CHAPTER 17 FORMS FOR SELF-REPRESENTED LITIGANTS

Rule 17.1 Use of forms; mandatory for self-represented litigants Rules 17.2 to 17.99 Reserved Rule 17.100 Family law forms Forms for dissolution of marriage with no minor children Form FL-17 101 Petition for Dissolution of Marriage With No Minor Children Petition Coversheet for a Dissolution of Marriage Form FL-17.102 With No Minor Children Confidential Information Form Form FL-17.103 Form FL-17.104 Original Notice for Personal Service Form FL-17.105 Acceptance of Service Directions for Service of Original Notice Form FL-17.106 Form FL-17.107 Motion and Affidavit to Serve by Publication Form FL-17.108 Original Notice by Publication Form FL-17.109 Application and Affidavit to Defer Payment of Costs Forms FL-17.110 to 17.114 Reserved Form FL-17.115 Answer to Petition for Dissolution of Marriage With No Minor Children Form FL-17.116 General Answer to a Petition Forms FL-17.117 to 17.121 Reserved Form FL-17.122 Motion Form FL-17.123 Response to a Motion Form FL-17.124 Financial Affidavit for Dissolution of Marriage With No Minor Children Affidavit of Mailing Notice Form FL-17.125 Form FL-17.126 Notice of Intent to File Written Application for Default Decree Form FL-17.127 Request for Relief in a Dissolution of Marriage With No Minor Children Form FL-17.128 Settlement Agreement for a Dissolution of Marriage With No Minor Children Forms FL-17.129 to 17.300 Reserved Forms for modifying child support Form FL-17.301 Application to Modify Child Support Only Form FL-17.302 Application Coversheet for a Modification of Child Support Only Form FL-17.303 Confidential Information Form Form FL-17.304 Original Notice for Personal Service Acceptance of Service Form FL-17.305 Form FL-17.306 Directions for Service of Original Work Forms FL-17.307 and 17.308 Reserved Form FL-17.309 Application and Affidavit to Defer Payment of Costs Forms FL-17.310 to 17.314 Reserved Form FL-17.315 Answer to Application to Modify Child Support General Answer to Application to Modify Child Form FL-17.316 Support Only Reserved Forms FL-17.317 to 17.321 Form FL-17.322 Motion Form FL-17.323 Response to a Motion Form FL-17.324 Child Support Modification Financial Statement Form FL-17.325 Affidavit of Mailing Notice Form FL-17.326 Notice of Intent to File Written Application for

Default Decree

Form FL-17.327 Request for Relief in an Application to Modify Child Support Only
Form FL-17.328 Settlement Agreement for an Application to Modify Child Support Only

CHAPTER 17 FORMS FOR SELF-REPRESENTED LITIGANTS

Rule 17.1 Use of forms; mandatory for self-represented litigants. An individual who is not represented by an attorney must use these forms. An attorney may use these forms but is not required to do so. Instructions on how to use the forms can be found at www.iowacourts.gov/Court Rules and Forms/Family Law Forms/ on the judicial branch website.

[Court Order May 16, 2007]

Rules 17.2 to 17.99 Reserved.

Rule 17.100 Family law forms.

FL-17.101 PETITION FOR DISSOLUTION OF MARRIAGE WITH NO MINOR CHILDREN

PRINT CLEARLY A. IN THE DISTRICT COURT FOR COUNTY, IOWA (County where you are filing this Petition) IN RE THE MARRIAGE OF: and (Your spouse's name) (Your name) B. UPON THE PETITION OF Equity case number: **Petition for Dissolution of** Marriage With No Minor **PETITIONER** (Your full name: first, middle, last) Children (CLERK STAMPS HERE) AND CONCERNING **RESPONDENT** (Your spouse's full name: first, middle, last) PERSONAL INFORMATION Petitioner's (*your*) birth date and present residence: (Date of birth) (Present street address) (City) (State) (Zip code) (County) (Phone number) Respondent's (your spouse's) birth date and present residence: (Present street address) (City) (State) (Zip code)

(Phone number)

(County)

Ι	Date: / / Location:
	Date: / / / Location: (Month) (Day) (Year) (City & state where you were married)
	hildren (check all that are true) . There are no children <u>under</u> the age of 18 who are children of both the husband and the wife.
C	There are no children <u>under</u> the age of 18 who were adopted or born during this marria. There are no children 18 years of age or older who still need support. The wife is not pregnant.
S '.	TOP! If the wife is pregnant or if you have children under the age of 18 or children 18 years of age or older who still require support → You cannot use this form.
((Check if true) The Petitioner is not living in Iowa just to get a divorce. (You are the Petitioner.)
Τ	ne Petitioner has lived in Iowa for the last: and (Months)
5'.	TOP! If you have not lived in Iowa for the last year: \rightarrow See the instructions.
С	ondition of the marriage (Check all that are true)
	 The marriage is broken and cannot be saved. There is no other divorce case going on in any court in Iowa or another state involving marriage.
	. This Petition is being filed in good faith for the purpose of ending the marriage Counseling will not save the marriage.
R	espondent's status (Check all that are true). If you check a. or b.: -> See the instructions.
	The Respondent (<i>your spouse</i>) is in the military service. The Respondent (<i>your spouse</i>) is in prison or jail.
P	rotective or no contact order (Check if true)
	There is a "protective order" or a "no contact order" between the Petitioner (<i>you</i>) and Respondent (<i>your spouse</i>). If you check this box, write in the following information (<i>Required</i>):
	a. County and state where the order came from:
	b. Court case number:
	or court case named in

E. REQUEST OF THE PETITIONER	
11. The Petitioner asks the court to (check all the	at apply):
	ts of the parties. (se) pay the court fees. (se) pay for Petitioner's (your) attorney fees. (se) pay alimony to the Petitioner (you).
	(Print your former or maiden name)
g. Other request:	
F. ATTORNEY HELP	
Check one: a. An attorney did not help me preb. An attorney helped me prepare the following information):	epare or fill in this paper. or fill in this paper. (If you check b., you must fill in
(Name of attorney or organization, if any)	(Attorney's P.I.N. # Ask the attorney)
(Business address of attorney or organization)	(City) (State) (Zip code)
()(Attorney's phone number – required)	()(Attorney's fax number, if there is one)
G. OATH AND SIGNATURE	
I,(Print your name) under penalty of perjury and pursuant to the laws provided in this Petition is true and correct.	, have read the above Petition, and I certify of the state of Iowa that the information I have
, 20	
(Date)	(Your signature - Required)
(Your mailing address – Required)	(City – Required)
(State, Zip code –Required)	(Phone number - Optional)
(E-mail address – Optional)	(Fax number - Optional)

Form FL-17.101, page 3 of 3

	FOR COURT USE ONLY
NAME & ADDRESS of Petitioner	CASE NUMBER:
etitioner's (Your) Name	_
	COUNTY WHERE CASE WAS FILED:
Petitioner's (Your) Street Address City, State, Zip Code	
Petitioner's (Your) Telephone Number: ()	
2 CASE NAME	
Petitioner (You)	
vs.	
Respondent (Your spouse)	

consider most important.

LAW: Contract/ Commercial Claim		EQUITY - Domestic Relations		EQUITY - Other
Debt collection (LA-C1)		Dissolution children involved (CD-DC)		Mortgage foreclosure (EQ-EM)
Employment-related claim (LA-C3)	X	Dissolution no children (CD-DN)		Other real property claim (EQ-ER)
Other contract or commercial claim (LA-C9)		Modification children involved (CD-MC)		Other equity (EQ-EO)
		Modification no children (CD-MN)		
LAW: Tort - Personal Injury (P.I.)		236 - Domestic abuse (DA-DA)		OTHER CIVIL ACTIONS
Motor vehicle accident (LA-T2)		234 - Foster care (DR-D1)		Administrative appeal to dist. court (CV-V1)
Premises liability / slip & fall (LA-T3)		252A Support action (DR-D2)		Change of name (CN-CN)
Malpractice: medical or dental (LA-T1)		252A.18 - Foreign support (DR-D3)		Distress warrant (CV-V2)
Products liability (toxic chem. / subst.) (LA-T8)		252B.11 - Cost recovery (DR-D4)		Foreign judgment entry (CV-V3)
Products liability (not toxic substance) (LA-T4)		252C - Administrative Order (DR-D5)		Lien (LN - IE, IH, IM or IO)
Wrongful death (LA-T7)		252D - Income withholding (DR-D6)		Post conviction relief (PC-PC)
Other negligent / intentional P.I. (LA-T9)		252E - Medical support (DR-D7)		Seized property / forfeiture (SP-SP)
		252F/ § 600B - Paternity (DR-D8)		Transcript of judgment (TJ-TJ)
LAW: Tort - Other damages (no P.I.)		252K - UFISA (DR-R1)		Other civil action (CV-V9)
Professional malpractice - no P.I. (LA-T5)		598B - Out of state custody (DR-R2)		FOR COURT USE ONLY
Fraud / business tort (LA - C2)		600 - Adoption (AT-AT)		
Other tort - property/financial damages (LA-T6)		Other domestic relations action (DR-D9)		

*NOTE TO PETITIONER:

- ☐ Pursuant to 1.301(2) of the Iowa Rules of Civil Procedure, a cover sheet must accompany each civil petition except: small claims, probate, or commitment actions.

 DO NOT SERVE THIS COVER SHEET ON THE RESPONDENT (Your Spouse).

- □ A cover sheet is not required when filing a counterclaim or cross-claim.
 □ This cover sheet is for statistical purposes only. It shall have no legal effect in the case.

FL-17.103 CONFIDENTIAL INFORMATION FORM

EACH PARTY SHOULD COMPLETE ONE OF THESE FORMS

A. In the District Court for	COUNTY, IOWA
(Count	ty where your case is filed)
IN RE THE MARRIAGE OF:(Petitioner's name)	and(Respondent's name)
B. Upon the Petition of	Equity case number:
PETITIONER (Full name: first, middle, last)	Confidential Information Form (CLERK STAMPS HERE)
AND CONCERNING	
RESPONDENT (Full name: first, middle, last)	
C. Petitioner's Name:	Petitioner's Social Security Number:
D. Respondent's Name:	Respondent's Social Security Number:
E. Information given by: (Print your full	name)
(Your signature)	(Date)

IMPORTANT NOTICE: DO NOT GIVE COPIES OF THIS FORM TO ANYONE EXCEPT THE CLERK OF DISTRICT COURT

FL-17.104 ORIGINAL NOTICE FOR PERSONAL SERVICE PRINT CLEARLY

A. IN TH	E DISTRICT COURT FOR		Y, Iowa
	(County where you	are filing the Petition)	
N RE THE N	MARRIAGE OF:(Petitioner's name)	and (Respondent's name)	
	· · · · · · · · · · · · · · · · · · ·		_
B. UPON	THE PETITION OF	Equity case num	ber:
PETITION	ER (Full name: first, middle, last)	Original Notice Personal Servi	
AND CONC	CERNING	(CLERK STAMPS H	
RESPONDE	ENT (Full name: first, middle, last)		
• Th	THE RESPONDENT NAMED ABOVE ne Petitioner (your spouse) has filed a divorce l		lent.
ThA c			lent.
ThA c	ne Petitioner (your spouse) has filed a divorce leading of the Petition for Dissolution of Marriagne Petitioner is not represented by an attorney.	e is attached to this Notice.	lent.
• Th • A c • Th • Yo with • Aff • If y ma Pet • If y at	Petitioner (your spouse) has filed a divorce I copy of the Petition for Dissolution of Marriag the Petitioner is not represented by an attorney. (Petitioner's name) (Petitioner's phone number) ou must file an Answer or a Motion with the cluthin 20 days after you receive this Original Notation you may use Answer form FL-17.115. Iter you file your Answer or Motion you must sayou do not file an Answer or Motion within 20 ay enter a judgment against you giving the Petitition. you need help in court due to a disability, imm	(Petitioner's address) (Petitioner's fax number) erk of district court in the above contice. If you received Petition forms serve a copy of it on the Petitioner days after receiving this Notice, attioner what he or she asked for in	ounty ounty che court the
• Th • A c • Th • Yo with • Aff • If y ma Pet • If y at	(Petitioner's name) (Petitioner's name) (Petitioner's phone number) ou must file an Answer or a Motion with the clethin 20 days after you receive this Original Notion you may use Answer form FL-17.115. After you file your Answer or Motion you must see you do not file an Answer or Motion within 20 ay enter a judgment against you giving the Petitition. you need help in court due to a disability, imm	(Petitioner's address) (Petitioner's fax number) erk of district court in the above contice. If you received Petition forms serve a copy of it on the Petitioner days after receiving this Notice, to the contice what he or she asked for in ediately call your district ADA contices.	ounty ounty che court the
• Th • A G • Th • Yo with 17. • Aff • If y ma Pet • If y at at	Petitioner (your spouse) has filed a divorce I copy of the Petition for Dissolution of Marriag the Petitioner is not represented by an attorney. (Petitioner's name) (Petitioner's phone number) ou must file an Answer or a Motion with the cluthin 20 days after you receive this Original Notation you may use Answer form FL-17.115. Iter you file your Answer or Motion you must sayou do not file an Answer or Motion within 20 ay enter a judgment against you giving the Petitition. you need help in court due to a disability, imm	(Petitioner's address) (Petitioner's fax number) erk of district court in the above contice. If you received Petition forms serve a copy of it on the Petitioner days after receiving this Notice, to the contice what he or she asked for in ediately call your district ADA contices.	ounty ounty che court the
• Th • A G • Th • Yo with 17. • Aff • If y ma Pet • If y at at	(Petitioner's name) (Petitioner's name) (Petitioner's phone number) ou must file an Answer or a Motion with the clethin 20 days after you receive this Original Notion you may use Answer form FL-17.115. After you file your Answer or Motion you must see you do not file an Answer or Motion within 20 ay enter a judgment against you giving the Petitition. you need help in court due to a disability, imm	(Petitioner's address) (Petitioner's fax number) erk of district court in the above contice. If you received Petition forms serve a copy of it on the Petitioner days after receiving this Notice, to the contice what he or she asked for in ediately call your district ADA contices.	ounty IFL- Che court the coordinator wa TTY
• Th • A c • Th • Yo with • Aff • If y ma Pet • If y at	(Petitioner's name) (Petitioner's name) (Petitioner's phone number) ou must file an Answer or a Motion with the clethin 20 days after you receive this Original Notion you may use Answer form FL-17.115. After you file your Answer or Motion you must see you do not file an Answer or Motion within 20 ay enter a judgment against you giving the Petitition. you need help in court due to a disability, imm	(Petitioner's address) (Petitioner's fax number) erk of district court in the above contice. If you received Petition forms serve a copy of it on the Petitioner days after receiving this Notice, attioner what he or she asked for in ediately call your district ADA contract hearing impaired, call Relay Ice	ounty IFL- Che court the coordinator wa TTY

YOU (RESPONDENT) SHOULD TALK TO AN ATTORNEY AT ONCE TO PROTECT YOUR INTERESTS.

