
- Form 14: Protected Information Disclosure
- Form 15: Information Sheet for Protective Order Registry & Service of Protective Orders
- Form 16: Affidavit to Start Contempt Proceedings for Violation of a Sexual Abuse Protective Order
- Form 17: Request to Modify, Cancel, or Extend a Sexual Abuse Final Protective Order
- Form 18: Firearms Compliance Affidavit
- Form 19: Firearms Transfer Affidavit

Rules 17.31 to 17.39 Reserved

Rule 17.40 Forms for change of name
- Form 11: Petition for Change of Name of Adult
- Form 12: Petition for Change of Name of Minor Child or Children
- Form 13: Combined Petition for Change of Name of Adult and Minor Child or Children
- Form 14: Protected Information Disclosure

Rules 17.41 to 17.49 Reserved

Rule 17.50 Forms relating to child and medical support suspension due to CINA cases.
- Form 11: Application to Suspend Child Support or Medical Support or Both

Form 12: Application to Terminate Suspension and Reinstate Child Support or Medical Support or Both

Rules 17.51 to 17.99 Reserved

Rule 17.100 Family law forms for dissolution of marriage with no minor or dependent adult children

Form 101: Petition for Dissolution of Marriage with no Minor or Dependent Adult Children
Form 104: Original Notice for Personal Service
Form 104a: Original Notice for Personal Service
Form 105: Acceptance of Service
Form 106: Directions for Service of Original Notice
Form 107: Motion and Affidavit to Serve by Publication
Form 108: Original Notice by Publication
Form 109: Application and Affidavit to Defer Payment of Costs
Form 110: Affidavit of Service of Original Notice and Petition for Dissolution of Marriage
Form 111: Protected Information Disclosure
Form 115: Answer to Petition for Dissolution of Marriage with no Minor or Dependent Adult Children
Form 116: General Answer to a Petition
Form 122: Motion in a Dissolution of Marriage with no Minor or Dependent Adult Children
Form 123: Response to a Motion
Form 124: Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children
Form 125: Affidavit of Mailing Notice
Form 126: Notice of Intent to File Written Application for Default Decree
Form 127: Request for Relief in a Dissolution of Marriage with no Minor or Dependent Adult Children
Form 128: Settlement Agreement for a Dissolution of Marriage with no Minor or Dependent Adult Children

Rules 17.101 to 17.199 Reserved

Rule 17.200 Family law forms for dissolution of marriage with dependent children

Form 201: Petition for Dissolution of Marriage with Children
Form 204: Original Notice for Personal Service
Form 204a: Original Notice for Personal Service
Form 205: Acceptance of Service
Form 206: Directions for Service of Original Notice
Form 207: Motion and Affidavit to Serve by Publication
Form 208: Original Notice by Publication
Form 209: Application and Affidavit to Defer Payment of Costs
Form 210: Affidavit of Service of Original Notice and Petition for Dissolution of Marriage
Form 211: Protected Information Disclosure
Form 212: Joint Statement on Legal Parent
Form 213: Motion to Disestablish Legal Parent
Form 214: Reserved
Form 215: Answer to Petition for Dissolution of Marriage with Children
Form 216: General Answer to a Petition for Dissolution of Marriage with Children
Form 221: Affidavit for Temporary Custody and Visitation
Form 222: Motion in a Dissolution of Marriage with Children
Form 223: Response to a Motion
Form 224: Financial Affidavit for a Dissolution of Marriage with Children
Form 225: Affidavit of Mailing Notice

Form 226: Notice of Intent to File Written Application for Default Decree
Form 227: Request for Relief in a Dissolution of Marriage with Children
Form 228: Settlement Agreement for a Dissolution of Marriage with Children
Form 229: Agreed Parenting Plan
Form 230: Proposed Parenting Plan

