

## CHAPTER 17

### FORMS FOR SELF-REPRESENTED LITIGANTS

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	Form 404a:	Original Notice for Personal Service
	Form 405:	Acceptance of Service
	Form 406:	Directions for Service of Original Notice

Form 407:	Motion and Affidavit to Serve by Publication
Form 408:	Original Notice by Publication
Form 408a:	Proof of Service by Publication
Form 409:	Application and Affidavit to Defer Payment of Costs
Form 410:	Affidavit of Service of Original Notice and Petition for Custody and Visitation
Form 411:	Protected Information Disclosure
Form 412:	Joint Statement to Disestablish Legal Parent
Form 413:	Motion to Disestablish Legal Parent
Form 414:	Reserved
Form 415:	Answer to Petition for Custody and Visitation
Form 416:	General Answer to a Petition for Custody and Visitation
Forms 417 to 420:	Reserved
Form 421:	Affidavit for Temporary Custody and Visitation
Form 422:	Motion in a Custody and Visitation Case
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## 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 in a legal proceeding covered under this chapter must use forms contained in this chapter. An attorney may use these forms but is not required to do so.

[Court Order May 16, 2007; December 19, 2013]

**Rules 17.2 to 17.99** Reserved.

**Rule 17.100 Family law forms for dissolution of marriage without minor or dependent adult children.** The following forms are for use in dissolution of marriage (divorce) actions without children under the age of 18 who are children of both spouses to the marriage, or children under the age of 18 who were adopted or born during the marriage, or children 18 years of age or older who are children of both spouses to the marriage and still need support. These forms cannot be used if a spouse of the marriage is pregnant.

Form 101:	Petition for Dissolution of Marriage with no Minor or Dependent Adult Children
Form 102:	Petition Cover Sheet for a Dissolution of Marriage with no Minor or Dependent Adult Children
Form 103:	Confidential Information Form
Form 104:	Original Notice for Personal Service
Form 104a:	Original Notice for Personal Service
Form 105:	Acceptance of Service
Form 106:	Directions for Service of Original Notice
Form 107:	Motion and Affidavit to Serve by Publication
Form 108:	Original Notice by Publication
Form 109:	Application and Affidavit to Defer Payment of Costs
Form 110:	Affidavit of Service of Original Notice and Petition for Dissolution of Marriage
Form 111:	Protected Information Disclosure
Forms 112 to 114:	Reserved
Form 115:	Answer to Petition for Dissolution of Marriage with no Minor or Dependent Adult Children
Form 116:	General Answer to a Petition
Forms 117 to 121:	Reserved
Form 122:	Motion in a Dissolution of Marriage with no Minor or Dependent Adult Children
Form 123:	Response to a Motion
Form 124:	Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children
Form 125:	Affidavit of Mailing Notice
Form 126:	Notice of Intent to File Written Application for Default Decree
Form 127:	Request for Relief in a Dissolution of Marriage with no Minor or Dependent Adult Children

Form 128: Settlement Agreement for a Dissolution of Marriage with no Minor or  
Dependent Adult Children

Forms 129 to 200: Reserved


[Court Order December 19, 2013]


**Rule 17.100—Form 101: *Petition for Dissolution of Marriage with no Minor or Dependent Adult Children***

Read the [Guide to Representing Yourself in an Iowa Divorce Case](#) on the Iowa Judicial Branch website before using this form.

**Do not use this form if any of the following are true:**

- You are not married.
- Neither you nor your spouse has lived in Iowa for the last year before filing this Petition.
- Petitioner or Respondent is pregnant.
- There are children 18 years of age or older (born or adopted) who still need support (for example, the child is in high school or college, or is disabled).
- There are children under the age of 18 who are children (born or adopted) of both spouses before or during the marriage, even if Petitioner or Respondent is not the natural parent.

 *If filing electronically, you must provide any protected information in full on form 111.*

 *If filing in paper, you may use form 111 to provide any protected information in full.*

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

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where you are filing this Petition*

**In Re the Marriage of:**

\_\_\_\_\_  
*Your current legal name*

\_\_\_\_\_  
*Your spouse's current legal name*

**Upon the Petition of**

\_\_\_\_\_  
**Petitioner** *Your full name: first, middle, last*

and concerning

\_\_\_\_\_  
**Respondent** *Your spouse's full name: first, middle, last*

\_\_\_\_\_  
*For clerk's use only*

**Petition for Dissolution of Marriage with no Minor or Dependent Adult Children**

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

**A. Petitioner's (your) birth year and present residence:** \_\_\_\_\_  
*Birth year*

\_\_\_\_\_  
*Petitioner's present street address*      \_\_\_\_\_ *City*      \_\_\_\_\_ *State*      \_\_\_\_\_ *ZIP code*

\_\_\_\_\_  
*County*      \_\_\_\_\_ *Phone number*      \_\_\_\_\_ *Email address*

**B. Respondent's (your spouse's) birth year and present residence:** \_\_\_\_\_  
*Birth year*

\_\_\_\_\_  
*Respondent's present street address*      \_\_\_\_\_ *City*      \_\_\_\_\_ *State*      \_\_\_\_\_ *ZIP code*

\_\_\_\_\_  
*County*      \_\_\_\_\_ *Phone number*      \_\_\_\_\_ *Email address*

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

Rule 17.100—Form 101: *Petition for Dissolution of Marriage with no Minor or Dependent Adult Children*, continued**2. General Information About the Marriage and the Parties****A. Date and location of the marriage**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
*Month Day Year City State*

**B. Children***Check all that are true*

- (1)  There are no children under the age of 18 who are children of both Petitioner and Respondent.  
 (2)  There are no children under the age of 18 who were adopted or born during this marriage.  
 (3)  There are no children 18 years of age or older who still need support.  
 (4)  Neither Petitioner nor Respondent is pregnant.

**C. Petitioner's residence**

You cannot get a divorce in Iowa if your spouse does not live in Iowa and you have lived in Iowa for less than one year, or if you came to live in Iowa just to get a divorce.

*If you have questions about this, talk to an attorney.*

- (1) The **only** reason that Petitioner (you are Petitioner) is living in Iowa is just to get a divorce.  
 True  
 False *If you do not live in Iowa, or if you live in Iowa for reasons other than just to get a divorce, check "False."*
- (2) Petitioner has lived in Iowa for the last \_\_\_\_\_ years and \_\_\_\_\_ months in \_\_\_\_\_ county.  
  - *If you have always lived in Iowa, count the time since your birth.*
  - *If you have been a resident of another state, count the time since you last moved to Iowa.*

**D. Parties' residence***Check each that is true*

- (1)  Petitioner has lived in Iowa for more than one year.  
 (2)  Respondent (your spouse) is a resident of Iowa.