FL-17.105 ACCEPTANCE OF SERVICE PRINT	Σ Γ CLEARLY		
A. IN THE DISTRICT COURT FOR(County			County, Iowa
(County	where you are filing th	e Petition)	
IN RE THE MARRIAGE OF: (Petitioner's name)	and	(Respondent's na	me)
B. Upon the Petition of		Equity case	e number:
PETITIONER (Full name: first, middle, last)		Acceptance (CLERK STA	e of Service (MPS HERE)
AND CONCERNING			
RESPONDENT (Full name: first, middle, last)			
C. RESPONDENT'S ACCEPTANCE OF SERVICE	E, OATH, AND SIGN	IATURE	
I am the Respondent in this case. I received a c case. I have read this Acceptance of Service. I perjury, that the information I have provided is	certify, as required		
, 20			
(Date)	(Respondent's s	ignature - Required)	
(Respondent's mailing address)	(City)	(State)	(Zip Code)
(Phone number, if available)	(Fax number, if a	available)	

NOTICE TO RESPONDENT:

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

FL-17.106 DIRECTIONS FOR SERVICE OF ORIGINAL NOTICE

PRINT CLEARLY

(County where Petition is filed)	(Equity case number)
NAME AND LOCATION OF SHERIFF OR O	THER PROCESS SERVER (Check one and fill in blanks.)
SHERIFF (In county where Respondent will be served	d): Other Process Server:
Count	(Name of other person serving the Notice)
	(Name of other person serving the Notice)
(Address)	(Address)
(0) (0) 171 (0.1)	
(City, State, and Zip Code)	(City, State, and Zip Code)
PERSON TO BE SERVED:	D. PERSON REQUESTING SERVICE:
(Your spouse's name)	(Your name)
(Your spouse's address)	(Address)
(City, State, and Zip Code)	(City, State, and Zip Code)
(Phone number)	(Phone number)
SPECIAL INSTRUCTIONS FOR SERVICE: _	
COSTS OF SERVICE: (Check one)	
COSTS OF SERVICE: (Check one)	other process server.
☐ Petitioner will pay the Sheriff or o	•
☐ Petitioner will pay the Sheriff or o	other process server. (Clerk of Court: Sign only if costs deferred by court order)
☐ Petitioner will pay the Sheriff or o	•

FL-17.107 MOTION AND AFFIDAVIT TO SERVE BY PUBLICATION A. IN THE DISTRICT COURT FOR COUNTY, IOWA (County where you filed the Petition) IN RE THE MARRIAGE OF: and (Petitioner's name) (Respondent's name) Equity case number: B. Upon the Petition of **Motion and Affidavit** PETITIONER (Full name: first, middle, last) To Serve by Publication AND CONCERNING (CLERK STAMPS HERE) RESPONDENT (Full name: first, middle, last) INFORMATION AND REQUEST 1. Check all that apply: Respondent lives outside of Iowa; Respondent's residence and place of employment are unknown. 2. Respondent's last known residence: (Street address) (City) (State) (Zip code) 3. Date Respondent was last at the above address: (Month and day) (Year) 4. Petitioner has taken these steps to find the Respondent:

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

5. Petitioner will publish notice in this newspaper:

(Name of newspaper)

D. ATTORNEY HELP			
Check one: a. An attorney did not help me problem b. An attorney helped me prepare the following information):		•	you must fill in
(Name of attorney or organization, if any)	(Attorney's P.I.	N. # Ask the atte	orney)
(Business address of attorney or organization)	(City)	(State)	(Zip code)
()(Attorney's phone number – required)	(Attorney's fax	number, if there is	one)
E. OATH AND SIGNATURE			
I,(Print your name) and I certify under penalty of perjury and pursua information I have provided in this Motion and A	ant to the laws of the	state of Iowa th	on and Affidavit,
, 20		signatura Dassii	rad)
(Date)	(10ин	r signature - Requi	reu)

FL-17.108 ORIGINAL NOTICE BY PUBLICATION

A. In the District Court for			_ COUNT	ry, Iowa
— (Co	ounty where you filed the l	Petition)		
IN RE THE MARRIAGE OF:	and			
(Petitioner's name	e)	(Responden	t's name)	
B. UPON THE PETITION OF		Equity case number:		
PETITIONER (Full name: first, middle, last)		Original No		
AND CONCERNING		CLERK	STAMPS F	ieke)
RESPONDENT (Full name: first, middle, last)				
 C. INFORMATION FOR THE RESPONDENT N The Petitioner (your spouse) has filed a la The Petitioner asks for a divorce. Petitioner's contact information: (Name):_ 		e Respondent.		
(Street address)	(City	·)	State	Zip code
(Phone number)	(Fax	number, if any)		
D. INSTRUCTIONS TO THE RESPONDENT NA	AMED ABOVE			
1. Deadline for filing a response: You mu	ıst file an Answer or a N	Motion with the	district co	ourt clerk in
the above county within 20 days after		, 20		
2. Original Notice. If you received Petition3. After you file your Answer or Motion, youperson.	form FL-17.101 you mou must serve a copy of	nay use Answer f it on the Petiti	form FL- oner by m	ail or in-
4. If you do not file an Answer or Motion a receiving this Notice, the court may enter a judg Petition.				
5. If you need assistance to participate in cocoordinator at 1-800-735-2942. (Seal) District Court Clerk or Designee:	ourt due to a disability, If you are hearing i	•	•	
-			County (Courthouse
			, Iowa	
_	(City)		(Zip Code)
IMP	PORTANT:			

RESPONDENT: YOU SHOULD TALK TO AN ATTORNEY AT ONCE TO PROTECT YOUR INTERESTS.

A. IN THE DISTRICT COURT FOR	County, Iowa
(County where ye	our case is filed)
B. NAMES	Equity case number:
PETITIONER (Full name: first, middle, last)	Application and Affidavit to Defer Payment of Costs (CLERK STAMPS HERE)
	(CLERK STAMP'S HERE)
RESPONDENT (Full name: first, middle, last)	
C. REQUEST	
I am the (Check one):a. ☐ Petitionerb. ☐ Respondent	
2. (Check all that apply): a.	ceed without prepayment of costs and fees. avit in good faith.
D. FINANCIAL INFORMATION	
3. Number of people living in my household:	
4. My household income is \$ p (Put the amount of all income and benefits	per month. before deductions.)
5. List where your household income comes from	(examples: employer or benefits such as
unemployment, Title 19, FIP)	

6. My household has the fol	lowing monthly	expenses:		
a. Rent or mortgage	\$			
b. Utilities	\$			
c. Telephone	\$			
d. Food	\$			
e. Transportation	\$			
7. I have \$	in cash, ch	ecking and savings.		
E. ATTORNEY HELP				
Check one: a. An attorney did n b. An attorney helpe the following informati (Name of attorney or organization, (Business address of attorney or organization) (Attorney's phone number – required	ed me prepare or ion): if any) anization)		you check b., y # Ask the atta (State)	orney) (Zip code)
F. OATH AND SIGNATURE				
I,	Petition is true a the other party's	rsuant to the laws of and correct and that attorney (if any) or	f the state of Io	
		(Your	signature)	

Form FL-17.109, page 2 of 2

[Court Order May 16, 2007] Forms FL-17.110 to 17.114 Reserved

FL-17.115 ANSWER TO PETITION FOR DISSOLUTION OF MARRIAGE WITH NO MINOR **CHILDREN** PRINT CLEARLY A. IN THE DISTRICT COURT FOR COUNTY, IOWA (County where your spouse filed the Petition) IN RE THE MARRIAGE OF: and (Petitioner's name) (Respondent's name) Equity case number: B. UPON THE PETITION OF **Answer to Petition for PETITIONER** (Your spouse's full name: first, middle, last) Dissolution of Marriage With No Minor Children (CLERK STAMPS HERE) AND CONCERNING **RESPONDENT** (Your full name: first, middle, last) ► STOP! Use this form only if you are responding to a Petition for Dissolution of Marriage on form FL-17.101. For all other situations, see the instructions for this form. PERSONAL INFORMATION [. (Check only one. If paragraph 1 of the Petition is not correct, check the second box and fill in the blanks.) The Petitioner's (your spouse's) birth date and present residence are correct in the petition. The Petitioner's (*your spouse's*) birth date and present residence: (Date of birth) (Present street address) (City) (State) (Zip code) (County) (Phone number) 2. (Check only one. If paragraph 2 of the Petition is not correct, check the second box and fill in the blanks.) The Respondent's (*your*) birth date and present residence are correct in the petition. The Respondent's (*your*) birth date and present residence: (Date of birth) (Present street address) (City) (State) (Zip code) (County) (Phone number)

Form FL-17.115, page 1 of 3

GENERAL INFORMATION ABOUT THE MARRIAGE AND THE PARTIES(Check only one. If paragraph 3 of the Petition is not correct, check the second box and fill in the blanks)
a. The date and location of the marriage are correct in the Petition.
b. Date and location of the marriage:
Date:/ Location: (City & state where you were married)
 4. (Check all that are true. If you do not check one or more of these, explain in a. There are no children under the age of 18 who are children of both the husband and the wife. b. There are no children under the age of 18 who were adopted or born during this marriage. c. There are no children 18 years of age or older who still need support. d. The wife is not pregnant.
5. (Check if true) The Petitioner (your spouse) is not living in Iowa just to get a divorce.
 6. (Check all that are true) a. The Respondent is a resident of Iowa. (You are the Respondent.) b. The Petitioner (your spouse) has lived in Iowa for more than one year.
 7. Condition of the marriage (<i>Check all that are true</i>) a. The marriage is broken and cannot be saved. b. There is no other divorce case going on in any court in Iowa or another state involving the marriage. c. Counseling will not save the marriage.
8. Respondent status (Check all that are true)
 a. The Respondent is in the military service. (You are the Respondent.) b. The Respondent is in prison or jail.
9. Protective or "no contact" orders (Check if true)
There is a "protective order" or a "no contact order" between the Respondent (you) and the Petitioner (your spouse). If you check this box, write in the following information:
a. County and state where the order came from:
b. Court case number:
10. Respondent denies anything in the Petition that Respondent has not admitted. (You are the Respondent.)
11. Other information:

E. REQUEST OF THE RESPONDENT	
	ots of the parties. (a) pay the court fees. (b) pay for Respondent's (<i>your</i>) attorney fees. (c) pay alimony to the Respondent (<i>you</i>).
	ormer or maiden name)
g. Other request:	
F. ATTORNEY HELP	
Check one: a. An attorney did not help me problem b. An attorney helped me prepare the following information):	repare or fill in this paper. e or fill in this paper. (If you check b., you must fill in
(Name of attorney or organization, if any)	(Attorney's P.I.N. # Ask the attorney)
(Business address of attorney or organization)	(City) (State) (Zip code)
() (Attorney's phone number – required)	() (Attorney's fax number, if there is one)
G. OATH AND SIGNATURE	
I,	, have read the above Answer, and I certify
I, (Print your name)	s of the state of Iowa that the information I have
	so certify that I mailed or gave a copy of the Answer
to the Petitioner or Petitioner's attorney (if any)	
_	(W
	(Your signature - Required)
(Your mailing address – Required)	(City – Required)
(G 7: 1	
(State, Zip code – Required)	(Phone number - Optional)
(E-mail address - Optional)	()(Fax number - Optional)
Form FL-1	7.115, page 3 of 3

A. IN THE	DISTRICT COURT FOR	County, Iow
	(County where the c	ase was filed)
B. NAMES		Equity case number:
ETITIONER	(Petitioner's name on Petition: First, Middle, Last)	General Answer to a Petitio (CLERK STAMPS HERE)
ESPONDENT	Γ (Your name: First, Middle, Last)	
	If you are responding to a Petition labeled F Use form FL-17.115 NDENT'S ANSWER (You are the Respondent.)	L-17.101 → do not use this form.
C. RESPO	Use form FL-17.115	
Respond	Use form FL-17.115 NDENT'S ANSWER (You are the Respondent.)	are true:
Respond	Use form FL-17.115 NDENT'S ANSWER (You are the Respondent.) dent admits that these paragraphs in the Petition	are true:
Respond	Use form FL-17.115 NDENT'S ANSWER (You are the Respondent.) dent admits that these paragraphs in the Petition e numbers of the paragraphs in the Petition that you think are to	are true:
Respond (List the	Use form FL-17.115 NDENT'S ANSWER (You are the Respondent.) dent admits that these paragraphs in the Petition e numbers of the paragraphs in the Petition that you think are to	are true:
(List the	Use form FL-17.115 NDENT'S ANSWER (You are the Respondent.) dent admits that these paragraphs in the Petition e numbers of the paragraphs in the Petition that you think are to dent denies that these paragraphs in the Petition e numbers of the paragraphs in the Petition that you think are for	are true: are true: are true: alse) a the Petition are true:

5. Other information:	
D REQUEST OF THE RESPONDENT (You are the	e Respondent.)
Respondent asks the court to:	
E. ATTORNEY HELP	
Check one: a. An attorney did not help me probable b. An attorney helped me prepare the following information):	epare or fill in this paper. or fill in this paper. (If you check b., you must fill in
(Name of attorney or organization, if any)	(Attorney's P.I.N. # Ask the attorney)
(Business address of attorney or organization)	(City) (State) (Zip code)
()(Attorney's phone number – required)	()(Attorney's fax number, if there is one)
	(Attorney's fax number, if there is one)
F. OATH AND SIGNATURE	
(Print your name)	, have read the above Answer, and I certify
(<i>Print your name</i>) under penalty of perjury and pursuant to the laws	s of the state of Iowa that the information I have
provided in this Answer is true and correct. I also	o certify that I mailed or gave a copy of the Answer
to the Petitioner or Petitioner's attorney (if any)	on this date:, 20
	(Your signature - Required)
(Your mailing address – Required)	(City – Required)
	()_
(State, Zip code – Required)	(Phone number - Optional)
	() (Fax number - Optional)
(E-mail address - Optional)	(Fax number - Optional)

Form FL-17.116, page 2 of 2

[Court Order May 16, 2007] Forms FL-17.117 to 17.121 Reserved

FL-17.122 MOTION PRINT	Γ CLEARLY
A. IN THE DISTRICT COURT FOR	County, Iow.
	unty where your case is filed)
B. NAMES	Equity case number:
PETITIONER (Full name: first, middle, last)	Motion (CLERK STAMPS HERE)
VS.	
RESPONDENT (Full name: first, middle, last)	
C. REQUEST	•
1. I am the (check one): Petitioner / R	espondent
 a. Change the hearing date that has been b. Award me temporary financial support c. Order counseling (conciliation). d. Set a hearing date for a divorce Decree. Shorten the 90-day waiting period for f. Other request (explain): 	ort. (Month & day) (Year) ee by default.
D. ATTORNEY HELP	
	ne prepare or fill in this paper. Expare or fill in this paper. (If you check b., you must fil
(Name of attorney or organization, if any)	(Attorney's P.I.N. # Ask the attorney)
(Business address of attorney or organization)	(City) (State) (Zip code)
()	
()(Attorney's phone number – required)	(Attorney's fax number, if there is one)
E. CERTIFICATION AND SIGNATURE	
	fy that I mailed or gave a copy of this Motion to the
other party or the other party's attorney (if any)	on
Your signature (Required):	

FL-17.123 RESPONSE TO A MOTION		PRINT CLEARLY		
A. In the District Court for		C	OUNTY, IOWA	
(County v	vhere your case is filed)			
B. UPON THE PETITION OF		Equity case number:		
PETITIONER (Full name: first, middle, last) VS.		Response to (CLERK STA)		
RESPONDENT (Full name: first, middle, last)				
C. OPPOSITION TO REQUEST				
1. I am the (<i>check one</i>): Petitioner / Res	spondent			
2. The other party filed a Motion on (date stamped	l on Motion):		, 20	
3. I oppose the following request(s) in that Moti			(Year)	
 b. To award my spouse temporary finan c. To order counseling (conciliation). d. To set a hearing date for a divorce De 	• •	(Month & day)	(Year)	
e. To shorten the 90-day waiting period f. Other request (explain):		e Decree.		
e. To shorten the 90-day waiting period f. Other request (explain):				
e. To shorten the 90-day waiting period f. Other request (explain):	for getting a divorce	paper.	ou must fill in	
e. To shorten the 90-day waiting period f. Other request (explain): 4. I oppose the request(s) because: D. ATTORNEY HELP Check one: a. An attorney did not help me prob. An attorney helped me prepare	for getting a divorce	paper.		
e. To shorten the 90-day waiting period f. Other request (explain): 4. I oppose the request(s) because: D. ATTORNEY HELP Check one: a. An attorney did not help me problem of the following information:	for getting a divorce	oaper. (If you check b., y		
e. To shorten the 90-day waiting period f. Other request (explain): 4. I oppose the request(s) because: D. ATTORNEY HELP Check one: a. An attorney did not help me problem b. An attorney helped me prepare the following information): (Name of attorney or organization, if any) (Business address of attorney or organization)	epare or fill in this p or fill in this paper. (Attorney's P.A.	naper. (If you check b., y I.N. # Ask the atto (State)	(Zip code)	
e. To shorten the 90-day waiting period f. Other request (explain): 4. I oppose the request(s) because: D. ATTORNEY HELP Check one: a. An attorney did not help me properties b. An attorney helped me prepare the following information): (Name of attorney or organization, if any)	epare or fill in this p or fill in this paper. (Attorney's P.A.	paper. (If you check b., y I.N. # Ask the atto	(Zip code)	
e. To shorten the 90-day waiting period f. Other request (explain): 4. I oppose the request(s) because: D. ATTORNEY HELP Check one: a. An attorney did not help me pr b. An attorney helped me prepare the following information): (Name of attorney or organization, if any) (Business address of attorney or organization) (Attorney's phone number – required)	epare or fill in this p or fill in this paper. (Attorney's P.A.	naper. (If you check b., y I.N. # Ask the atto (State)	(Zip code)	
e.	epare or fill in this paper. (Attorney's P.A. (City) (Attorney's fax otion. I also certify	Paper. (If you check b., you have a see that I mailed or go	(Zip code) one) gave a copy of	
e.	epare or fill in this paper. (Attorney's P.A. (City) (Attorney's fax otion. I also certify nat the other party's	Paper. (If you check b., you have a see that I mailed or go	(Zip code) one) gave a copy of	

	ANCIAL AFF		DISSOLUTION	OF MARRIAGE WITH	NO
IVALIA	OK CIIILDKI		LEARLY		
A. IN THE DISTRICT	COURT FOR			County,	Iowa
		(Count	y where your case is	filed)	
IN RE THE MARRIAGE (OF:		and		
	(Petiti	oner's name)		(Respondent's name)	
B. Upon the Petiti	ION OF			Equity case number	per:
PETITIONER (Full no	ame: first, middl	e, last)		Financial Affidav Dissolution of Mar With No Minor Ch	rriage ildren
AND CONCERNING				(CLERK STAMPS H	ERE)
RESPONDENT (Full nan C. Financial Statem Petitioner Respondent			plies to you):		
I,			, state that thi	is is a true and complete	statement
(Print you	r name)				
of my assets, debts, ar	ia present inc	ome on the	day of	Month	_, 20 <u> </u>
D. ASSETS					
ASSETS: Things you	and your spo	use own. (You	mav add extra	sheets if needed.)	_
*Owner (Whose name i			-		
Type of Assets	Owner* (H, W, J)	Market Value (What it would sell for)		Debt ount you still owe on it) to Whom Owed	Net Value (Market value minus debt owed)
1. Real estate		•	¢		•

Owner* (H, W, J)	Market Value (What it would sell for)	Debt (Total amount you still owe on it) and to Whom Owed	Net Value (Market value minus debt owed)
	\$	\$	\$
	\$	\$	\$
		Owner* (What it would sell for) \$	Owner* (What it would sell for) (Total amount you still owe on it) and to Whom Owed \$ \$

ASSETS --- Continued

*Owner (Whose name is on the car/vehicle title?): $\mathbf{H} = Husband$ $\mathbf{W} = Wife$ $\mathbf{J} = Joint$ (Both)

2. Vehicles (Make, year):	Owner* (H, W, J)	Market Value (What it would sell for)	Debt (Total amount you still owe on it) and to Whom Owed	Net Value (Market value minus debt owed)
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

*Owner (Whose name is on the stocks or bonds?): H = Husband W = Wife J = Joint (Both)

3. Securities / Stocks & bonds (Company name):	Owner* (H, W, J)	Market Value (What it would sell for)	Debt (Total amount you still owe on it) and to Whom Owed	Net Value (Market value minus debt owed)
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

*Owner (Whose name is on the policy?): $\mathbf{H} = Husband$ $\mathbf{W} = Wife$ $\mathbf{J} = Joint$ (Both)

4. Life Insurance (Company name):	Owner* (H, W, J)	Cash Value (Not death benefit)	Loan from Cash Value (Total amount still owed on loan)	Net Value (Cash value minus loan owed)
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

*Owner (Whose name is on the bank/credit union account?): $\mathbf{H} = Husband$ $\mathbf{W} = Wife$ $\mathbf{J} = Joint$ (Both)

5. Checking & Savings Accounts (Bank or credit union name):	Owner* (H, W, J)	Cash Value	Personal loans or overdraft accounts (Total amount you still owe on it)	Net Value (Cash value minus loan/overdraft owed)
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

ASSETS --- Continued

*Owner: $\mathbf{H} = Husband$ $\mathbf{W} = Wife$ $\mathbf{J} = Joint$ (Both)

6. Household Contents	Owner* (H, W, J)	Market Value (What it would sell for)	Debt (Total amount you still owe on it) and to Whom Owed	Net Value (Market value minus debt owed)
Furniture		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
Appliances/Electronics		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
Other (write in):		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

*Owner (Whose name is on the retirement account?): H = Husband W = Wife J = Joint (Both)

7. Retirement Assets (Examples: Pensions, IRAs, 401(k)s, Annuities, etc.)	Owner* (H, W, J)	Market Value (What it would sell for)	Loans from Retirement Account and to Whom Owed (Total amount you still owe on it)	Net Value (Market value minus loan owed)
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$

*Owner: $\mathbf{H} = Husband$ $\mathbf{W} = Wife$ $\mathbf{J} = Joint$ (Both)

8. Other Assets – List:	Owner* (H, W, J)	Market Value (What it would sell for)	Debt and to Whom Owed (Total amount you still owe on it)	Net Value (Market value minus debt owed)
		\$	\$	\$
		\$	\$	\$
		\$	\$	\$
9. Total Net Value of Asso	ets			\$

Ю.	OTHER	DERTS
	OTHER	DEDIS

10. Other Debts (List only those not included as "debt" or "loans" under "Assets" in part D.)

*Whose debt is it? $\mathbf{H} = Husband$ $\mathbf{W} = Wife$ $\mathbf{J} = Joint$ (Both)

Name of Person or Business You and/or Your Spouse Owe	Whose debt?*	Amount owed
a.		\$
b.		\$
c.		\$
d.		\$
e.		\$
f.		\$
g.		\$
h.		\$
i.		\$
j.		\$
k.		\$
1.		\$
m.		\$
n.		\$
0.		\$

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

11.	Total Other Debts (including amounts shown on attached sheet, if any).	\$

R.	INCOME

12. Current Income for Wife

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

Sources of Income:	How often paid? (W, B, M, T)*	Gross Amount (Before deductions)
a. Wages from employer (name):		\$
b. Wages from employer (name):		\$
c. Unemployment assistance		\$
d. Family Investment Program		\$
e. Social Security		\$
f. Other (identify):		\$
g. Other (identify):		\$
h. Other (identify):		\$

i. Check this box if you have attached a sheet with additional information on the Wife's income.

13. Deductions taken from Wife's income

*How often taken: W = Weekly B = Bi-weekly (Every other week) M = M onthly T = T wo times a month

Income deduction taken from:	Deduction for: (Federal tax, state tax etc.)	How often taken? (W, B, M, T)*	Amount of deduction:
a. Wages from employer (name):			\$
b. Wages from employer (name):			\$
c. Unemployment assistance			\$
d. Family Investment Program			\$
e. Social Security			\$
f. Other (identify):			\$
g. Other (identify):			\$
h. Other (identify):			\$

i. Check this box if you have attached a sheet with additional information on the Wife's deductions.

14. Current Income for Husband

*How often paid: W = Weekly B = Bi-weekly (Every other week) M = M onthly T = T wo times a month

Sources of Income:	How often paid? (W, B, M, T)*	Gross Amount (Before deductions)
a. Wages from employer (name):		\$
b. Wages from employer (name):		\$
c. Unemployment assistance		\$
d. Family Investment Program		\$
e. Social Security		\$
f. Other (identify):		\$
g. Other (identify):		\$
h. Other (identify):		\$

i. Check this box if you have attached a sheet with additional information on the Husband's income.

15. Deductions taken from Husband's income:

*How often taken out: W = Weekly B = Every other week M = Monthly T = Two times a month

Income deduction taken from:	Deduction for: (Federal tax, state tax etc.)	How often taken? (W, B, M, T)*	Amount of deduction:
a. Wages from employer (name):			\$
b. Wages from employer (name):			\$
c. Unemployment assistance			\$
d. Family Investment Program			\$
e. Social Security			\$
f. Other (identify):			\$
g. Other (identify):			\$
h. Other (identify):			\$

i. Check this box if you have attached a sheet with additional information on the Husband's deductions.