Rules 17.201 to 17.299 Reserved

Rule 17.300 Forms for modifying child support
Form 301: Application to Modify Child Support
Form 302: Cover Sheet for an Application to Modify Child Support
Form 303: Confidential Information Form
Form 304: Original Notice for Personal Service
Form 304a: Original Notice for Personal Service
Form 305: Acceptance of Service
Form 306: Directions for Service of Original Notice
Form 309: Application and Affidavit to Defer Payment of Costs
Form 310: Affidavit of Service of Original Notice and Application to Modify Child Support
Form 311: Protected Information Disclosure
Form 315: Answer to Application to Modify Child Support
Form 316: General Answer to Application to Modify Child Support
Form 322: Motion in a Child Support Modification
Form 323: Response to a Motion in a Child Support Modification
Form 324: Child Support Modification Financial Statement
Form 325: Affidavit of Mailing Notice
Form 326: Notice of Intent to File Written Application for Default Decree
Form 327: Request for Relief in a Child Support Modification
Form 328: Settlement Agreement on an Application to Modify Child Support

Rules 17.301 to 17.399 Reserved

Rule 17.400 Child custody and visitation forms for unmarried parents
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
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

Rules 17.401 to 17.499 Reserved

CHAPTER 17
FORMS FOR SELF-REPRESENTED LITIGANTS

Rule 17.1 Use of forms; mandatory for self-represented litigants. Persons without attorney representation in legal actions covered under this chapter must use the forms listed in this chapter and available on the Iowa Judicial Branch website at: www.iowacourts.gov. Attorneys may use these forms but are not required to do so.
[Court Order May 16, 2007; December 19, 2013; November 7, 2022, effective December 1, 2022; July 19, 2024]

Rules 17.2 to **17.9** Reserved.

Rule 17.10 Forms for relief from domestic abuse. Persons without attorney representation in legal actions seeking protection from domestic abuse under Iowa Code chapter 236 must use the forms listed in this rule. The forms are available on the Iowa Judicial Branch website at: www.iowacourts.gov.

Form 11:	Petition for Relief from Domestic Abuse
Form 12:	Petition for Relief from Domestic Abuse on Behalf of a Minor Child
Form 13:	Petition for Relief from Domestic Abuse on Behalf of a Ward or Protected Person
Form 14:	Protected Information Disclosure
Form 15:	Information Sheet for Protective Order Registry and Service of Protective Orders
Form 16:	Affidavit to Start Contempt Proceedings for Violation of a Domestic Abuse Protective Order
Form 17:	Request to Modify, Cancel, or Extend a Domestic Abuse Final Protective Order
Form 18:	Firearms Compliance Affidavit
Form 19:	Firearms Transfer Affidavit

[Court Order November 7, 2022, effective December 1, 2022]

Rules 17.11 to **17.19** Reserved.

Rule 17.20 Forms for relief from elder abuse. Persons without attorney representation in legal actions seeking protection from elder abuse under Iowa Code chapter 235F must use the forms listed in this rule. The forms are available on the Iowa Judicial Branch website at: www.iowacourts.gov.

Form 11:	Petition for Relief from Elder Abuse
Form 12:	Protected Information Disclosure
Form 13:	Information Sheet for Protective Order Registry and Service of Protective Orders
Form 14:	Affidavit to Start Contempt Proceedings for Violation of an Elder Abuse Protective Order
Form 15:	Request to Modify, Cancel, or Extend an Elder Abuse Final Protective Order
Form 16:	Firearms Compliance Affidavit
Form 17:	Firearms Transfer Affidavit

[Court Order November 7, 2022, effective December 1, 2022]

Rules 17.21 to **17.29** Reserved.

Rule 17.30 Forms for relief from sexual abuse. Persons without attorney representation in legal actions seeking protection from sexual abuse under Iowa Code chapter 236A must use the forms listed in this rule. The forms are available on the Iowa Judicial Branch website at: www.iowacourts.gov.