**E. Condition of the marriage***Check all that are true*

- (1)  The marriage is broken and cannot be saved.  
 (2)  This is the only divorce case going on involving this marriage.  
*If you did not check (2), explain in H. You should also talk to an attorney.*  
 (3)  This Petition is being filed in good faith for the purpose of ending the marriage.  
 (4)  Counseling will not save the marriage. *If counseling may save the marriage, do not check (4).*



Rule 17.100—Form 101: *Petition for Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

#### F. Respondent's status

*Check each that is true*

- (1)  Respondent (your spouse) is in the military service.  
*If you check (1), note that there are special rules that may prevent your case from going forward if your spouse is in the military. You should talk to an attorney.*
- (2)  Respondent is in prison or jail at \_\_\_\_\_ in \_\_\_\_\_.  
*Name of facility State*

#### G. Protective or no contact order

*Check one*

- (1)  There is neither a "protective order" nor a "no contact order" between Petitioner (you) and Respondent (your spouse).
- (2)  There is a "protective order" or a "no contact order" between Petitioner and Respondent.  
*If you check (2), fill in the following information:*
- a. County and state where the order came from: \_\_\_\_\_  
*County State*
- b. Court case number: \_\_\_\_\_

H. Other information: \_\_\_\_\_

### 3. Petitioner's Request

#### A. Petitioner asks the court to:

*Check all that apply. The court will only consider items that are checked.*

- (1)  End the marriage of Petitioner (you) and Respondent (your spouse).
- (2)  Fairly divide the property and the debts of the parties.
- (3)  Order that Respondent pay the court fees.
- (4)  Order that Respondent pay for Petitioner's attorney's fees before the divorce is final.  
*If you check (4), you must file form 122.*
- (5)  Order that Respondent pay spousal support (alimony) to Petitioner.  
*If you check (5), you must file form 122.*
- (6)  Change Petitioner's last name to: \_\_\_\_\_  
*Name can only be changed to name on birth certificate or name used immediately prior to the marriage.*  
*Print your former or birth name*
- (7)  Other request: \_\_\_\_\_

Rule 17.100—Form 101: *Petition for Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

#### 4. Attorney Help

*Check one*

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

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

\_\_\_\_\_  
*Name of attorney or organization, if any*      *Attorney's P.I.N. # – Ask the attorney*

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

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

#### 5. Service Instructions

If Petitioner is filing in paper

*Check one*

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

#### 6. Oath and Signature

I, \_\_\_\_\_, have read this Petition, and I certify under penalty  
*Print your name*

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

\_\_\_\_\_, 20\_\_\_\_\_  
*Signed on: Month Day Year*      *Your signature\**

\_\_\_\_\_  
*Mailing address*      *City*      *State*      *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*      *Email address*      *Additional email address, if applicable*

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

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

Instructions for Rule 17.100—Form 101: *Petition for Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

## Do not file these instructions

### Instructions for Filing a Petition for Dissolution of Marriage

The Iowa Judicial Branch is converting the court system to electronic filing county by county. The electronic filing system is also known as EDMS. To determine if this case is in a county using electronic filing, [check the map](#) available on the Iowa Judicial Branch website under eFiling, or call the clerk of court office in your county. If your county accepts electronic filing, **you must file electronically unless you get permission from the court to file in paper.** Contact the clerk of court in your county if you are unable to file electronically.

#### Filing your Petition electronically

- If you are filing your divorce case in a county that uses electronic filing, you must register to electronically file. For help with registration, see the eFiler's User Guide [How to Register Pro Se \(Self Represented\) for eFiling](#).
- After you have registered, [log in to the electronic filing system](#) to electronically file your dissolution case.
- For help electronically filing your divorce, see [How to eFile a New Case](#).
- With your Petition, you must also file an Original Notice (104) and a Protected Information Disclosure Form (111).
- You will receive a Notice of Electronic Filing (NEF) when the clerk of court has approved the eFiling of your Petition and other documents.
- If there was a problem with your filing, EDMS will send you a Retraction Notice. You can then log in to My Filings, correct the error, and resubmit your filing. For help, see [How to Resubmit a Returned Filing](#).
- Log in to your eFile account and download and print your Petition and Original Notice so that you can serve it on (deliver it to) your spouse.
- For help finding and downloading your Petition and Original Notice, please see [My Filings Reference Guide](#).

#### Filing your Petition in paper

- If the county where you will be filing your Petition does not yet accept electronic filing, you may proceed in paper. If the county does accept electronic filing, you must proceed electronically, unless you have received permission from the court to file in paper.
- With your Petition (101), you must also file a Petition Cover Sheet (102), an Original Notice (104a), and a Confidential Information Form (103).
- Forms 101 and 104a: Make **two** photocopies if you can deliver copies of these forms to your spouse in-person or by mail. Make **three** photocopies if you are going to ask the county sheriff or a civil process server to deliver these forms to your spouse.  
*Note about making photocopies:* You should make your photocopies before you go to the courthouse to file your papers. It is expensive to make photocopies at the clerk of court office. It is cheaper to make the copies at a business that makes photocopies or at a public library.
- Forms 102 and 103: You do **not** have to make photocopies of these forms.
- Take the original forms you filled in and the photocopies to the clerk of court office in your county. Tell the clerk at the counter you are filing a Petition for a divorce.
- Give the clerk at the counter these forms:

Instructions for Rule 17.100—Form 101: *Petition for Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

- 101 Petition for Dissolution of Marriage (Divorce) with no Minor Children
- 102 Coversheet for a Petition for Dissolution of Marriage with no Minor Children
- 103 Confidential Information Form (*Do not make copies of this form.*)
- 104a Original Notice

- Pay the filing fee. If you cannot afford to pay the filing fee, prepare and file form 109.
- The clerk at the counter can tell you the amount of the filing fee. The Iowa legislature sets these fees and periodically raises them, so check with the clerk's office to confirm the current filing fee.
- The clerk of court will sign the Original Notice (104a). You will have to serve this form on (deliver it to) your spouse.
- The clerk at the counter will time-stamp each of the copies (original and photocopies).

**Do not file these instructions**



**Rule 17.100—Form 103: Confidential Information Form**

**This form is to be used by paper filers only.**

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

Iowa Code section 602.6111 requires the parties to a case to provide the clerk of court with certain personal identification information. Each party's completed form will be kept confidential by the clerk of court.

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

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where your case is filed*

**Upon the Petition of**

**Petitioner** *Full name: first, middle, last*  
*The spouse who files the Petition for Dissolution of Marriage*

and concerning

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

Equity case no. \_\_\_\_\_

**Confidential Information Form**

**1. Petitioner's information**

\_\_\_\_\_  
*Full name: First, Middle, Last*      \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Birth date*      \_\_\_\_-\_\_\_\_-\_\_\_\_  
*Social Security number*

**2. Respondent's Information**

\_\_\_\_\_  
*Full name: First, Middle, Last*      \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Birth date*      \_\_\_\_-\_\_\_\_-\_\_\_\_  
*Social Security number*

**3. Signature of Provider of Information**

Information provided by: \_\_\_\_\_  
*Print your full name: first, middle, last*


\_\_\_\_\_, 20\_\_\_\_  
*Your signature*      \_\_\_\_\_  
*Month*      \_\_\_\_\_  
*Day*      \_\_\_\_\_  
*Year*


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

**Rule 17.100—Form 104: Original Notice for Personal Service**

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

Read the [Guide to Representing Yourself in an Iowa Divorce Case](#) on the Iowa Judicial Branch website for additional important instructions.