G.	EXPENSES
16.	Living Arrangements (check one)
	☐ My spouse and I live in the same home.☐ My spouse and I do <u>not</u> live in the same home.
17.	My Expenses: (Note: You <u>must</u> complete this section if you or your spouse wants alimony.)
*Hov	w often paid: W =Weekly B =Bi-weekly (every other week) M = Monthly

Type of Expense	Owed to:	How often paid (W, B, M, T, A)*	Monthly Amount
a. House payment or rent			\$
b. Food (at home & restaurants)			\$
c. Transportation (gas, bus fare) (not car loan payments – see l.)			\$
d. Clothing			\$
e. Medical, dental (not insurance payments, see j)			\$
f. Utilities (gas, electric)			\$
g. Telephone/cell phone			\$
h. Cable/satellite television			\$
i. Car insurance payment			\$
j. Health insurance payment			\$
k. Credit card payments			\$
l. Car loan payments			\$
m. Other loan payments			\$
n. Other expense (identify):			\$
o. Other expense (identify):			\$

H. ATTORNEY HELP			
Check one: a. An attorney did not help me prebare b. An attorney helped me prepare the following information):		•	o., you must fill in
(Name of attorney or organization, if any)	(Attorney's P.I.N. # Ask the attorney)		
(Business address of attorney or organization)	(City)	(State)	(Zip code)
()(Attorney's phone number – required)	(Attorney's fax i	number, if there is	one)
I. OATH AND SIGNATURE			
I,(Print your name) Affidavit. I certify under penalty of perjury and		read the above	
information I have provided in this Financial Aff	-		
copy of this document to the other party or the ot			-
	(Your sig	nature)	

FL-17.125 AFFIDAVIT OF MAILING NOTICE A. IN THE DISTRICT COURT FOR COUNTY, IOWA (County where your case is filed) IN RE THE MARRIAGE OF: and (Petitioner's name) (Respondent's name) Equity case number: B. UPON THE PETITION OF **PETITIONER** (Full name: first, middle, last) **Affidavit of Mailing Notice** (CLERK STAMPS HERE) AND CONCERNING **RESPONDENT** (Full name: first, middle, last) **ATTORNEY HELP** *Check one:* a. □ An attorney did not help me prepare or fill in this paper. b. An attorney helped me prepare or fill in this paper. (If you check b., you must fill in the following information): (Name of attorney or organization, if any) (Attorney's P.I.N. # -- Ask the attorney) (Business address of attorney or organization) (City) (State) (Zip code) (Attorney's phone number – required) (Attorney's fax number, if there is one) PETITIONER'S OATH AND SIGNATURE I, the undersigned, certify under penalty of perjury and pursuant to the laws of the state of Iowa that ___, 200_____, I sent by ordinary mail, with proper postage day of affixed, the following paper or papers (check one): ☐ Original Notice and Petition for Dissolution of Marriage – OR – ☐ Notice of Intent to File a Written Application for Default Decree to the other party's lastknown address as follows: (Street address) (City) (State) (Zip code)

Notice to the Petitioner: You *must* file this form at the district court clerk's office if you served Notice by Publication in a newspaper – OR – if you ask the court for a final Decree by default.

[Court Order May 16, 2007]

Petitioner's signature:

	County where your case is filed)		COUNTY, IOWA
(6	County where your case is filed)		
B. UPON THE PETITION OF		Equity ca	se number:
PETITIONER (Full name: first, middle, last)		Application fo	nt to File Written r Default Decree CAMPS HERE)
vs.			
RESPONDENT (Full name: first, middle, last)			
C.	L		
TO:(Respondent's Name: First, Midd	dle, Last)	_	
DATE OF NOTICE:			
IMPO	RTANT NOTICE		
YOU ARE IN DEFAULT BECAUSE YO YOU IN THIS CASE. UNLESS YOU A NOTICE, A DEFAULT DECREE OF D AGAINST YOU WITHOUT A HEARI OTHER IMPORTANT RIGHTS. YOU S	CT WITHIN <u>TEN DAYS</u> DISSOLUTION OF MAR NG, AND YOU MAY I	FROM THE RIAGE WILL OSE YOUR	DATE OF THIS . BE ENTERED PROPERTY OR
Signature of Po	etitioner or Petitioner's Attorn	ey	_
Petitioner's Street Address	City	State	Zip Code
Petitic	oner's Telephone Number		

FL-17.127 REQUEST FOR RELIEF IN A DISSOLUTION OF MARRIAGE WITH NO MINOR **CHILDREN** PRINT CLEARLY A. IN THE DISTRICT COURT FOR ___ COUNTY, IOWA (County where the Petition was filed) IN RE THE MARRIAGE OF: _ and (Petitioner's name) (Respondent's name) B. Upon the Petition of **Equity case number:** Request for Relief in a **PETITIONER** (Full name: first, middle, last) **Dissolution of Marriage** With No Minor Children (CLERK STAMPS HERE) AND CONCERNING **RESPONDENT** (Full name: first, middle, last) PERSONAL INFORMATION Husband: (Name) (Present street address) (City) (State) (Zip code) (County) (Date of birth) **2.** Wife: _ (Name) (City) (Present street address) (Zip code) (State)

(Date of birth)

(County)

D. REQUEST FOR RELIEF
 3. Children (check all that are true): a. There are no children under the age of 18 who are children of both the husband and the wife. b. There are no children under the age of 18 who were adopted or born during this marriage. c. There are no children 18 years of age or older who still need support. d. The wife is not pregnant. 4. Breakdown of Marriage. The marriage has broken down and cannot be saved.
5. Counseling. Counseling will not save the marriage.
 6. Waiting Period Before Decree (check only one): a. More than 90 days have passed since Respondent was served with an Original Notice. b. I want the court to take action right away without a separate hearing. I have no children affected by this action. The wife is not pregnant. This paper explains how I would like to settle all issues in my divorce.
 7. Financial Statements. a. I filed a Financial Statement. I certify that I have fully disclosed all income and the identity and value of all assets and debts. b. I am asking that the court not require me to file a financial statement because:
8. Division of Personal Property (check only one): a. All of the personal property obtained during the marriage has been divided. I ask that Husband will keep the personal property in his possession and Wife will keep the personal property in her possession.
b. I ask that our personal property be divided as follows:
(Attach additional sheets if necessary.)
(1) Husband will get the following as his separate personal property:
(2) Wife will get the following as her separate personal property:
(2) Wife will get the following as her separate personal property:

9. Division of Real Estate.		
a. Ownership of Real Estate (check only one) :	
(1) \square We do not own any real estate (if ye	ou check this box, skip to 10).	
(2) We own real estate located at: (add	ress)	
in the City of, Con		
This land is described in		
b. The Real Estate shall be (check only one) (1) Sold and the profit or debt divided (2) Awarded to Husband, subject to all (3) Awarded to Wife, subject to all lier (4) Other (describe):	% to Husband and liens and mortgages. as and mortgages.	
10. Division of Debts (check only one):		
a. There are no debts.		
b. I have listed all the debts I know about a (Attach additional sheets if necessary)		follows:
(1) Husband will pay the following debts:		
(a) Business or person to whom a debt is owed	(b) Account number - if any (Last 4 numbers only)	(c) Total Amount Still Owed \$
		\$
		\$
		\$
		\$

(2) Wife will pay the following debts:

	(b) <u>Account number</u> - if any (Last 4 numbers only)	(c) <u>Total Amount</u> <u>Still Owed</u>
		\$
		\$
Any of my spouse's debts that I do not know abo	ut should be paid by my spouse	e.
1. Cash Payment (check only one): a. \(\subseteq \text{I ask that neither Husband nor Wife payers)}	any money to the other.	
b. 🗌 I ask that Husband pay Wife \$		ize the division of
property and debts.	to equal	ize the division of
c. I ask that Wife pay Husband \$ property and debts. 2. Alimony (check only one):	to equal	
property and debts.		
property and debts. 2. Alimony (check only one): a. I ask that neither Husband nor Wife pay b. I ask that alimony be paid as follows:	alimony to the other. nly one):	
property and debts. 2. Alimony (check only one): a.	valimony to the other. mly one): malf of the remaining court fees.	

Form FL-17.127, page 4 of 5

I ask that the court require each of us to sign and deliver to each other any papers that may be needed to carry out the terms of the decree. 17. Other Request for Relief **18.** Statements of Understanding and Fact. (Check all that apply): I have made a full disclosure of my property and debts to the court. This request for relief addresses all issues in my divorce. c. I want this request for relief to be approved by the court and made part of the final Decree. **ATTORNEY HELP** Check one: a. An attorney did not help me prepare or fill in this paper. b. An attorney helped me prepare or fill in this paper. (If you check b., you must fill in the following information): (Name of attorney or organization, if any) (Attorney's P.I.N. # -- Ask the attorney) (Business address of attorney or organization) (City) (State) (Attorney's phone number – required) (Attorney's fax number, if there is one) F. OATH AND SIGNATURE I certify under penalty of perjury and pursuant to the laws of the state of Iowa that I have read the "Request for Relief" above and it accurately states how I would like the court to address the issues in my divorce. I ask that this document be presented to a judge for approval and filing with the court. I also certify that I gave or mailed a copy of this Request for Relief to the other party or the other party's attorney (if any) on (date): My Signature

Form FL-17.127, page 5 of 5

My Printed Name

[Court Order May 16, 2007]

CHILDREN	PRINT CLEA	RLY			
A. In the District Court for				Co	UNTY, IOW
	(County wher	e the Petition wa	ıs filed)		
RE THE MARRIAGE OF:(Petitio	oner's name)	and	(Resp	ondent's nam	e)
B. UPON THE PETITION OF			Equ	uity case nu	mber:
ETITIONER (Full name: first, middle	e, last)		Disso With	nent Agreen Olution of M No Minor (arriage Children
ND CONCERNING			(CLI	ERK STAMPS	(HERE)
C. Personal Information					
. Husband's:					
	(Name)				
(Present street address)		(City)		(State)	(Zip code)
(County)		(Date of	birth)		_
2. Wife's:					
_	(Name)				
(Present street address)		(City)		(State)	(Zip code)
(County)		(Date of	birth)		_

D.	AGREEMENTS
We	agree to the following:
3.	 Children (check all that are true): a. ☐ There are no children under the age of 18 who are children of both the husband and the wife. b. ☐ There are no children under the age of 18 who were adopted or born during this marriage. c. ☐ There are no children 18 years of age or older who still need support. d. ☐ The wife is not pregnant.
4.	Breakdown of Marriage. The marriage has broken down and cannot be saved.
5.	Counseling. Counseling will not save the marriage.
6.	 Waiting Period Before Final Decree (check one): a. More than 90 days have passed since Respondent accepted service or was served with an Original Notice. b. We want the court to take immediate action without a separate hearing because we have no children affected by this case, the wife is not pregnant, and we agree on how to settle all issues in our divorce.
7.	 Financial Statements (check one): a. Husband has filed a Financial Statement. He certifies that he has fully disclosed all income and the identity and value of all assets and debts. b. Wife has filed a Financial Statement. She certifies that she has fully disclosed all income and the identity and value of all assets and debts. c. We ask the court to not require us to file Financial Statements because:
8.	 Division of Personal Property (check one): a. ☐ We have divided our personal property. Husband will keep the personal property in his possession. Wife will keep the personal property in her possession. (If you check this box, skip to 9.) b. ☐ Our personal property will be divided as follows (Attach additional sheets if necessary): (1) Husband will get the following as his separate personal property:
	(2) Wife will get the following as her separate personal property: Form FL-17.128, page 2 of 6

Division of	Real Estate		
	The post Real Estate (check one): Ye do not own any real estate (if y	ou check this box, skip to 10)	
(2) W	e own real estate located at (add	ress)	
in the city o	f,	county of	, sta
	This land is described in the	ne deed as follows:	
(1) So (2) A· (3) A·	l Estate shall be (check one): old and the profit or debt is divide warded to Husband, subject to all warded to Wife, subject to all lies ther (describe):	l liens and mortgages. ns and mortgages.	% to Wif
	f Debts (check one):		
a. \square There above. \square We have	*		ed as follows:
a. There a b. We have (A	are no debts. we listed all the debts we know al	ary.)	ed as follows:
a. There a b. We hav (A	are no debts. ve listed all the debts we know al Attach additional sheets if necess	ary.)	(c) <u>Total Amo</u>
a. There a b. We hav (A	are no debts. ve listed all the debts we know ale all the debts we know ale altrach additional sheets if necess and will pay the following debts:	(b) Account number - if any	(c) <u>Total Amo</u>
a. There a o. We hav (A (1) Husba	are no debts. ve listed all the debts we know ale all the debts we know ale altrach additional sheets if necess and will pay the following debts:	(b) Account number - if any	(c) <u>Total Amo</u> <u>Still Owe</u>
a. There a o. We hav (A (1) Husba	are no debts. ve listed all the debts we know ale all the debts we know ale altrach additional sheets if necess and will pay the following debts:	(b) Account number - if any	(c) Total Amo Still Owe
a. There a b. We hav (A	are no debts. ve listed all the debts we know ale all the debts we know ale altrach additional sheets if necess and will pay the following debts:	(b) Account number - if any	(c) Total Amo Still Owe \$ \$

(2) Wife will pay the following debts:

Form FL-17.128, page 3 of 6

(a) Business or person to whom a debt is owed	(b) Account number - if any (Last 4 numbers only)	(c) <u>Total Amount</u> <u>Still Owed</u>
		\$
		Φ.
		\$
Any debts that we do not know about should be p	aid by the spouse who made th	ne debt.
11. Cash Payment to Equalize the Division of I	Property and Debts (check or	ne):
a. Neither Husband nor Wife will pay any	money to the other.	
b. Husband will pay Wife \$	by (date):	
c. Wife will pay Husband \$	by (date):	
 12. Alimony (check one): a. Neither Husband nor Wife will pay alim b. Husband will pay alimony to Wife as for 		
c. Wife will pay alimony to Husband as fo	llows:	
 13. Name Change. a. Husband's name (check one): (1) Will not be changed (2) Will be changed to 		
b. Wife's name <i>(check one)</i> : (1) Will not be changed (2) Will be changed to		

14. Court Fees (check one):

Form FL-17.128, page 4 of 6

 a. All court fees will be paid by Husband. b. All court fees will be paid by Wife. c. Husband and Wife shall each pay one-had 	alf of the remaining	court fees.	
d. Husband and Wife shall each pay one-h	alf of the total court	fees.	
a. Husband's attorney's fees (check one): (1) Husband has no attorney's fees (2) Husband will pay his own attorney's fees (3) Wife will pay \$ for Hu		ees.	
 b. Wife's attorney's fees (check one): (1) Wife has no attorney's fees (2) Wife will pay her own attorney's fees 			
(3) Husband will pay \$ for	Wife's attorney's fe	ees.	
17. Other Agreements (Attach additional sheets E. ATTORNEY HELP	if necessary.)		
Check one: a. An attorney did not help me preb. An attorney helped me prepare of the following information):			ou must fill in
(Name of attorney or organization, if any)	(Attorney's P.I.I	N. # Ask the atte	orney)
(Business address of attorney or organization)	(City)	(State)	(Zip code)
()(Attorney's phone number – required)	(Attorney's fax r	number, if there is	one)

F. OATH AND SIGNATURE

This Settlement Agreement addresses all issues in our divorce. We have made a full disclosure of our property and debts to each other. We want this agreement to be approved by the court and made part of the final Decree.