Form 11:	Petition for Relief from Sexual Abuse
Form 12:	Petition for Relief from Sexual Abuse on Behalf of Minor Child
Form 13:	Petition for Relief from Sexual Abuse on Behalf of Ward or Protected Person
Form 14:	Protected Information Disclosure
Form 15:	Information Sheet for Protective Order Registry & Service of Protective Orders
Form 16:	Affidavit to Start Contempt Proceedings for Violation of a Sexual Abuse Protective Order

Form 17:	Request to Modify, Cancel, or Extend a Sexual Abuse Final Protective Order
Form 18:	Firearms Compliance Affidavit
Form 19:	Firearms Transfer Affidavit

[Court Order November 7, 2022, effective December 1, 2022]

Rules 17.31 to **17.39** Reserved.

Rule 17.40 Forms for change of name. Persons without attorney representation seeking a change of name must use the forms listed in this rule. The forms are available on the Iowa Judicial Branch website at: www.iowacourts.gov.

Form 11:	Petition for Change of Name of Adult
Form 12:	Petition for Change of Name of Minor Child or Children
Form 13:	Combined Petition for Change of Name of Adult and Minor Child or Children
Form 14:	Protected Information Disclosure

[Court Order September 25, 2026]

Rules 17.41 to **17.49** Reserved.

Rule 17.50 Forms relating to child and medical support suspension due to CINA cases. Persons without attorney representation in Child-in-Need-of-Assistance (CINA) actions seeking to suspend, terminate, or reinstate child support or medical support or both under Iowa Code section 598.21H must use the forms listed in this rule. The forms are available on the Iowa Judicial Branch website at: www.iowacourts.gov.

Form 11:	Application to Suspend Child Support or Medical Support or Both
Form 12:	Application to Terminate Suspension and Reinstate Child Support or Medical Support or Both

[Court Order June 30, 2026, effective July 1, 2026]

Rules 17.51 to **17.99** Reserved.

Rule 17.100 Family law forms for dissolution of marriage with no minor or dependent adult children. Persons without attorney representation in dissolution of marriage (divorce) actions without children under the age of 18 who are children of both spouses to the marriage, or children under the age of 18 who were adopted or born during the marriage, or children 18 years of age or older who are children of both spouses to the marriage and still need support must use the forms listed in this rule. These forms cannot be used if a spouse of the marriage is pregnant. These forms are available at no cost on the Iowa Judicial Branch website at: www.iowacourts.gov.

Form 101:	Petition for Dissolution of Marriage with no Minor or Dependent Adult Children
Forms 102 and 103:	Reserved
Form 104:	Original Notice for Personal Service
Form 104a:	Original Notice for Personal Service
Form 105:	Acceptance of Service
Form 106:	Directions for Service of Original Notice
Form 107:	Motion and Affidavit to Serve by Publication
Form 108:	Original Notice by Publication
Form 109:	Application and Affidavit to Defer Payment of Costs
Form 110:	Affidavit of Service of Original Notice and Petition for Dissolution of Marriage
Form 111:	Protected Information Disclosure
Forms 112 to 114:	Reserved
Form 115:	Answer to Petition for Dissolution of Marriage with no Minor or Dependent Adult Children
Form 116:	General Answer to a Petition
Forms 117 to 121:	Reserved
Form 122:	Motion in a Dissolution of Marriage with no Minor or Dependent Adult Children

Form 123:	Response to a Motion
Form 124:	Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children
Form 125:	Affidavit of Mailing Notice
Form 126:	Notice of Intent to File Written Application for Default Decree
Form 127:	Request for Relief in a Dissolution of Marriage with no Minor or Dependent Adult Children
Form 128:	Settlement Agreement for a Dissolution of Marriage with no Minor or Dependent Adult Children
Forms 129 to 200:	Reserved

[Court Order December 19, 2013; November 7, 2022, effective December 1, 2022; March 16, 2023; October 31, 2023]

Rules 17.101 to **17.199** Reserved.