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

 *If filing in paper, Petitioner must use form 104a.*

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

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where Petition is filed*

**Upon the Petition of**

**Petitioner** *Full name: first, middle, last*

and concerning

**Respondent** *Full name: first, middle, last*

**Original Notice for Personal Service**

**To Respondent Named Above**

- Petitioner (your spouse) has filed a divorce lawsuit naming you as Respondent.
- A copy of the Petition for Dissolution of Marriage is attached to this Notice.
- Petitioner asks for a divorce.

Petitioner's contact information during the divorce case: \_\_\_\_\_  
*Petitioner's name*

\_\_\_\_\_  
*Mailing address*                      *City*                      *State*                      *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*                      *Email address*

***Important instructions for Respondent on next page***

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

Rule 17.100—Form 104: *Original Notice for Personal Service*, continued

### Instructions to Respondent

- A. You **must** file an Answer or a Motion with the clerk of court in the above county within **20 days** after you receive this Original Notice. If you do not file an Answer or Motion within **20 days** after receiving this Original Notice, the **court may enter a judgment against you** giving Petitioner what he or she asked for in the Petition.
- B. For help in your divorce case, and for forms that you must use if you choose to represent yourself without an attorney, visit the Iowa Judicial Branch website at <http://www.iowacourts.gov/> and click on “Court Rules & Forms” or on “For the Public.”
- C. If you received Petition form **101**, you may use Answer form **115**.
- D. This case has been filed in a county that uses electronic filing. You must register to eFile through the Iowa Judicial Branch website at <https://www.iowacourts.state.ia.us/Efile> and obtain a log in and password for filing and viewing documents in your case and for receiving service and notices from the court.
  - For general rules and information on electronic filing, refer to the Iowa Court Rules Chapter 16 Pertaining to the Use of the Electronic Document Management System, available on the Iowa Judicial Branch website.
  - For court rules on the Protection of Personal Privacy in court filings, refer to Division VI of the Iowa Court Rules Chapter 16.
  - If you are unable to proceed electronically, you must receive permission from the court to file in paper. Contact the clerk of court in the county where the petition was filed for more information on being excused from electronic filing.
- E. If you electronically file your Answer or Motion, it will be served automatically on Petitioner or on Petitioner’s attorney(s). A Notice of Electronic Filing (NEF) will tell you if the court has excused Petitioner from electronic filing. If the court has excused Petitioner from electronic filing, you must mail a copy of your Answer or Motion to Petitioner.

### Important Notice to Respondent

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





**Rule 17.100—Form 105: *Acceptance of Service***

**Petitioner** must complete this section:

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

**Respondent** must complete this section:

<p><b>Respondent's Acceptance of Service, Oath, and Signature</b></p> <p><i>If Respondent completes this Acceptance of Service, Respondent must return this form to Petitioner soon after signing it. Petitioner will file it with the clerk of court.</i></p> <p>I, _____, am Respondent in this case. I received a copy  <i>Print your name</i></p> <p>of the Original Notice and the Petition for this case. I have read this Acceptance of Service. I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Acceptance of Service is true and correct.</p> <p>_____, 20____  <i>Signed: Month Day Year Respondent's signature</i></p> <p>_____  <i>Respondent's mailing address City State ZIP code</i></p> <p>(_____) _____  <i>Phone number Email address</i></p>			
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**Important Notice to Respondent**  
 By signing this form, you are not agreeing to what Petitioner wants.  
 You are only agreeing that you received a copy of the Original Notice and Petition.

**Rule 17.100—Form 106: Directions for Service of Original Notice**

**Petitioner** must complete this form if the sheriff or a process server will deliver the Petition and Original Notice to Respondent.

*Do not use this form if Respondent has already received the Petition and Original Notice.*

*Do not file this form with the clerk of court in paper or electronically.*

Give this form to the sheriff or other process server with your Petition (101) and Original Notice (104 if electronically filing or 104a if filing in paper).

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

\_\_\_\_\_ County where Petition is filed      \_\_\_\_\_ Equity case number

**1. Name and Location of Sheriff or Other Process Server**

*Check one and fill in the blanks*

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

\_\_\_\_\_ County

\_\_\_\_\_ Street address      \_\_\_\_\_ City      \_\_\_\_\_ State      \_\_\_\_\_ ZIP code

B.  **Other process server**

\_\_\_\_\_ Name of other person serving the Notice

\_\_\_\_\_ Street address      \_\_\_\_\_ City      \_\_\_\_\_ State      \_\_\_\_\_ ZIP code

**2. Person to be Served**

\_\_\_\_\_ Your spouse's name      \_\_\_\_\_ (\_\_\_\_\_) Phone number

\_\_\_\_\_ Address where your spouse can be served      \_\_\_\_\_ City      \_\_\_\_\_ State      \_\_\_\_\_ ZIP code

**3. Person Requesting Service**

\_\_\_\_\_ Your name      \_\_\_\_\_ (\_\_\_\_\_) Phone number

\_\_\_\_\_ Your present mailing address      \_\_\_\_\_ City      \_\_\_\_\_ State      \_\_\_\_\_ ZIP code

**4. Special Instructions for Service** *Provide information that will help the sheriff or process server.*

*Continued on next page*

Rule 17.100—Form 106: *Directions for Service of Original Notice*, continued

**5. Costs of Service**

*Check one*

A.  Petitioner will pay the costs of the Sheriff or other process server.  
*If you cannot afford the costs, file form 109.*

B.  Costs for Sheriff deferred by court order: \_\_\_\_\_  
*Clerk of court: Sign only if costs deferred by court order*

**6. Notification**

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

\_\_\_\_\_, 20\_\_\_\_\_  
*Date signed: Month Day Year Your signature*

**Rule 17.100—Form 107: *Motion and Affidavit to Serve by Publication***

**Petitioner:** Use this form only if you do not know where your spouse lives or works.

- You must contact a newspaper that is generally distributed or circulated throughout the county where you filed the Petition.
- Ask if the newspaper will publish your Original Notice by Publication (108) in your divorce case.
- Tell the newspaper you need to publish the Notice once each week for three weeks in a row.
- If the newspaper can publish your Notice three weeks in a row, ask how much it will cost.
- Tell the newspaper you will call back to arrange for publishing your Notice after a judge gives you permission to publish your Notice in the newspaper.
- The fees for publication are set by statute in Iowa Code section 618.11.

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

In the Iowa District Court for \_\_\_\_\_ County  
*County where you filed the Petition*

**Upon the Petition of**

\_\_\_\_\_  
**Petitioner** *Full name: first, middle, last*

and concerning

\_\_\_\_\_  
**Respondent** *Full name: first, middle, last*

Equity case no. \_\_\_\_\_

**Motion and Affidavit to  
Serve by Publication**

**1. Information and Requests**

**A. Respondent's residence**

*Check each that applies*

- (1)  Respondent lives outside of Iowa.
- (2)  Respondent's residence and place of employment are unknown.