Wife's Oath and Signature:

I certify under penalty of perjury and pursuant to the laws of the state of Iowa that I have read the "Marital Settlement Agreement" above and it accurately states how I would like the court to address the issues in my divorce. I know I have the right to talk to an attorney about this agreement. I am voluntarily signing this agreement. I am asking that this document be presented to a Judge for approval and filing with the court.

approval and filing with the court.	
	Wife's Signature
Date signed by Wife	Wife's Printed Name
the "Marital Settlement Agreement" above as address the issues in my divorce. I know I ha	ursuant to the laws of the state of Iowa that I have read and it accurately states how I would like the court to ave the right to talk to an attorney about this agreement. In asking that this document be presented to a Judge for
	Husband's Signature
Date signed by Husband	Husband's Printed Name

FL-17.301 APPLICATION TO MODIFY C	THILD SUPPORT ONLY	PRIN	T CLEARLY
A. In the District Court for			UNTY, IOW
	re the current child support is ord		
B. Upon the Petition of		Equity case n	um ber:
		oplication to	
ETITIONER (As it is in the original case)		ERK STAM	
s			
RESPONDENT (As it is in the original case)			
Stop! You must file this form in the same of sentered. If you cannot file it in the same co		t child sup	port order
C. PERSONAL INFORMATION			
. Applicant's (your) name, year of birth and pre	sent residence:		
(Full name)	(Year of bi	irth)	
(Present street address)	(City)	(State)	(ZIP Code)
(County)	() (Phone nu	mber)	
2. Other parent's name, year of birth, and preser	nt residence:		
(Full name)	(Year of bi	irth)	
(Present street address)	(City)	(State)	(ZIP Code)
(County)	()(Phone nu	mber)	
If someone other than a parent gets child suppointh, and present address:	port in this case, write the po	erson's nan	ne, year of
(Full name)	(Year of bi	irth)	
(Present street address)	(City)	(State)	(ZIP Code)
(County)	()(Phone nu	mber)	

Form FL-17.301, page 1 of 4

D. GENERAL INFORMATION ABOUT TH	IS CASE
4. Information about the current child support	ort order:
a. Date entered: / / (Day) / (Year)	
	order is entered:
c. Case number on the current child su	pport order:
d. (Name)	pays child support in this case.
(Name)	receives child support in this case.
e. The current child support payment is	s: \$ per (Week or month)
5. (Check if true.) A copy of the current	t child support order is attached.
6. (Check all that are true.)	
☐ The Child Support Recovery Unit ((CSRU) is involved in this case.
☐ The Collection Services Center (CS	SC) is involved. The CSC number is:
7. (Check if true.)	
There are other child support order (If you check this box, write in the fo	rs for the child or children involved in this case. They are: ollowing information.)
Case #	County & State
Case #	County & State
8. The following children are covered by the	ne current child support order:
First, middle & last	First, middle & last
initials of each child Year of birth	
(1)	
(2)	
(3)	
(4)	dren, attach a separate sheet and check this box:
wore. If you need more lines to list the child	dren, attach a separate sheet and check this box.
► Stop! If there is a court order that so cannot use this form. Talk to an attorney	ets up custody and you need to change custody, you y if you need to change custody
	FI 17 201 page 2 of 4

9.	Child support should be changed because: (Check all that are true.) a. There is a juvenile court order that changed where the child or children were living. The person paying support has custody of the children. (If you check a., write in the county where the juvenile court order was entered and the case number.)
	County: Case #:
	 b. ☐ One or more of the children live with the parent who is paying support. There is no court order that sets up custody. c. ☐ One or more of the children no longer qualify for child support. d. ☐ My income has gone down. e. ☐ The other parent's income has gone up. f. ☐ Other reason (explain):
10.	Child support should be: (Check all that apply; if you check more than one please explain on the blank lines.) a. Raised
	b. Lowered
	c. Stopped
11.	 Tax deduction for the child or children. (Check the one that is true.) a. There is no court order at this time on tax deductions. b. A court order currently says who gets the tax deduction for the child or children and it should stay the same. c. A court order currently says who gets the tax deduction for the child or children and it should be changed.
12.	 Health care expenses for the child or children. (Check the one that is true.) a. There is no court order at this time on who pays health care expenses. b. A court order currently says who pays for health care expenses for the child or children and it should stay the same. c. A court order currently says who pays for health care expenses and it should be changed. (If you check this box, explain what you want in below.)
13.	The other party is: (Check all that are true.) (If you check a. or b. see the instructions.)
_	a. In the military service. (Give the location.)
	b. In prison or jail. (Give the location.)
14.	(Check if true.) There is a "protective order" or a "no contact order" between any of the parties and me. If you check the box, write in the following information (Required):
	a. County and state where the order came from:
	b. Court case number:

15. Other information:		
E. REQUEST OF THE APPLICANT (You are the Applicant)	nnlicant)	
a. Raise the court to: (Check all that app a. Raise the current child support payment.		
 b. Lower the current child support paymen c. End the current child support payment. 	t.	
d. Set child support for the parent who doe		
 e. Change who gets the tax deduction for the Change who pays for health care expensions. 		
g. Order that the other party pay the court f	fees.	illiaren.
 h. Order that the other party pay my attorned i. Other request: 	ey fees.	
i. Guier request.		
(Check one.) a. An attorney did not help me p		
(Check one.) a. An attorney did not help me p b. An attorney helped me prepar (If you check b., you must fill in the	e or fill in this pape	r.
(Name of attorney or organization, if any)	(Attorney's P.I.N	.#—Ask the attorney)
(Business address of attorney or organization)	(City)	(State) (ZIP Code)
()	()	
(Attorney's phone number – Required)	(Attorney's fax n	umber, if there is one)
G. OATH AND SIGNATURE		
I, the laws of the state of Iowa that the information I l correct. (Your signature – Required)	_, certify under pen nave provided in thi	alty of perjury and pursuant to s Application is true and
(Your mailing address – Required) (C	• •	(State, ZIP Code – Required)
(E-mail address – Optional)	(number– Optional)
NOTICE TO APPLICANT: You must serve this form an If the Child Support Recovery Unit (CSRU) is involved in forms on the CSRU. See the instructions for forms	this case (see item 6,	
	01, page 4 of 4	

FL-17.302 Application Coversheet for a Modification Of Ch	
1. NAME & ADDRESS of Applicant	FOR COURT USE ONLY CASE NUMBER:
Applicant's Name	
	COUNTY WHERE CASE WAS FILED:
Applicant's Street Address City, State, ZIP Code	
Applicant's Telephone Number: ()	
2. CASE NAME (As it is in the Application)	
Petitioner	
vs.	
Respondent	

3. NATURE OF THE CASE: Check the box to the <u>left</u> of the <u>one</u> case category that most accurately describes your primary case. If you are making more than one type of claim, check the one that involves the largest amount of damages or the one you consider most important.

Check one	in	thic	column	

LAW: Contract/ Commercial Claim	Ţ	EQUITY - Domestic Relations	EQUITY - Other
Debt collection (LA-C1)		Dissolution children involved (CD DC)	Mortgage foreclosure (EQ-EM)
Employment-related claim (LA-C3)		Dissolution no children (CD DN)	Other real property claim (EQ-ER)
Other contract or commercial claim (LA-C9)		Modification children involved (CD-MC)	Other equity (EQ-EO)
		Modification no children (CD-MN)	
LAW: Tort - Personal Injury (P.I.)		236 Domestic abuse (DA DA)	OTHER CIVIL ACTIONS
Motor vehicle accident (LA-T2)		234 Foster care (DR D1)	Administrative appeal to dist. court (CV-V1)
Premises liability / slip & fall (LA-T3)		252A Support action (FL-D2)	Change of name (CN-CN)
Malpractice: medical or dental (LA-T1)		252 A.18 - Foreign support (DR-D3)	Distress warrant (CV-V2)
Products liability (toxic chem. / subst.) (LA-T8)		252B.11 - Cost recovery (DR-D4)	Foreign judgment entry (CV-V3)
Products liability (not toxic substance) (LA-T4)		252C - Administrative Order (DR-D5)	Lien (LN - IE, IH, IM or IO)
Wrongful death (LA-T7)		252D - Income withholding (DR-D6)	Post conviction relief (PC-PC)
Other negligent / intentional P.I. (LA-T9)		252E - Medical support (DR-D7)	Seized property / forfeiture (SP-SP)
		252F/ . 600B Paternity (DR D8)	Transcript of judgment (TJ-TJ)
LAW: Tort - Other damages (no P.I.)		252K - UFISA (DR-R1)	Other civil action (CV-V9)
Professional malpractice - no P.I. (LA-T5)		598B Out of state custody (DR R2)	FOR COURT USE ONLY
Fraud / business tort (LA - C2)		-600 Adoption (AT AT)	
Other tort - property/financial damages (LA-T6)		Other domestic relations action (DR D9)	

*NOTE TO APPLICANT:

- Pursuant to 1.301(2) of the Iowa Rules of Civil Procedure, a cover sheet must accompany each civil petition except: small claims, probate, or commitment actions.
- □ DO NOT SERVE THIS COVER SHEET ON THE RESPONDENT (the other parent).
- ☐ A cover sheet is not required when filing a counterclaim or cross-claim.
- ☐ This cover sheet is for statistical purposes only. It shall have no legal effect in the case.

FL-17.303 CONFIDENTIAL INFORMATION FORM

A. IN THE DISTRICT COURT FOR			Cou	NTY, IOWA
	(County where A	Application is filed)		
B. UPON THE PETITION OF		F	Equity case number:	
			ential Informa ERK STAMPS	
PETITIONER (As it is in the Application)				
vs				
RESPONDENT (As it is in the Application)				
C. APPLICANT'S INFORMATION (The per		Anniantian to make	J.: 1 J	
APPLICANT SINFORMATION (The per	son wno jues ine	Аррисанов ю томуу с	тия ѕиррогі)	
Name:	First	Λ	1iddle	
Address:		City	State	ZIP Code
Soc. Security #:		rivers License #:		
Birth Date:		Telephone #:		
Employer:				
Employer's Address: Street Number		City	State	ZIP Code
Employer's Telephone #:				
D. OTHER PARTY'S INFORMATION				
Name:			6. 1.77	
Last	First	Λ	1iddle	
Address:Street Number		City	State	ZIP Code
Soc. Security #:	Dr	rivers License #:		
Birth Date:	Te	lephone #:		

FL-17.303 CONFIDENTIAL INFORMATION FORM Employer: Employer's Address: ZIP Code Street Number City State Employer's Telephone #: _____ E. CHILDREN'S INFORMATION Fill in the name and other information for each child in this case: 1. Name: First Last Middle Soc. Security #: Birth Date: **2.** Name: First Middle ____ Birth Date: Soc. Security #: 3. Name: ___ First Middle _____ Birth Date: ___ Soc. Security #: 4. Name: First Last Middle Soc. Security #: Birth Date: _ 5. Name: __ First Middle Birth Date: Soc. Security #: If there are more than five children, attach an additional sheet with this same information for the others and check here: \Box The party or parties submit the above information in compliance with the Court's Order and with the

knowledge the information will be used to enforce any support Order under the Code of Iowa, Chapters 234, 252A, 252C, 252F, 252H, 252K, or 600B, as provided for in Section 598. The parties must promptly file with the Clerk of the District Court or the Child Support Recovery Unit an update of this information if their address or employment change.

Information given by:	
(Print your	full name)
(Your signature)	(Date)

IMPORTANT NOTICE: DO NOT GIVE COPIES OF THIS FORM TO ANYONE EXCEPT THE CLERK OF DISTRICT COURT

Form FL-17.303, page 2 of 2

rL-I	7.304 ORIGINAL NOTICE FOR PERSONAL SERVICE	PRINT CLEARLY
A. In	N THE DISTRICT COURT FOR	County, Iowa
	(County where the Appl	lication is filed)
B. U	PON THE PETITION OF	Equity case number:
		Original Notice for Personal Service (CLERK STAMPS HERE)
РЕТІТІ	IONER (As it is in the Application)	
VS		
RESPO	ONDENT (As it is in the Application)	
С. Т	O (Print name(s) clearly):	
•	A copy of the filed Application to Modify Child Supp. The Applicant is not represented by an attorney. (Applicant's name)	oort Only is attached to this Notice. (Applicant's address)
	(пррисат з нате)	(Applicant's address)
	(Applicant's phone number)	(Applicant's fax number, if any)
•	You must file an Answer or a Motion with the clerk of within 20 days after you receive this Original Notice. FL-17.301 you may use Answer form FL-17.315. After you file your Answer or Motion, you must serve parties. If you do not file an Answer or Motion within 20 day may enter a judgment against you granting the Application of the participate in court due to a server	If you received Application form e a copy of it on the other party or s after receiving this Notice, the court cant's requests in the Application.
	district ADA coordinator at impaired, call Relay Iowa TTY at 1-800-735-2942.	If you are hearing
(seal)	Clerk of Court or L	Designee:
	County Courthouse, in	, Iowa
	IMPORTANT:	(ony)
	You should talk to an attorney at once to	PROTECT YOUR INTERESTS.