Rule 17.200 Family law forms for dissolution of marriage with dependent children. Persons without attorney representation in dissolution of marriage (divorce) actions with children under the age of 18 who are children of both spouses to the marriage, or children under the age of 18 who were adopted or born during the marriage, or children 18 years of age or older who are children of both spouses to the marriage and are dependent or still need support must use the forms listed in this rule. These forms must also be used if a spouse of the marriage is pregnant. These forms are available on the Iowa Judicial Branch website at: www.iowacourts.gov.

Form 201:	Petition for Dissolution of Marriage with Children
Forms 202 and 203:	Reserved
Form 204:	Original Notice for Personal Service
Form 204a:	Original Notice for Personal Service
Form 205:	Acceptance of Service
Form 206:	Directions for Service of Original Notice
Form 207:	Motion and Affidavit to Serve by Publication
Form 208:	Original Notice by Publication
Form 209:	Application and Affidavit to Defer Payment of Costs
Form 210:	Affidavit of Service of Original Notice and Petition for Dissolution of Marriage
Form 211:	Protected Information Disclosure
Form 212:	Joint Statement on Legal Parent
Form 213:	Motion to Disestablish Legal Parent
Form 214:	Reserved
Form 215:	Answer to Petition for Dissolution of Marriage with Children
Form 216:	General Answer to a Petition for Dissolution of Marriage with Children
Forms 217 to 220:	Reserved
Form 221:	Affidavit for Temporary Custody and Visitation
Form 222:	Motion in a Dissolution of Marriage with Children
Form 223:	Response to a Motion
Form 224:	Financial Affidavit for a Dissolution of Marriage with Children
Form 225:	Affidavit of Mailing Notice
Form 226:	Notice of Intent to File Written Application for Default Decree
Form 227:	Request for Relief in a Dissolution of Marriage with Children
Form 228:	Settlement Agreement for a Dissolution of Marriage with Children
Form 229:	Agreed Parenting Plan
Form 230:	Proposed Parenting Plan
Forms 231 to 300:	Reserved

[Court Order December 19, 2013; March 26, 2014; November 7, 2022, effective December 1, 2022; July 19, 2024]

Rules 17.201 to **17.299** Reserved.

Rule 17.300 Forms for modifying child support. Persons without attorney representation in legal actions to modify a current child support order from an Iowa court must use the

forms listed in this rule. These forms are available on the Iowa Judicial Branch website at: www.iowacourts.gov.

Form 301:	Application to Modify Child Support
Form 302:	Cover Sheet for an Application to Modify Child Support
Form 303:	Confidential Information Form
Form 304:	Original Notice for Personal Service
Form 304a:	Original Notice for Personal Service
Form 305:	Acceptance of Service
Form 306:	Directions for Service of Original Notice
Forms 307 and 308:	Reserved
Form 309:	Application and Affidavit to Defer Payment of Costs
Form 310:	Affidavit of Service of Original Notice and Application to Modify Child Support
Form 311:	Protected Information Disclosure
Forms 312 to 314:	Reserved
Form 315:	Answer to Application to Modify Child Support
Form 316:	General Answer to Application to Modify Child Support
Forms 317 to 321:	Reserved
Form 322:	Motion in a Child Support Modification
Form 323:	Response to a Motion in a Child Support Modification
Form 324:	Child Support Modification Financial Statement
Form 325:	Affidavit of Mailing Notice
Form 326:	Notice of Intent to File Written Application for Default Decree
Form 327:	Request for Relief in a Child Support Modification
Form 328:	Settlement Agreement on an Application to Modify Child Support
Forms 329 to 400:	Reserved

[Court Order December 19, 2013; March 6, 2014; November 7, 2022, effective December 1, 2022]

Rules 17.301 to **17.399** Reserved.

Rule 17.400 Child custody and visitation forms for unmarried parents. Persons without attorney representation in legal actions 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 must use the forms listed in this rule. 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. These forms are available on the Iowa Judicial Branch website at: www.iowacourts.gov.

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

[Court Order July 19, 2019, effective September 1, 2019; November 7, 2022, effective December 1, 2022]

Rules 17.401 to **17.499** Reserved.