**B. Respondent's last known residence:**

\_\_\_\_\_  
*Street address*      \_\_\_\_\_  
*City*      \_\_\_\_\_  
*State*      \_\_\_\_\_  
*ZIP code*

\_\_\_\_\_  
*County*      \_\_\_\_\_  
*Phone number*      \_\_\_\_\_  
*Email address*

**C. Most recent date Respondent is known to have been at the address above:**

\_\_\_\_\_, 20\_\_\_\_  
*Month*      *Day*      *Year*

Rule 17.100—Form 107: *Motion and Affidavit to Serve by Publication*, continued

D. Petitioner has taken these steps to find Respondent: \_\_\_\_\_

E. Petitioner will publish notice in this newspaper: \_\_\_\_\_  
*Name of newspaper*

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

*Continued on next page*

Rule 17.100—Form 107: *Motion and Affidavit to Serve by Publication*, continued

**2. Attorney Help**

*Check one*

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

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

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

\_\_\_\_\_  
*Name of attorney or organization, if any*      *Attorney's P.I.N. # – Ask the attorney*

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

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

**3. Oath and Signature**

I, \_\_\_\_\_, have read this Motion and Affidavit, and I certify  
*Print your name*

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

\_\_\_\_\_, 20\_\_\_\_\_  
*Signed on: Month Day Year*      *Your signature\**

\_\_\_\_\_  
*Mailing address*      *City*      *State*      *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_      \_\_\_\_\_  
*Phone number*      *Email address*      *Additional email address, if applicable*

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

**Rule 17.100—Form 108: Original Notice by Publication**

**Petitioner** should complete this form only if a judge has signed an order giving permission to publish this Notice in a newspaper.

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

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

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

**Newspaper: Publish only the information below this line.**

**In the Iowa District Court for \_\_\_\_\_ County**

*County where Petition is filed*

**Upon the Petition of**

Equity case no. \_\_\_\_\_

**Petitioner** *Full name: first, middle, last*

**Original Notice by Publication**

and concerning

**Respondent** *Full name: first, middle, last*

**1. Information for Respondent Named Above**

- Petitioner (your spouse) has filed a divorce lawsuit naming you as Respondent.
- Petitioner's contact information during the divorce case:

\_\_\_\_\_  
*Petitioner's first name      Middle name      Last name*

\_\_\_\_\_  
*Petitioner's present street address      City      State      ZIP code*

\_\_\_\_\_  
*County      (      )      Phone number      Email address*

**2. Respondent's deadline for filing a Response**

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

\_\_\_\_\_, 20\_\_\_\_.  
*Month      Day      Year*

**3. Instructions to Respondent Named Above**

*You must file an Answer or a Motion with the clerk of court in the above county within 20 days after the date provided above. If you do not respond, the court may enter a judgment against you giving Petitioner what he or she asked for in the Petition.*

**Important Notice to Respondent**

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

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



Rule 17.100—Form 108: *Original Notice by Publication*, continued

**Newspaper:** only publish the instructions below if your county uses electronic filing. To determine if your county uses electronic filing, check the map available on the Iowa Judicial Branch website under “eFiling,” or call the clerk of court office in your county.

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- You must register to eFile through the Iowa Judicial Branch website at <https://www.iowacourts.state.ia.us/Efile/> and obtain a log in and password to file and view documents in your case and to receive service and notices from the court.
- For general rules and information on electronic filing, refer to the Iowa Court Rules Chapter 16 Pertaining to the Use of the Electronic Document Management System, available on the Iowa Judicial Branch website.
- For court rules on the Protection of Personal Privacy in court filings, refer to Division VI of the Iowa Court Rules, Chapter 16.

**Rule 17.100—Form 109: Application and Affidavit to Defer Payment of Costs**

**Petitioner uses this form** only if Petitioner cannot afford to pay the fees to file and serve the Petition.

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

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

In the Iowa District Court for \_\_\_\_\_ County  
*County where your case is filed*

<p><b>Upon the Petition of</b></p> <p>_____</p> <p><b>Petitioner</b> <i>Full name: first, middle, last</i></p> <p>and concerning</p> <p>_____</p> <p><b>Respondent</b> <i>Full name: first, middle, last</i></p>	<p>Equity case no. _____</p> <p style="text-align: center;"><b>Application and Affidavit to Defer Payment of Costs</b></p>
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**1. Request**

- A. I am Petitioner.
- B. For my Application and Affidavit, I state that:  
*Check all that apply*
  - (1)  I am unable to pay the filing fee or service costs or other court costs.
  - (2)  I ask the court for permission to proceed without prepayment of costs and fees.
  - (3)  I am filing this Application and Affidavit in good faith.
  - (4)  I believe I am entitled to what I am asking for in this case.
- C. Household  
 There are \_\_\_\_\_ people living in my household.  
*Number*
- D. My household income is \$ \_\_\_\_\_ per month.  
*Put the total amount of all income and benefits before deductions for all members of your household.*
- E. My income comes from:  
*List the sources of your income. Examples: salary, wages, or benefits such as unemployment, Title 19, FIP.*

Rule 17.100—Form 109: *Application and Affidavit to Defer Payment of Costs*, continued

**F. My household has the following monthly expenses:**

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

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

*Continued on next page*

Rule 17.100—Form 109: *Application and Affidavit to Defer Payment of Costs*, continued**2. Attorney Help***Check one*

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

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

\_\_\_\_\_  
*Name of attorney or organization, if any*      *Attorney's P.I.N. # – Ask the attorney*

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

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

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

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

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

\_\_\_\_\_  
*Name of person to whom I delivered or mailed it*

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

**4. Oath and Signature**

I, \_\_\_\_\_, have read this Application and Affidavit, and I certify under  
*Print your name*

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

\_\_\_\_\_, 20\_\_\_\_  
*Signed on: Month*      *Day*      *Year*      *Your signature\**

\_\_\_\_\_  
*Mailing address*      *City*      *State*      *ZIP code*

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

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

**Rule 17.100—Form 110: Affidavit of Service of Original Notice and Petition for Dissolution of Marriage**

**This form is used only if** someone other than Petitioner (you), a sheriff, or a process server delivered a copy of the Petition and Original Notice to Respondent (your spouse).

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

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

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where Petition is filed*

**Upon the Petition of**

**Petitioner** *Full name: first, middle, last*

and concerning

**Respondent** *Full name: first, middle, last*

Equity case no. \_\_\_\_\_

**Affidavit of Service of Original Notice and Petition for Dissolution of Marriage**

**1. Affidavit**

I, \_\_\_\_\_, delivered a copy of the Original Notice and  
*Name of person – Cannot be Petitioner, sheriff, or process server*  
Petition for Dissolution of Marriage for this case to:

\_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_  
*Name of Respondent Month Day Year Time*

*Check one*  
 a.m.  
 p.m.

by handing Respondent copies of the attached papers.

**2. Oath and Signature**

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

I, \_\_\_\_\_, have read this Affidavit of Service, and I certify  
*Print your name*

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

\_\_\_\_\_, 20\_\_\_\_  
*Signed on: Month Day Year Your signature\**

\_\_\_\_\_  
*Mailing address City State ZIP code*

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

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

**Rule 17.100—Form 111: Protected Information Disclosure**

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

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

**If filing electronically:**

- **Petitioner** must complete this form (111) and file it with the Petition (101) and Original Notice (104).
- **Respondent** must complete this form if adding or correcting protected information.