Form FL-17.304, page 1 of 1

FL-17.305 ACCEPTANCE OF SERVICE

A. IN THE DISTRICT COURT FOR			UNTY, IOWA
(C	ounty where the Application	on is filed)	
B. UPON THE PETITION OF		Equity case	number:
		Acceptance of	of Service
		(CLERK STAM	
PETITIONER (As it is in the Application)			
vs.			
RESPONDENT (As it is in the Application)			
C. ACCEPTANCE OF SERVICE, OATH, AND	D SIGNATURE		
	(Samuel Davita's	signature – Required)	
1 /	(Serveu Farty S	signature – Requirea)	
		signature – Requirea)	
(Served Party's mailing address)	(City)	Signature – Requirea) (State)	(ZIP Code)
		(State)	(ZIP Code)
(Served Party's mailing address)	(City)	(State)	(ZIP Code)
(Served Party's mailing address) (Phone number, if available)	(City) (Fax number, if	(State)	(ZIP Code)
(Served Party's mailing address) (Phone number, if available)	(City) (Fax number, if	(State)	
(Served Party's mailing address) (Phone number, if available)	(City) (Fax number, if NOTICE what the Applicant	(State) available) wants. You only ag	
(Served Party's mailing address) (Phone number, if available) By signing this you are not agreeing to	(City) (Fax number, if NOTICE what the Applicant	(State) available) wants. You only ag	
(Served Party's mailing address) (Phone number, if available) By signing this you are not agreeing to	(City) (Fax number, if NOTICE what the Applicant	(State) available) wants. You only ag	
(Served Party's mailing address) (Phone number, if available) By signing this you are not agreeing to	(City) (Fax number, if NOTICE what the Applicant	(State) available) wants. You only ag	
(Served Party's mailing address) (Phone number, if available) By signing this you are not agreeing to	(City) (Fax number, if NOTICE what the Applicant	(State) available) wants. You only ag	
(Served Party's mailing address) (Phone number, if available) By signing this you are not agreeing to	(City) (Fax number, if NOTICE what the Applicant	(State) available) wants. You only ag	

FL-17.306 DIRECTIONS FOR SERVICE OF ORIGINAL NOTICE

PRINT CLEARLY

(Date)	(1 our signature)
DATE & SIGNATURE:(Date)	, 20
AFTER COMPLETION OF SERVICE, NOTIF	Y THE PERSON REQUESTING SERVICE.
_	Clerk of Court: Sign only if deferred by court order)
☐ Deferred by court order:	Clark of County Cian and if I formally
☐ Applicant will pay the Sheriff or oth	ner process server.
COSTS OF SERVICE: (Check one.)	
SPECIAL INSTRUCTIONS FOR SERVICE:	
•	(Frione number)
(Phone number)	(Phone number)
(City, State, and ZIP Code)	(City, State, and ZIP Code)
(Address)	(Address)
(waine of person being served)	(wame of person requesting service)
(Name of person being served)	(Name of person requesting service)
PERSON TO BE SERVED:	D. PERSON REQUESTING SERVICE:
(City, State, and ZIP Code)	(City, State, and ZIP Code)
	(Autress)
(Address)	(Address)
County	(Name of other person serving the Notice)
SHERIFF:	☐ OTHER PROCESS SERVER:
NAME AND LOCATION OF SHERIFF OR OTI	HER PROCESS SERVER (Check one and fill in blank
(County where Application is filed)	(Equity case number)

[Court Order June 17, 2008] Forms FL-17.307 and 17.308 Reserved

FL-17.309 APPLICATION AND AFFIDAVIT TO DEFER PAYMENT OF COSTS

COUNTY, IOWA
Equity assa numbers
Equity case number:
Application and Affidavit to Defer Payment of Costs (CLERK STAMPS HERE)
(CDDAGE STITLE STIBLE)
(Print clearly.)
costs or other court costs. ithout prepayment of costs and fees good faith. or in this case.
leductions.)
employer or benefits such as
i

6. My household has the follow	ring monthly expenses:	
a. Rent or mortgage	\$	
b. Utilities	\$	
c. Telephone	\$	
d. Food	\$	
e. Transportation	\$	
7. I have \$	_ in cash, checking and saving	gs.
E. ATTORNEY HELP		
	ng information.)	s paper. (If you check b., you must fill FP.I.N. # – Ask the attorney)
(Business address of attorney or org		(State) (ZIP Code)
()(Attorney's phone number – Require	d) (Attorney's	fax number, if there is one)
F. OATH AND SIGNATURE		
	certify that o	on . 20
		on
I mailed or gave a copy of this form	i to the other party or the other	r party's attorney at this address:
(Name of person to whom I del	ivered or mailed it)	
(Person's street address)	(City)	(State) (ZIP Code)
I also certify under penalty of perjuthis form and that the information I		
(Your si _{	gnature – Required)	
(Your mailing address – Required)	(City – Required)	(State, ZIP Code – Required)
(E-mail address – Optional)) (Fax number – Optional)
(2 man and cos – Optional)		үх им нитоог — Орионии)
	Form FL-17.309, page 2 of 2	

[Court Order June 17, 2008] Forms FL-17.310 to 17.314 Reserved

FL-17.315 ANSWER TO APPLICATION TO MODIFY CHILD SUPPORT ONLY

PRINT CLEARLY A. IN THE DISTRICT COURT FOR COUNTY, IOWA (County where the Application is filed) Equity case number: B. UPON THE PETITION OF Answer to Application to **Modify Child Support Only** (CLERK STAMPS HERE) PETITIONER (As it is in the Application) VS **RESPONDENT** (As it is in the Application) ► STOP! Use this form only if you are responding to an Application for Modification of Child Support on form FL-17.301. For all other situations, see the instructions for this form. PERSONAL INFORMATION (Check only one. If you check the second box, fill in the blanks.) The Applicant's year of birth and present residence are correct in the Application. The Applicant's year of birth and present residence are: (Name) (Year of birth) (ZIP Code) (Present street address) (City) (State) (County) **2.** Response (Check only one. If you check the second box, fill in the blanks.) My year of birth and present residence are correct in the Application. My year of birth and present residence are: (Name) (Year of birth) (Present street address) (ZIP Code) (City) (State)

Form FL-17.315, page 1 of 5

(Phone number)

(County)

3. (Check only one. If you check the third box, fill in the last three is no non-parent who gets child supp. The year of birth and present residence of the Application. The correct identifying information for the	ort in this case. the non-parent getting			
(Name)	 (Year of birth)			
(Present street address)	(City)	(State) (ZIP Code)		
) (Phone number)		
(County)		(Phone number)		
D. GENERAL INFORMATION ABOUT THIS CASE	C			
a. (Check only one. If you check the second be The date of the current child support or	der is correct in the Ap			
 □ The correct date of the current child sup b. (Check only one. If you check the second be □ The county and state of the current child □ The correct county and state of the current 	ox, fill in the blanks.) d support order are co	rrect in the Application.		
County:		State:		
c. (Check only one. If you check the second be The case number of the current child su The correct case number of the current	pport order is correct			
d. (Check only one. If you check the second be The Application correctly states who re		hild support.		
☐ The correct information is that (name)_		pays child		
support in this case and (name)		receives child support.		
e. (Check only one. If you check the second be The Application correctly states the amount	ount of child support			
The correct currently ordered child sup	port payment is: \$	per(week or month)		
 a. A copy of the current child support order b. A copy of the current child support order 				
6. (Check only one. If you check the second box, f a. The Child Support Recovery Unit and/o b. The child support recovery unit and/or t	r the Collection Servi			
The CSC number for payments is				

/.	Check only one. If you check the second box, fill in the blanks.) a. There are no other child support orders for the child or children involved in this case.	
	b. There are other child support cases for the child or children involved in this case. They	are
	Case #, County and State	_
	Case #, County and State	-
8.	 Check only one. If you check the second box, fill in the blanks.) a. The Application correctly identifies the children covered by the current child support order. b. The Application does not correctly identify the children covered by the current child 	
	support order: (<i>Identify the children covered.</i>) The following children are covered by the current support order:	ıe
	First, middle & last initials of each child Year of birth	
	(2)	
	(6)	
	(If you attach a separate sheet with an additional child or children, check this box \square .)	
9.	 a. (Check only one.) It is correct that there is a juvenile court order changing placement and that the person paying support has the child or children. There is no juvenile court order that gives care of the child to the party paying support. 	
	 b. (Check only one.) It is correct that one or more of the children now live with the person paying support. None of the children live with the person who is ordered to pay support. 	
	 c. (Check only one.) It is correct that one or more of the children no longer qualifies for support. There has been no change in the number of children who qualify for support. 	
	 d. (Check only one.) I agree that the other party's income has gone down. I do not agree that the other party's income has gone down. 	
	e. (Check only one.) I agree that my income has gone up. I do not agree that my income has gone up.	

My response to the other reason in the A	pplication:	
Child support should: (Check all that apply. I. lines.)	f you check more than	one, explain on the blank
a. Be raisedb. Be lowered		
c. Be stopped		
d. Not be changed		
 (Check only one.) a. There is no court order at this time on b. A court order currently says who gets should stay the same. c. A court order currently says who gets 	the tax deduction for the	he child or children and it
should be changed.		
 (Check only one.) a. There is no court order at this time on children. b. A court order currently says who pays 		-
and it should stay the same. c. A court order currently says who pays and it should be changed.	•	
I am: (Check all that are true and fill in the bi	lanks for the ones vou	check.)
a. In the military service. (Give the locate)	-	,
b. In prison or jail. (Give the location.)		
(Check if true, and fill in the blanks if you che There is a "protective order" or a "no of this box is checked, write in the follow	contact order" betweer	
(County)	(State)	(Case number)
(County) Other:	(State)	(Case number)
•	(State)	(Case number)
•	(State)	(Case number)
•	(State)	(Case number)

E. REQUEST		
a. Dismiss the request for a change in ch b. Raise child support. c. Lower child support. d. Stop child support completely. e. Leave the dependant's deduction for in f. Change the party who gets the depend g. Leave the responsibility for health inst h. Change the responsibility for health in i. Order that the other party pay the cour j. Order that the other party pay my attor k. Other request:	ncome tax unchang ant's deduction for urance expenses un isurance expenses. It fees.	income tax.
F. ATTORNEY HELP		
(Check one.) a. An attorney did not hele b. An attorney helped me fill in the following information.	prepare or fill in th	in this paper. is paper. (If you check b., you must
(Name of attorney or organization, if any)	(Attorney's P.)	N. # – Ask the attorney)
(Business address of attorney or organization)	(City)	(State) (ZIP Code)
(Attorney's phone number – Required)	(Attorney's fax	number, if there is one)
G. OATH AND SIGNATURE		
I,		, 20, (Month & day) (Year), arty's attorney at this address:
(Name of person to whom I delivered or mailed	it)	
(Person's street address)	(City)	(State) (ZIP Code)
I also certify under penalty of perjury and pursua this form and that the information I have provided		
(Your signature - Require	ed)	
(Your mailing address – Required)	(City – Required)	(State, ZIP Code – Required)
T 7 H O C P	()
(E-mail address – Optional)	(F	ax number – Optional)
Form FL-17	7.315, page 5 of 5	

FL-17.316 GENERAL ANSWER TO APPLICATION TO MODIFY CHILD SUPPORT ONLY

PRINT CLEARLY

(County where Application is filed) B. UPON THE PETITION OF Equity case number:	A. In the District Court for	County, Iowa
General Answer to Application to Modify Child Support Only (CLERK STAMPS HERE) STOP! If you are responding to an Application labeled Let 17.301 do not use this form Use form Luse form L		
To Modify Child Support Only (CLERK STAMPS HERE) NS RESPONDENT (As it is in the Application) ➤ STOP! If you are responding to an Application labeled FL-17.301 → do not use this form Use form FL-17.315 C. ANSWER I. I admit that these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you think are true.) 2. I deny these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you think are false.) 3. I do not know whether these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you are not sure about.) 4. I deny anything in the Application that is not admitted in this Answer.	B. Upon the Petition Of	Equity case number:
RESPONDENT (As it is in the Application) STOP! If you are responding to an Application labeled L-17.301 do not use this form Use form L-17.315 C. ANSWER I I admit that these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you think are true.) 2 I deny these paragraphs in the Application that you think are false.) 3 I do not know whether these paragraphs in the Application that you are not sure about.) 4 I deny anything in the Application that is not admitted in this Answer.		
RESPONDENT (As it is in the Application) STOP! If you are responding to an Application labeled FL-17.301 → do not use this form Use form FL-17.315 C. ANSWER I I admit that these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you think are true.) 2. I deny these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you think are false.) 3. I do not know whether these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you are not sure about.) 4. I deny anything in the Application that is not admitted in this Answer.	PETITIONER (As it is in the Application)	(CLERK STAMPS HERE)
➤ STOP! If you are responding to an Application labeled FL-17.301 → do not use this form Use form FL-17.315 C. ANSWER I I admit that these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you think are true.) 2 I deny these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you think are false.) 3 I do not know whether these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you are not sure about.) 4 I deny anything in the Application that is not admitted in this Answer.	vs	
C. ANSWER 1. I admit that these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you think are true.) 2. I deny these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you think are false.) 3. I do not know whether these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you are not sure about.) 4. I deny anything in the Application that is not admitted in this Answer.	RESPONDENT (As it is in the Application)	
 I admit that these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you think are true.) I deny these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you think are false.) I do not know whether these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you are not sure about.) I deny anything in the Application that is not admitted in this Answer. 		tion labeled FL-17.301 → do not use this form
(List the numbers of the paragraphs in the Application that you think are true.) 2. I deny these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you think are false.) 3. I do not know whether these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you are not sure about.) 4. I deny anything in the Application that is not admitted in this Answer.	C. Answer	
 I deny these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you think are false.) I do not know whether these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you are not sure about.) I deny anything in the Application that is not admitted in this Answer. 	1. I admit that these paragraphs in the Application a	are true:
(List the numbers of the paragraphs in the Application that you think are false.) 3. I do not know whether these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you are not sure about.) 4. I deny anything in the Application that is not admitted in this Answer.	(List the numbers of the paragraphs in the Application that	t you think are true.)
3. I do not know whether these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you are not sure about.) 4. I deny anything in the Application that is not admitted in this Answer.	2. I deny these paragraphs in the Application are tru	ue:
(List the numbers of the paragraphs in the Application that you are not sure about.) 4. I deny anything in the Application that is not admitted in this Answer.	(List the numbers of the paragraphs in the Application that	t you think are false.)
4. I deny anything in the Application that is not admitted in this Answer.	3. I do not know whether these paragraphs in the A	pplication are true:
_ , , ,	(List the numbers of the paragraphs in the Application that	tyou are not sure about.)
5. Other information:	4. I deny anything in the Application that is not adr	nitted in this Answer.
	5. Other information:	