**Paper filers** also may use form 111 to assist in complying with Iowa Rule of Civil Procedure 1.422.

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

In the Iowa District Court for \_\_\_\_\_ County  
*County where the case is filed*

**Upon the Petition of**

\_\_\_\_\_  
**Petitioner** *Full name: first, middle, last*

and concerning

\_\_\_\_\_  
**Respondent** *Full name: first, middle, last*

Equity case no. \_\_\_\_\_

**Protected Information Disclosure**

**For electronic filers:**

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

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

**1. Petitioner** *The spouse who filed for divorce.*

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

A. Name \_\_\_\_\_  
*First Middle Last*

Protected Information Type	Complete Information (See Rules 16.602 and 16.604)	Redacted Information (See Rule 16.605)
(1) Social security number	- - XXX-XX-XXXX	Last four digits only
(2) Financial account numbers	Full account number	Partial account number only
(3) Date of birth	/ / mm/dd/yyyy	Year only
(4) Individual taxpayer identification numbers	- - XXX-XX-XXXX	Last four digits only

Rule 17.100—Form 111: *Protected Information Disclosure*, continued

(5) Personal identification numbers	Full number	Partial only
(6) Other unique identifying numbers	Full number	Partial only
(7) Additional protected information	Full information	Partial information
(8) Additional protected information	Full information	Partial information
(9) Additional protected information	Full information	Partial information
(10) Additional protected information	Full information	Partial information

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

**2. Respondent** *The spouse who did not file for divorce.*

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

A. Name \_\_\_\_\_  
*First Middle Last*

Protected Information Type	Complete Information (See Rules 16.602 and 16.604)	Redacted Information (See Rule 16.605)
(1) Social security number	- - XXX-XX-XXXX	Last four digits only
(2) Financial account numbers	Full account number	Partial account number only
(3) Date of birth	/ / mm/dd/yyyy	Year only
(4) Individual taxpayer identification numbers	- - XXX-XX-XXXX	Last four digits only
(5) Personal identification numbers	Full number	Partial only
(6) Other unique identifying numbers	Full number	Partial only
(7) Additional protected information	Full information	Partial information
(8) Additional protected information	Full information	Partial information
(9) Additional protected information	Full information	Partial information
(10) Additional protected information	Full information	Partial information

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

Rule 17.100—Form 111: *Protected Information Disclosure*, continued

**3. Information provided by:**

	/s/	
<i>Handwritten signature of party completing this form or attorney if filing in paper</i>		<i>Electronic signature of party completing this form or attorney if filing electronically</i>

Law firm, if applicable

<i>Mailing address</i>	<i>City</i>	<i>State</i>	<i>ZIP code</i>

( )  
*Phone number*

<i>Email address</i>	<i>Additional email address, if applicable</i>

		20	
<i>Month</i>	<i>Day</i>	<i>Year</i>	
<i>Date information provided</i>			





**Rule 17.100—Form 115: Answer to Petition for Dissolution of Marriage with no Minor or Dependent Adult Children**

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

Use this Answer form 115 if you received Petition form 101, otherwise use form 116.

Read the [Guide to Representing Yourself in an Iowa Divorce Case](#) on the Iowa Judicial Branch website before using this form.

 *If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure form (111).*

 *If filing in paper, you may use form 111.*

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

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where your spouse filed the Petition*

<p><b>Upon the Petition of</b></p> <p>_____</p> <p><b>Petitioner</b> <i>Your spouse's full name: first, middle, last</i></p> <p>and concerning</p> <p>_____</p> <p><b>Respondent</b> <i>Your full name: first, middle, last</i></p>	<p>Equity case no. _____</p> <p><b>Answer to Petition for Dissolution of Marriage with no Minor or Dependent Adult Children</b></p>
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**1. Personal Information** *Fill in all information that you know.*

**A. Petitioner's information**

*Check one*

*If paragraph 1A of the Petition (form 101) is not correct, check (2) and fill in the blanks.*

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

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

The correct information is: \_\_\_\_\_  
*Birth year*

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

\_\_\_\_\_ *County*      (\_\_\_\_\_) \_\_\_\_\_ *Phone number*      \_\_\_\_\_ *Email address*

**B. Respondent's information**

*Check one*

*If paragraph 1B of the Petition (form 101) is not correct, check (2) and fill in the blanks.*

(1)  Respondent's (your) birth year and present residence are correct in the Petition.

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

The correct information is: \_\_\_\_\_  
*Birth year*

Rule 17.100—Form 115: *Answer to Petition for Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

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

\_\_\_\_\_  
*County*                      (\_\_\_\_\_)                      \_\_\_\_\_  
*Phone number*                      *Email address*

## 2. General Information About the Marriage and the Parties

### A. Date and location of the marriage

*Check one*

*If paragraph 2A of the Petition (form 101) is not correct, check (2) and fill in the blanks.*

- (1)  The date and location of the marriage are correct in the Petition.  
 (2)  The date and location of the marriage are not correct in the Petition.

The correct information is:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
*Month*                      *Day*                      *Year*                      *City*                      *State*

### B. Children

*Check all that are true*

*If you do not check one or more of these boxes, explain in 2I.*

- (1)  There are no children under the age of 18 who are children of both Petitioner and Respondent.  
 (2)  There are no children under the age of 18 who were adopted or born during this marriage.  
 (3)  There are no children 18 years of age or older who still need support.  
 (4)  Neither Petitioner nor Respondent is pregnant.

### C. Petitioner's residence

- (1) The **only** reason that Petitioner (your spouse) is living in Iowa is just to get a divorce.

True

False *If you do not live in Iowa, or if you live in Iowa for reasons other than just to get a divorce, check "False."*

- (2) *If you disagree with paragraph 2C(2) of the Petition (form 101), fill in the blanks.*

Petitioner has lived in Iowa for the last \_\_\_\_\_ years and \_\_\_\_\_ months

In \_\_\_\_\_ county.

*Continued on next page*

Rule 17.100—Form 115: *Answer to Petition for Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

**D. Parties' residence**

*Check each that is true*

- (1)  Respondent (you are Respondent) is a resident of Iowa.  
 (2)  Petitioner (your spouse) has lived in Iowa for more than one year.  
*If you did not check (1) or (2), you should talk to an attorney.*

**E. Condition of the marriage**

*Check all that are true*

- (1)  The marriage is broken and cannot be saved.  
 (2)  This is the only divorce case going on in involving this marriage.  
*If you did not check (2), explain in 2I. You should also talk to an attorney.*  
 (3)  Petitioner did not file the Petition in good faith for the purpose of ending the marriage.  
 (4)  Counseling will not save the marriage. *If counseling may save the marriage, do not check (4).*

**F. Respondent's status**

*Check each that is true*

- (1)  Respondent (you are Respondent) is in the military service.  
*If you check (1), note that there are special rules that may prevent this dissolution from going forward if you are in the military. You should talk to an attorney.*

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

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

**G. Protective or no contact orders**

*Check one*

- (1)  There is neither a "protective order" nor a "no contact order" between Respondent (you) and Petitioner (your spouse).  
 (2)  There is a "protective order" or "no contact order" between Respondent and Petitioner.  
*If you check (2), fill in the following information:*

a. County and state where the order came from: \_\_\_\_\_  
*County State*

b. Court case number: \_\_\_\_\_

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

**I. Other information:** \_\_\_\_\_

*Continued on next page*

Rule 17.100—Form 115: *Answer to Petition for Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

### 3. Respondent's Request

#### A. Respondent asks the court to:

*Check all that apply. The court will only consider items that are checked.*

*If you do not know what you want, talk to an attorney.*

- (1)  End the marriage of Respondent (you) and Petitioner (your spouse).
- (2)  Fairly divide the property and the debts of the parties.
- (3)  Order that Petitioner pay the court fees.
- (4)  Order that Petitioner pay for Respondent's attorney's fees before the divorce is final  
*If you check (4), you must file form 122.*
- (5)  Order that Petitioner pay spousal support (alimony) to Respondent.  
*If you check (5), you must file form 122.*
- (6)  Change Respondent's last name to: *Name can only be changed to name on birth certificate or name used immediately prior to the marriage.*  
\_\_\_\_\_ *Print your former or birth name*

B.  Other request: \_\_\_\_\_

*Continued on next page*

Rule 17.100—Form 115: Answer to Petition for Dissolution of Marriage with no Minor or Dependent Adult Children, continued

**4. Attorney Help**

Check one

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

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

\_\_\_\_\_  
*Name of attorney or organization, if any*      *Attorney's P.I.N. # – Ask the attorney*

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

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

**5. Service Instructions**

If Respondent is filing in paper

Check one

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

**6. Certification of Service by Mailing or Delivery**

Section 6 to be completed only if filing in paper or if the other party is exempt from electronic filing. This document, if filed electronically, will automatically be served on registered parties.

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

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

\_\_\_\_\_  
*Name of person to whom I delivered or mailed it*

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

**7. Oath and Signature**

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

\_\_\_\_\_, 20\_\_\_\_  
*Signed on: Month*      *Day*      *Year*      *Your signature\**

\_\_\_\_\_  
*Mailing address*      *City*      *State*      *ZIP code*

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

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

**Important Instructions for filing this form on next page.**

## Do not file these instructions

### Instructions for Filing an Answer to a Petition for Dissolution of Marriage

The Iowa Judicial Branch is converting the court system to electronic filing county by county. The electronic filing system is also known as EDMS. To determine if this case is in a county using electronic filing, [check the map](#) available on the Iowa Judicial Branch website under eFiling, or call the clerk of court office in your county. If your county accepts electronic filing, **you must file electronically** unless you get permission from the court to file in paper. Contact the clerk of court in your county if you are unable to file electronically.

#### Filing your Answer electronically

- If your divorce case was filed in a county that uses electronic filing, you must register to electronically file. For help with registration, see the eFiler's User Guide [How to Register Pro Se \(Self Represented\) for eFiling](#) on the Iowa Judicial Branch website.
- Scan the signed Answer form and save it as a .pdf. (Save it in a place that will be accessible to you when you electronically file.)
- Log in to EDMS on the Iowa Judicial Branch website and file your Answer. The login page can be accessed from two different paths: you may [directly log in to EDMS](#); or from the judicial branch website menu, you may select "eFiling > eFile (EDMS) Login."
- For help, see [How to eFile to an Existing Case](#).
- You will receive a Notice of Electronic Filing (NEF) when the clerk of court has approved the eFiling of your Answer and other documents. You can then open the Answer and print a copy for your records.
- If there was a problem with your filing, EDMS will send you a Retraction Notice. You can then log in to My Filings, correct the error, and resubmit your Answer. For help, see [How to Resubmit a Returned Filing](#).
- The NEF will indicate if your spouse is exempt from electronic filing requirements, in which case, you must mail or serve in paper a copy of the document on your spouse if he or she does not have an attorney.

#### Filing your Answer in paper

- Make two photocopies of the original.
- Take your original Answer form and the photocopies to the clerk of court's office in the county where the Petition was filed. The county is listed at the top of the Petition (form 101).
- The clerk will time-stamp your forms and copies.
- The clerk will take the original and give the copies back to you.
- Keep one of the copies for your records.
- Serve one of the copies of your Answer on your spouse (Petitioner).
- You can hand one of the copies of the Answer form to your spouse, **or** mail a copy to your spouse at the address shown on the Petition.
- If your spouse has an attorney, you should serve the Answer by mailing a copy to the attorney at the attorney's address on the Petition if box 5B on the Petition is checked.


## Do not file these instructions


**Rule 17.100—Form 116: *General Answer to a Petition***

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

If the Petition you received is on form 101, use form 115 for your Answer.

Read the [Guide to Representing Yourself in an Iowa Divorce Case](#) on the Iowa Judicial Branch website before using this form.

 *If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure form (111).*

 *If filing in paper, you may use form 111 to provide any protected information in full.*

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

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where Petition is filed*

**Upon the Petition of**

\_\_\_\_\_  
**Petitioner** *Your spouse's full name: first, middle, last*

and concerning

\_\_\_\_\_  
**Respondent** *Your full name: first, middle, last*

Equity case no. \_\_\_\_\_

**General Answer to a Petition**

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

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

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

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

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

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

*Continued on next page*

Rule 17.100—Form 116: *General Answer to a Petition*, continued

**D. Protective or no contact orders**

*Check one*

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

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

a. County and state where the order came from: \_\_\_\_\_  
*County State*

b. Court case number: \_\_\_\_\_

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

**F. Other information:** \_\_\_\_\_

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

**Respondent asks the court to:** *Write here what you would like the court to do. For example, tell the court if you want a divorce. Be brief. Do not write long descriptions.*

*Continued on next page*



Rule 17.100—Form 116: *General Answer to a Petition*, continued

**3. Attorney Help**

*Check one*

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

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

\_\_\_\_\_  
*Name of attorney or organization, if any*      *Attorney's P.I.N. # – Ask the attorney*

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

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

**4. Service Instructions**

If Respondent is filing in paper

*Check one*

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

**5. Certification of Service by Mailing or Delivery**

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

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

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

\_\_\_\_\_  
*Name of person to whom I delivered or mailed it*

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

**6. Oath and Signature**

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

\_\_\_\_\_, 20\_\_\_\_  
*Signed on: Month Day Year*      *Your signature\**

\_\_\_\_\_  
*Mailing address*      *City*      *State*      *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_      \_\_\_\_\_  
*Phone number*      *Email address*      *Additional email address, if applicable*

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

**Important Instructions for filing this form on next page.**

Instructions for Rule 17.100—Form 116: *General Answer to a Petition*, continued

## Do not file these instructions

### Instructions for Filing an Answer to a Petition for Dissolution of Marriage

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#### Filing your Answer electronically

- If your divorce case was filed in a county that uses electronic filing, you must register to electronically file. For help with registration, see the eFiler's User Guide [How to Register Pro Se \(Self-Represented\) for eFiling](#) on the Iowa Judicial Branch website.
- Scan the signed Answer form and save it as a .pdf. (Save it in a place that will be accessible to you when you electronically file.)
- Log in to EDMS on the Iowa Judicial Branch website and file your Answer. The login page can be accessed from two different paths: you may [directly log in to EDMS](#); or from the judicial branch website menu, you may select "eFiling > eFile (EDMS) Login."
- For help, see [How to eFile to an Existing Case](#).
- You will receive a Notice of Electronic Filing (NEF) when the clerk of court has approved the eFiling of your Answer and other documents. You can then open the Answer and print a copy for your records.
- If there was a problem with your filing, EDMS will send you a Retraction Notice. You can then log in to My Filings, correct the error, and resubmit your Answer. For help, see [How to Resubmit a Returned Filing](#).
- The NEF will indicate if your spouse is exempt from electronic filing requirements, in which case, you must mail or serve in paper a copy of the document on your spouse if he or she does not have an attorney.