D. Request	
ask the court to:	
E. ATTORNEY HELP	
	te prepare or fill in this paper.
	pare or fill in this paper. (If you check b., you must fi
(Name of attorney or organization, if any)	(Attorney's P.I.N. # – Ask the attorney)
(Business address of attorney or organization)	(City) (State) (ZIP Code)
(Attorney's phone number – Required)	(Attorney's fax number, if there is one)
(Attorney's phone number – Required)	(Attorney's fax number, if there is one)
F. OATH AND SIGNATURE	
	, certify that on , 20
(Print your name)	(Month & day) (Yea
mailed or gave a copy of this form to the other	party or the other party's attorney at this address:
(Name of person to whom I delivered or mailed	d it)
(Person's street address)	(City) (State) (ZIP Code)
· ·	ant to the laws of the state of Iowa that I have read
is form and that the information I have provide	
(Your signature – Requi	ired)
, 3	,
(Your mailing address – Required)	(City – Required) (State, ZIP Code – Required)
	()
(E-mail address – Optional)	(Fax number – Optional)

FL-17.322 MOTION PRINT CLE	CARLY		
A. IN THE DISTRICT COURT FOR			County, Iowa
(County where	the Application is filed)		
B. Upon the Petition		Case N	umber:
	_		
		Mot (CLERK STA	
PETITIONER (As it is in the Application)			
VS.			
RESPONDENT (As it is in the Application)			
C. Request			
1. My name is:			
I ask the court to: (Check all that apply.) a. Change the hearing date that has been b. Set a hearing date for a modification c. Other request (explain):	of child support.		
3. I am making this request because:			
D. ATTORNEY HELP			
(Check one.) a. An attorney did not he b. An attorney helped me fill in the following inform	prepare or fill in this		check b., you must
(Name of attorney or organization, if any)	(Attorney's P.I.)	N. # – Ask the atto	rney)
(Business address of attorney or organization)	(City)	(State)	(ZIP Code)
()	()		
() (Attorney's phone number – Required)	(Attorney's fax i	number, if there is	one)

E. CERTIFICATION AND SIGNATURE			
I,(Print your name)	, certify t	that on	, 20,
(Print your name) I mailed or gave a copy of this form to	the other party or the	(Month & day)	
i maned of gave a copy of unis form to	the other party of the	omer party's attorney at	uns address.
(Name of person to whom I deliver	ed or mailed it)		
(Person's street address)	(City)	(State) (Z	IP Code)
I also certify under penalty of perjury a			ŕ
this form and that the information I have			iai i iiave ieau
and the me mornation in	provided in it is true		
(Your signature – R	lequired)		
	·		
(Your mailing address – Required)	(City – Required)	(State, ZIP Code – Req	uired)
, , ,			,
		()	
(E-mail address – Optional)		(Fax number	er – Optional)

FL-17.323 RESPONSE TO A MOTION

PRINT CLEARLY

A. In the District Court for			COUNTY, IOWA
(County where y	ou're the Application is f	ìled)	
B. Upon the Petition of		Equity case	e number:
		Response to	
PETITIONER (As it is in the Application)		(,
vs.			
RESPONDENT (As it is in the Application)			
C. RESPONSE TO THE MOTION			
1. My name is			
2. The other party filed a Motion on (date stamped	l on Motion):		, 20
3. My response to the Motion: (Check one; if you	u check "a" write	(Month & day) vour reason on t	(Year) he blank lines.)
a. I object to the request(s) in the Motion		,	,
b. I do not object to the request(s) in the			
	Motion		
	Motion		
D. ATTORNEY HELP	Motion		
	e prepare or fill in t		b., you must fill
(Check one.) a. An attorney did not help me b. An attorney helped me prep	e prepare or fill in that pare or fill in this pa		
(Check one.) a. An attorney did not help me b. An attorney helped me prep in the following information.)	e prepare or fill in that pare or fill in this pa	per. (If you check	
(Check one.) a. An attorney did not help me b. An attorney helped me prep in the following information.) (Name of attorney or organization, if any)	e prepare or fill in the pare or fill in this pa	per. (If you check I.N. # – Ask the atto	rney)

Form FL-17.323, page 1 of 2

(Print your name)	certify that on _	
(Print your name) nailed or gave a copy of this form to the	other party or the other pa	
(Name of person to whom I delivered of	r mailed it)	
(D) (11)	(0:1)	(TID C. I.)
(Person's street address)	(City)	(State) (ZIP Code)
also certify under penalty of perjury and its form and that the information I have p		
_		
(Your signature -	- Required)	
(Your mailing address – Required)	(City – Required)	(State, ZIP Code – Required
	,	,
(E-mail address – Optional)) Tax number – Optional)

FL-17.324 CHILD SUPPORT MODIFICATION FINANCIAL STATEMENT

Print	CLEARLY
A. In the District Court for	County, Iowa
	unty where the Application is filed) Equity case number:
B. Upon the Petition of	Equity case number.
	Child Support Modification Financial Statement
PETITIONER (As it is in the Application)	(CLERK STAMPS HERE)
vs	
RESPONDENT (As it is in the Application)	
I, (print your name)	, state that the following is a true and
I, (print your name)	:
C. My Income	
(Because this financial statement will become payour employer(s).) 1. Income from my employment	ublic record, you are not required to list the name of
a. Job / Title:	b. Job / Title:
Gross income: \$ per	Gross income: \$ per
Net income: \$ per	Net income: \$ per
After taxes (week or month) After taxes (week or month)
_	ı
2. Other Income: \$ per	Describe source of income:
3. Income from Social Security Disability (SS	
a. Total SSD benefits paid to you for <u>your</u> disab (1) Amount paid for your expenses:	lity: \$ per month
(2) Amount paid for your children's expense	s: \$ per month

(2)	Birth year:	
(2)		
(3) (4) (5)		
(4)(5)		
(5)		
a The fellowing one may shildness wh		
someone else:	no receive Social Security Disability benefits but live v	vith
Child's initials (first, middle, last):	Amount of SSD benefit: Name of person receivin	g payment:
(1)	\$ per month	
(2)	\$permonth	
(3)	\$ per month	
(4)	\$ per month	
(5)	\$ per month	
e. Total 33D beliefits paid to you be	cause you are the spouse of the disabled parent: \$ per month	
	per month	
D. My DEDUCTIONS	ф рег montu	
4. Tax Status: a. I am currently married to the	other parent. (Check one.) Yes No	
4. Tax Status:a. I am currently married to theb. I have custody of the child or5. Number of exemptions: Yourself	other parent. (Check one.) Yes No children in this case. (Check one.) Yes No	
4. Tax Status:a. I am currently married to theb. I have custody of the child or5. Number of exemptions: Yourself	other parent. (Check one.) Yes No children in this case. (Check one.) Yes No	
 4. Tax Status: a. I am currently married to the b. I have custody of the child or 5. Number of exemptions: Yourself 6. Income tax withheld: Federal State: 	other parent. (Check one.)	
 4. Tax Status: a. I am currently married to the b. I have custody of the child or 5. Number of exemptions: Yourself 6. Income tax withheld: Federa State: 7. FICA (Social Security & Medicar 	other parent. (Check one.)	
 Tax Status: I am currently married to the I have custody of the child or Number of exemptions: Yourself Income tax withheld: Federal 	other parent. (Check one.) children in this case. (Check one.) Children: al: \$ per per ee): \$ per	
_	per month	

 Actual medical support paid for the Paid to: 	ne child or children as required Amour	•
	\$	per
		per
	_	per
2. Parent's medical expenses that ha		
This includes individual health insuranc y insurance but the amount cannot exce		care expenses that are n
3. Prior court-ordered child support	or alimony:	
Paid to:	Amour	
	\$	per
		per
4. Qualified additional dependent List the name and birth year of ea	\$\$ deduction sch child you are the legal par	perperperper
4. Qualified additional dependent	\$\$ deduction sch child you are the legal par port order involved in this ca Birth year:	perperperper
4. Qualified additional dependent List the name and birth year of eachildren covered by the child sup Child's initials (First, middle, last)	\$\$ deduction sch child you are the legal pare port order involved in this can Birth year:	perperperper
4. Qualified additional dependent List the name and birth year of eachildren covered by the child sup Child's initials (First, middle, last)	s\$ deduction sch child you are the legal pare port order involved in this ca Birth year:	perperperper
4. Qualified additional dependent List the name and birth year of ea children covered by the child sup Child's initials (First, middle, last)	deduction sch child you are the legal pare port order involved in this can Birth year:	per per rent of. Do <u>not</u> include use.
4. Qualified additional dependent List the name and birth year of eachildren covered by the child sup Child's initials (First, middle, last)	deduction sch child you are the legal par port order involved in this ca Birth year:	perperperper
4. Qualified additional dependent List the name and birth year of ea children covered by the child sup Child's initials (First, middle, last)	deduction sch child you are the legal par port order involved in this ca Birth year:	perperperper
4. Qualified additional dependent List the name and birth year of eachildren covered by the child sup Child's initials (First, middle, last) b. Actual child care expense due to eachild sup.	deduction sch child you are the legal par sport order involved in this ca Birth year:	perperperper

E. My Assets	-	-	
17. (1) Bank Name:			
			Savings account: \$
			Savings account: \$
If you have additional bank acc	ounts, attach ar	n additional page d	and check this box.
18. Real Estate (street addre.	ss):		
2002 2000 (87,000 000)			
(City))	(State)	(ZIP Code)
Purchase Price: \$		_ Amount you s	still owe: \$
If you own additional real estat	e, attach an ada	litional page and c	check this box.
19. Current value of: Stocks	. ¢		Bonds: \$
Current value of. Stocks		_	Bolius. \$
20. Vehicles (cars, trucks, va	ıns, motorcycle	es, boats):	
a. Type:	Year:	Model:	Current value: \$
b. Type:	Year:	Model:	Current value: \$
c. Type:	Year:	Model:	Current value: \$
If you own additional vehicles,	attach an additi	onal page and che	eck this box.
F. My Expenses			
(1) House payment or rent:	\$	per	_
(2) Utilities:	\$	per	_
(3) Meals or food:	\$	per	_
(4) Telephone:	\$	per	_
(5) Clothing:	\$	per	_
(6) Cable/satellite T.V.:	\$	per	_
(7) Medical/ Dental:	\$	per	_
(8) Car expenses:	\$	per	_
(9) Other expenses:	\$	per	_ Describe:
(10) Other expenses:	\$	per	_ Describe:
(11) Other expenses:	\$	per	_ Describe:

Form FL-17.324, page 4 of 6

(1) Payable to:	(2) Item or Service	(3) Payment Amou	nt	(4) Balance Du
(a)		\$	per	\$
(b)		\$	per	\$
(c)		\$	per	\$
			per	\$
(e)		\$	per	\$
f you have additional del	bts, attach an additional pag	e and check this box		
	1. 7		.	
H. CURRENT SPOUSE	'S INCOME (If you are not cu	rrently married, skip to	<u>(1.</u>)	
(1) Job / Title:		(2) Job / Title:		
Gross income: \$	per	Gross income: \$		ner
Before taxes	(week or month)	Before taxes		(week or mont
	per	Net income: \$_		
After taxes	(week or month)	After taxes		(week or mont
2) Other Income: ©	per l	Dagariha gayraa afi	m 0.0 m 0.1	
o) Other Income: \$	per1	Describe source of f	ncome:	
I. ATTORNEY HELP				
	ottomov, did not holo mo n			
(Check one.) a. An a	attorney did not help me p			vou must fill in
Check one.) a. An a	attorney did not help me p attorney helped me prepar- following information.)			., you must fill in
(Check one.) a. An a b. An a the j	attorney helped me prepartion of the properties of the prepartion of the preparties	e or fill in this paper	. (If you check b	
Check one.) a. An a	attorney helped me prepartion of the properties of the prepartion of the preparties	e or fill in this paper		
(Check one.) a. An a b. An a the j	attorney helped me prepartion of the properties of the prepartion of the preparties	e or fill in this paper	. (If you check b	orney)
(Name of attorney or	attorney helped me prepartionly information.) organization, if any)	(Attorney's P.I.	N. # – Ask the atto	vrney)
(Name of attorney or	attorney helped me prepartionly information.) organization, if any) ttorney or organization)	(Attorney's P.I.	N. # – Ask the atto	orney) - (ZIP Code)
(Name of attorney or	attorney helped me prepartionly information.) organization, if any) ttorney or organization)	(Attorney's P.I.	N. # – Ask the atto	orney) - (ZIP Code)
(Name of attorney or	attorney helped me prepartionly information.) organization, if any) ttorney or organization)	(Attorney's P.I.	N. # – Ask the atto	orney) - (ZIP Code)
(Name of attorney or (Business address of a	attorney helped me prepare following information.) organization, if any) ttorney or organization) aber – Required)	(Attorney's P.I.	N. # – Ask the atto	orney) - (ZIP Code)
(Name of attorney or	attorney helped me prepare following information.) organization, if any) ttorney or organization) aber – Required)	(Attorney's P.I.	N. # – Ask the atto	orney) - (ZIP Code)
Check one.) a. An a b. An a the j (Name of attorney or (Business address of a) (Attorney's phone num	attorney helped me prepare following information.) organization, if any) ttorney or organization) aber – Required)	(Attorney's P.I.	N. # – Ask the atto	orney) - (ZIP Code)