#### Filing your Answer in paper

- Make two photocopies of the original.
- Take your original Answer form and the photocopies to the clerk of court's office in the county where the Petition was filed. The county is listed at the top of the Petition (form 101).
- The clerk will time-stamp your forms and copies.
- The clerk will take the original and give the copies back to you.
- Keep one of the copies for your records.
- Serve one of the copies of your Answer on your spouse (Petitioner).
- You can hand one of the copies of the Answer form to your spouse, **or** mail a copy to your spouse at the address shown on the Petition.
- If your spouse has an attorney, you may serve the Petition by mailing a copy to the attorney at the attorney's address on the Petition if box 5B on the Petition is checked.

## Do not file these instructions

**Rule 17.100—Form 122: *Motion in a Dissolution of Marriage with no Minor or Dependent Adult Children***

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

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

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where your case is filed*

<p><b>Upon the Petition of</b></p> <p>_____</p> <p><b>Petitioner</b> <i>Full name: first, middle, last</i></p> <p>and concerning</p> <p>_____</p> <p><b>Respondent</b> <i>Full name: first, middle, last</i></p>	<p>Equity case no. _____</p> <p><b>Motion in a Dissolution of Marriage with no Minor or Dependent Adult Children</b></p>
--	--

I am

*Check one*

- A.  Petitioner
- B.  Respondent

**1. Request**

A. I ask the court to

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

- (1)  Change the hearing date that has been set for \_\_\_\_\_, 20\_\_\_\_.  
*Month Day Year*
- (2)  Order counseling (conciliation).
- (3)  Set a hearing date for a divorce Decree by default.
- (4)  Award me attorney's fees before the divorce is final.
- (5)  Award spousal support (alimony) to me before the divorce is final.
- (6)  Shorten the 90-day waiting period for getting a divorce Decree.
- (7)  Other request *Explain*

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

*Continued on next page*

Rule 17.100—Form 122: *Motion in a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

**2. Attorney Help**

*Check one*

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

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

\_\_\_\_\_  
*Name of attorney or organization, if any*      *Attorney's P.I.N. # – Ask the attorney*

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

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

**3. Certification of Service by Mailing or Delivery**

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

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

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

\_\_\_\_\_  
*Name of person to whom I delivered or mailed it*

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

**4. Oath and Signature**

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

\_\_\_\_\_, 20\_\_\_\_  
*Signed on: Month*      *Day*      *Year*      *Your signature\**

\_\_\_\_\_  
*Mailing address*      *City*      *State*      *ZIP code*

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

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

**Rule 17.100—Form 123: Response to a Motion**

Use this form if your spouse has filed a Motion (most likely form 122) and you disagree with what your spouse is asking the court to do in that Motion.

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

**In the Iowa District Court for \_\_\_\_\_ County**

*County where your case is filed*

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

I am

*Check one*

- A.  Petitioner
- B.  Respondent

**1. Motion**

The other party filed a Motion on \_\_\_\_\_, 20\_\_\_\_.

*Month*

*Day*

*Year*

**2. Response**

*Check A or B.*

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

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

- (1)  Change the hearing date that has been set for \_\_\_\_\_, 20\_\_\_\_.
- Month Day Year*
- (2)  Order counseling (conciliation).
- (3)  Set a hearing date for a divorce Decree by default.
- (4)  Award my spouse attorney's fees before the divorce is final.
- (5)  Award spousal support (alimony) to my spouse before the divorce is final.
- (6)  Shorten the 90-day waiting period for getting a divorce Decree.
- (7)  Other request. *Explain* \_\_\_\_\_

Rule 17.100—Form 123: *Response to a Motion*, continued

C. I disagree with the Motion because: \_\_\_\_\_

*Continued on next page*

Rule 17.100—Form 123: *Response to a Motion*, continued

**3. Attorney Help**

*Check one*

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

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

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

\_\_\_\_\_  
*Name of attorney or organization, if any      Attorney's P.I.N. # – Ask the attorney*

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

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

**4. Certification of Service by Mailing or Delivery**

*Section 4 to be completed only if filing in paper or if the other party is exempt from electronic filing.*

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

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

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

\_\_\_\_\_  
*Name of person to whom I delivered or mailed it*

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

**5. Oath and Signature**

I, \_\_\_\_\_, have read this Response, and I certify under  
*Print your name*

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

\_\_\_\_\_, 20\_\_\_\_  
*Signed on: Month      Day      Year      Your signature\**

\_\_\_\_\_  
*Mailing address      City      State      ZIP code*

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

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

**Rule 17.100—Form 124: *Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children***

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

**Each party** must complete one of these forms.

- If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure form (111) if you have not already done so.*
- If filing in paper, you may use form 111 to provide any protected information in full if you have not already done so.*

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

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where your case is filed*

<p><b>Upon the Petition of</b></p> <p>_____</p> <p><b>Petitioner</b> <i>Full name: first, middle, last</i></p> <p>and concerning</p> <p>_____</p> <p><b>Respondent</b> <i>Full name: first, middle, last</i></p>	<p>Equity case no. _____</p> <p><b>Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children</b></p>
--	--

I am

*Check one*

- A.  Petitioner
- B.  Respondent

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

**1. Assets** *Things you and your spouse own.*

**A. Real estate**

*Attach additional sheets if necessary.*

*\*Owner (Whose name is on the deed?): P = Petitioner R = Respondent J = Joint (Both)*

Type of real estate	Owner* <i>P,R,J</i>	Market value <i>What it would sell for</i>	Debt <i>Total amount you still owe on it and to whom owed</i>	Net value <i>Market value minus debt owed</i>
(1) Homestead <i>Address</i>		\$	\$ to:	\$
(2) Other real estate <i>Address</i>		\$	\$ to:	\$

*Check this box if you have attached a sheet with additional information on other assets.*



Rule 17.100—Form 124: *Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

**B. Vehicles**

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

*\*Owner (Whose name is on the car or vehicle title?): P = Petitioner R = Respondent J = Joint (Both)*

<b>Vehicles</b> <i>Make (e.g. Ford)</i> <i>Year</i>	<b>Owner*</b> <i>P,R,J</i>	<b>Market value</b> <i>What it would sell for</i>	<b>Debt</b> <i>Total amount you still owe on it and to whom owed</i>	<b>Net Value</b> <i>Market value minus debt owed</i>
(1)		\$	\$ to:	\$
(2)		\$	\$ to:	\$
(3)		\$	\$ to:	\$