I,	, certify that on		, 20
(Print your name)		(Month &	day) (Year
I mailed or gave a copy of this form to the oth	er party or the other par	ty's attorne	ey at this address:
(Name of person to whom I delivered or ma	iled it)		
	(0:1)	(State)	(ZIP Code)
(Person's street address)	(City)	(Sittle)	(ZII Couc)
also certify under penalty of perjury and pur	suant to the laws of the	state of Iov	,
also certify under penalty of perjury and pur	suant to the laws of the ided in it is true and cor	state of Iov	,
also certify under penalty of perjury and purhis form and that the information I have prov	suant to the laws of the ided in it is true and cor	state of Iov	,
I also certify under penalty of perjury and purchis form and that the information I have prov	suant to the laws of the ided in it is true and cor	state of Iov	,
I also certify under penalty of perjury and purthis form and that the information I have prov (Your signature – Required)	suant to the laws of the ided in it is true and cor	state of Iov	va that I have read

FL-17.325 AFFIDAVIT OF MAILING NOTICE

PRINT CLEARLY

A. In the District Court for	County, Iowa
(County where the	e Application is filed)
B. UPON THE PETITION OF	Equity case number:
	Affidavit of Mailing Notice
	(CLERK STAMPS HERE)
PETITIONER (As it is in the Application)	
VS	
RESPONDENT (As it is in the Application)	
C. ATTORNEY HELP	·
Check one.) a. \square An attorney did not help me prebare \square An attorney helped me prepare fill in the following information.)	or fill in this paper. (If you check b., you mu.
(Name of attorney or organization, if any)	Attorney's P.I.N. # – Ask the attorney)
(Business address of attorney or organization)	City) (State) (ZIP Code)
))
(Attorney's phone number – required) (A	Attorney's fax number, if there is one)
D. OATH AND SIGNATURE	
, the undersigned, certify under penalty of perjury and pu	ursuant to the laws of the state of Iowa that
on the, 20, 1	sent by ordinary mail, with proper postage
ffixed, the following paper or papers <i>(check each that ap</i> Notice of Intent to File a Written Application f	
☐ Other document (describe):	of Default Decree
o the other party at his or her last known address as follo	ws:
Name:	
Address:	
City: Sta	ate: ZIP Code:
Ay signature:	
Notice to the Applicant: You <i>must</i> file this form at the districtional Decree for Modification of Child Support Only by defaul	

[Court Order June 17, 2008]

A. IN THE DISTRICT COURT FOR		
		COUNTY, IOWA
(Cor	nty where the Application is filed)	
B. Upon the Petition of	F	Equity case number:
	Noti	ce of Intent to File an Application for Default Decree
PETITIONER (As it is in the Application)	(CL	ERK STAMPS HERE)
VS		
RESPONDENT (As it is in the Application)		
<u> </u>		
C. TO:		
(Other party's name: first, middle, l	ast)	
DATE OF NOTICE:		
IMPOD	TANT NOTICE	
IWI OK	TANT NOTICE	
YOU ARE IN DEFAULT BECAUSE YOU		
YOU IN THIS CASE. UNLESS YOU ACT NOTICE, A DEFAULT DECREE OF CHIL	D SUPPORT MODIFICATION	N WILL BE ENTERED
AGAINST YOU WITHOUT A HEARING	, AND YOU MAY LOSE I	
YOU SHOULD SEEK LEGAL ADVICE AT	ONCE.	
	G.	
	Signature	
	Signature	
Street Address		State ZIP Code
Street Address		State ZIP Code
		State ZIP Code
	- City S	State ZIP Code
Telephoon Instruction 1) Deliver a copy of this form to the other party	City So the Applicant: by mail or in-person.	
Telephon Instruction 1) Deliver a copy of this form to the other party 2) Complete an Affidavit of Mailing Notice (FL office.	City See Number See Sor the Applicant: Soy mail or in-person. 17.325) and file the original at the	
	City See Number See Sor the Applicant: Soy mail or in-person. 17.325) and file the original at the	

[Court Order June 17, 2008]

REQUEST FOR RELIEF IN AN APPLICATION TO MODIFY CHILD SUPPORT ONLY PRINT CLEARLY A. IN THE DISTRICT COURT FOR _ COUNTY, IOWA (County where the Application was filed) B. UPON THE PETITION OF Equity case number: Request for Relief in an **Application to Modify Child Support Only PETITIONER** (As it is in the application) (CLERK STAMPS HERE) VS **RESPONDENT** (As it is in the application) PERSONAL INFORMATION Mother: (Name) (Present street address) (City) (State) (ZIP Code) (County) (Year of birth) 2. Father: (Name) (City) (ZIP Code) (Present street address) (State) (County) (Year of birth) **3.** Person -- other than a parent -- who is receiving child support in this case: (Name) (Present street address) (ZIP Code) (City) (State) (County) (Year of birth)

Form FL-17.327, page 1 of 5

Child support should be <u>rais</u>	sed from \$ per month to \$ per month beginning
on the day of	, 20 for (list the children and birth year):
First, middle & last initials of each child Yea	First, middle & last ar of birth initials of each child Year of birth
(1)	(5)
(2)	
(3)	
(4)	
	wered from \$ per month to \$ per month beginning
	, 20 for (list the children and birth year):
First, middle & last initials of each child Yea	First, middle & last ar of birth initials of each child Year of birth
(1)	(5)
(2)	
(3)	
(4)	
Check here if you want chil Guidelines amount. (If you (1) Amount requested: \$	ld support to be higher or lower than the Child Support u check this, write the amount you want and explain why.)
Check here if you want chil Guidelines amount. (If you (1) Amount requested: \$	ld support to be higher or lower than the Child Support u check this, write the amount you want and explain why.) per month
Check here if you want chil Guidelines amount. (If you (1) Amount requested: \$	ld support to be higher or lower than the Child Support u check this, write the amount you want and explain why.) per month
Check here if you want chil Guidelines amount. (If you (1) Amount requested: \$	Ild support to be higher or lower than the Child Support **u check this, write the amount you want and explain why.)* ** per month **ent than the Guidelines amount:* **opped beginning on the day of, 20 **paped beginning on the day of, 20 **paped beginning on the day of, 20 **paped beginning on the day of, 20
Check here if you want chil Guidelines amount. (If you (1) Amount requested: \$ (2) Why it should be differe Child support should be sto	Id support to be higher or lower than the Child Support u check this, write the amount you want and explain why.) per month ent than the Guidelines amount: opped beginning on the day of
Check here if you want chil Guidelines amount. (If you (1) Amount requested: \$	Id support to be higher or lower than the Child Support u check this, write the amount you want and explain why.) per month ent than the Guidelines amount: opped beginning on the day of
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 Court Fees (Check one.) a. All court fees should be paid by me. b. All court fees should be paid by the other. c. The other parent and I should pay one-had. The other parent and I should pay one-had. 	alf of the remaining court fees.
 Attorney's Fee. (Check one.) a.	for attorney's fees.
2. Necessary Documents. I ask that the court requany papers that may be needed to carry out the10. Other Request for Relief (Attach additional shape)	e terms of the order.
Only.	
	me prepare or fill in this paper. repare or fill in this paper. (If you check b., you must ion.)
(Name of attorney or organization, if any)	(Attorney's P.I.N. # – Ask the attorney)
(Business address of attorney or organization) () (Attorney's phone number – Required)	(City) (State) (ZIP Code) () (Attorney's fax number, if there is one)

[,	, certify that on	(Month & day)	, 20
(Print your name)		(Month & day)	(Year
mailed or gave a copy of this form to all	other parties and attorneys	(list the names):	
I also certify under penalty of perjury and the "Request for Relief" above and it accusissues in the Application to Modify Child judge for approval and filing with the coun	rately states how I would I Support Only. I ask that the	ke the court to add is document be pr	dress the esented to a
the "Request for Relief" above and it accurates in the Application to Modify Child audge for approval and filing with the countries.	rately states how I would I: Support Only. I ask that the rt.	ke the court to add is document be pr	dress the esented to a

FL-17.328 SETTLEMENT AGREEMENT FOR AN APPLICATION TO MODIFY CHILD SUPPORT ONLY

PRINT CLEARLY

<u> </u>	KINT CEEAKET		
. In the District Court for		Co	ounty, Iow
(C	ounty where the Application was filed)		
UPON THE PETITION OF	Ec	quity case nu	mber:
	Settlem	nent Agreen	nent for an
		olication to aild Suppor	
FITIONER (As it is in the application)		ERK STAMP	
SPONDENT (As it is in the application)			
PERSONAL INFORMATION			
Mother:			
	(Name)		
(Present street address)	(City)	(State)	(ZIP Code
		, ,	
(County)	(Year of birth)		
Father:			
	(Name)		
(Present street address)	(City)	(State)	(ZIP Code
(County)	(Year of birth)		
Person other than a parent who is r	eceiving child support in this case	e:	
(Name)			
(Present street address)	(City)	(State)	(ZIP Code
(C.,,,,,,)	A (1 · 1)		
(County)	(Year of birth)		

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Child support should be	e <u>raised</u> from \$	per month to \$	per mor	th beginning
on the day of		_, 20 for <i>(list the</i>	children an	d birth year):
First, middle & last initials of each child	Year of birth	<u>First, middl</u> <u>initials of ea</u>	<u>e & last</u> ach child	<u>Year of birth</u>
(1)		(5)		
(2)		(6)		
(3)		(7)		
(4)		(8)		
Child support should be	e <u>lowered</u> from \$_	per month to \$_	per m	onth beginnin
on the day of		, 20 for <i>(list the</i>	children an	d birth year):
First, middle & last initials of each child	Year of birth	<u>First, middl</u> initials of ea	<u>e & last</u> ach child	Year of birth
(1)	•	(5)		
(2)		(6)		
` /		` '		
(3)		(7)		
	t child support to		the Child S	Support
(4) Check here if you war Guidelines amount. (1) Amount requested: \$	at child support to If you check this, v	(8)be higher or lower than write the amount you we nonth	the Child sant and exp	Support lain why.)
(4) Check here if you war Guidelines amount. (1) Amount requested: \$ (2) Why it should be different	at child support to If you check this, v per n rent than the Guid	(8)be higher or lower than write the amount you we nonth elines amount:	n the Child sant and exp	Support lain why.)
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children and it should sta c. A court order currently children and it should be	says who gets t	he tax dependency deduction for the child o following:
First, middle & last initials of each child	<u>Year of birth</u>	Parent who will now claim child for the tax deduction
(1)		
(2)		
(3)		
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(6)		
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7. Court Fees (Check one.)
 a. All court fees will be paid by the mother. b. All court fees will be paid by the father. c. Each parent shall pay one-half of the remaining court fees. d. Each parent shall pay one-half of the total court fees.
a. Mother's attorney's fees. (Check one.) (1) Mother has no attorney's fees (2) Mother will pay her own attorney's fees (3) Father will pay \$ for Mother's attorney's fees. b. Father's attorney's fees. (Check one.) (1) Father has no attorney's fees (2) Father will pay his own attorney's fees (3) Mother will pay \$ for Father's attorney's fees.
 2. Necessary Documents. We will sign and promptly deliver to each other any papers that may be needed to carry out this agreement. 10. Other Agreements (Attach additional sheets if necessary.)
11. Statements of Understanding and Fact (Check all that apply.)
 a. We have made a full disclosure of our income to the court. b. This Settlement Agreement addresses all issues in the application to modify child support only. c. We want this request to be approved by the court and made part of the final order.
E. ATTORNEY HELP
12. Mother (Check one.) a. An attorney did not help me prepare or fill in this paper. b. An attorney helped me prepare or fill in this paper. (If you check b., you must fill in the following information.)
(Name of attorney or organization, if any) (Attorney's P.I.N. # – Ask the attorney)
(Business address of attorney or organization) (City) (State) (ZIP Code)
(

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a. An attorney did not be. An attorney helped in must fill in the following	ne prepare or fill in		
(Name of attorney or organization, if any)	(Attorney's P.I.N	$\frac{1}{2}$. # – Ask the atto	rney)
(Business address of attorney or organization)	(City)	(State)	(ZIP Code)
()(Attorney's phone number – Required)	(Attorney's fax n	umber, if there is	one)
F. OATH AND SIGNATURE			
This Settlement Agreement addresses all issues in We have made a full disclosure of our income to early the court and made part of the final order.			
Mother's Oath and Signature:			
the "Settlement Agreement" above and it accurate issues in the Application to Modify Child Supportation about this agreement. I am voluntarily document be presented to a Judge for approval and	ort Only. I know signing this agreed filing with the coun	I have the rig	ght to talk to an
	140	mer s signature	
Date signed	Mo	ther's printed na	те
Father's Oath and Signature:			
I certify under penalty of perjury and pursua the "Settlement Agreement" above and it accurate issues in the Application to Modify Child Suppo attorney about this agreement. I am voluntarily document be presented to a Judge for approval and	ly states how I wou ort Only. I know signing this agree	ld like the cou I have the rig ement. I am	art to address the ght to talk to an
	Fat	her's signature	
Date signed	Fat	her's printed nan	ne
STOP! If the Child Support Recovery Unite other than a parent receives child support in below).			

Signature of Person Other than a Parent:	C. D. L. I	
	Signature – Person other than parent	
Date signed	Printed name	
Signature of CSRU Representative:		
	Signature-CSRU representative	
Date signed	Printed name	