*Check this box if you have attached a sheet with additional information on other vehicles.*

**C. Securities, stocks, & bonds**

*\*Owner (Whose name is on the securities, stocks, or bonds?):*

*P = Petitioner R = Respondent J = Joint (Both)*

<b>Securities, stocks, &amp; bonds</b> <i>Company name</i>	<b>Owner*</b> <i>P,R,J</i>	<b>Market value</b> <i>What it would sell for</i>	<b>Debt</b> <i>Total amount you still owe on it and to whom owed</i>	<b>Net value</b> <i>Market value minus debt owed</i>
(1)		\$	\$ to:	\$
(2)		\$	\$ to:	\$
(3)		\$	\$ to:	\$

*Check this box if you have attached a sheet with additional information on other securities, stocks, & bonds.*

**D. Life insurance**

*\*Owner (Whose name is on the policy?): P = Petitioner R = Respondent J = Joint (Both)*

<b>Life insurance</b> <i>Company name</i>	<b>Owner*</b> <i>P,R,J</i>	<b>Cash value</b> <i>Not death benefit</i>	<b>Loan from cash value</b> <i>Total amount still owed on loan</i>	<b>Cash value</b> <i>Minus loan owed</i>
(1)		\$	\$	\$
(2)		\$	\$	\$
(3)		\$	\$	\$

*Check this box if you have attached a sheet with additional information on life insurance.*

Rule 17.100—Form 124: *Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

**E. Bank accounts**

*\*Owner (Whose name is on the checking or savings account?):  
P = Petitioner R = Respondent J = Joint (Both)*

<b>Checking &amp; savings accounts</b> <i>Bank or Credit Union name If you do not use bank accounts, write "Cash"</i>	<b>Owner*</b> <i>P,R,J</i>	<b>Cash value</b>	<b>Personal loans or overdraft accounts</b> <i>Total amount you still owe on it</i>	<b>Net value</b> <i>Cash value minus loan / overdraft owed</i>
(1)		\$	\$	\$
(2)		\$	\$	\$
(3)		\$	\$	\$

Check this box if you have attached a sheet with additional information on other checking & savings accounts.

**F. Household**

*\*Owner: P = Petitioner R = Respondent J = Joint (Both)*

<b>Household contents</b> <i>Describe</i>	<b>Owner*</b> <i>P,R,J</i>	<b>Market value</b> <i>What it would sell for</i>	<b>Debt Total amount you still owe on it and to whom owed</b>	<b>Net value</b> <i>Market value minus debt owed</i>
(1) Furniture		\$	\$	\$
a.		\$	to:	\$
b.		\$	to:	\$
c.		\$	to:	\$
d.		\$	to:	\$
(2) Appliances / Electronics		\$	\$	\$
a.		\$	to:	\$
b.		\$	to:	\$
c.		\$	to:	\$
d.		\$	to:	\$
(3) Other contents		\$	\$	\$
a.		\$	to:	\$

Rule 17.100—Form 124: *Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

b.		\$	\$ to:	\$
c.		\$	\$ to:	\$

Check this box if you have attached a sheet with additional information on other household assets.

**G. Retirement assets**

\*Owner (Whose name is on the retirement account?): P = Petitioner R = Respondent J = Joint (Both)

<b>Retirement assets</b> <i>Examples: Pensions, IRAs, 401(k)s, annuities, etc.</i>	<b>Owner*</b> <i>P,R,J</i>	<b>Market value</b> <i>What it would sell for</i>	<b>Loan from retirement account</b> <i>Total amount you still owe on it and to whom owed</i>	<b>Net value</b> <i>Market value minus loan owed</i>
(1)		\$	\$ to:	\$
(2)		\$	\$ to:	\$
(3)		\$	\$ to:	\$

Check this box if you have attached a sheet with additional information on other retirement assets.

**H. Other assets**

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

\*Owner: P = Petitioner R = Respondent J = Joint (Both)

<b>Other assets</b> <i>Describe</i>	<b>Owner*</b> <i>P,R,J</i>	<b>Market value</b> <i>What it would sell for</i>	<b>Debt</b> <i>Total amount you still owe on it and to whom owed</i>	<b>Net value</b> <i>Market value minus debt owed</i>
(1)		\$	\$ to:	\$
(2)		\$	\$ to:	\$
(3)		\$	\$ to:	\$

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

Rule 17.100—Form 124: *Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued**I. Totals**

(1) <b>Total from attached sheets</b> <i>Listed in 1A-H.</i>	\$
(2) <b>Total net value of assets</b> <i>Listed in 1A-H.</i>	\$

**2. Other Debts** *Debts may include things such as past due balances on utilities, money owed to a landlord for damages after moving, credit card debt, and loans from friends, family, or banks.**\*Whose debt is it? P = Petitioner R = Respondent J = Joint (Both)*

<b>Other debts</b> <i>List only those not included as "debt" or "loans" under "Assets" in part 1.</i>	<b>Whose debt?*</b> <i>P,R,J</i>	<b>Amount owed</b>
(1)		\$
(2)		\$
(3)		\$
(4)		\$
(5)		\$
(6)		\$
(7)		\$
(8)		\$
(9)		\$
(10)		\$
(11)		\$
(12)		\$
(13)		\$
(14)		\$
(15)		\$
<input type="checkbox"/> <i>Check this box if you have attached a sheet with additional information on other debts, and enter the total.</i>		\$
<b>Total other debts</b> <i>Including amounts shown on attached sheet, if any.</i>		\$

Rule 17.100—Form 124: *Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

**3. Income and Deductions**

**A. Petitioner's Income and Deductions** *If you are Respondent, give your best estimate for each amount.*

*\*How often is income paid or deduction taken?*

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

<b>Current income and deductions for Petitioner</b> <i>Sources of income and deductions</i>	<b>Income</b>		<b>Deductions</b>	
	<b>How often paid?*</b> <i>W,B,M,T</i>	<b>Gross amount</b> <i>Before deductions</i>	<b>How often taken?*</b> <i>W,B,M,T</i>	<b>Amount of deduction</b>
(1) Wages from employer <i>Employer name:</i>  <i>Job title:</i>		\$		\$
(2) Wages from employer <i>Employer name:</i>  <i>Job title:</i>		\$		\$
(3) Unemployment assistance		\$		\$
(4) Family Investment Program		\$		\$
(5) Social Security		\$		\$
(6) Other <i>Identify:</i>		\$		\$
(7) Other <i>Identify:</i>		\$		\$
(8) Other <i>Identify:</i>		\$		\$
(9) Totals from attached sheets, if any <input type="checkbox"/> <i>Check this box if you have attached a sheet with additional information on Petitioner's income and deductions.</i>		\$		\$
<b>Totals</b> <i>Current income and deductions for Petitioner</i>		\$ Income total		\$ Deductions total

*Continued on next page*

Rule 17.100—Form 124: *Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

**B. Respondent's Income and Deductions** *If you are Petitioner, give your best estimate for each amount.*

*\*How often is income paid or deduction taken?*

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

<b>Current income and deductions for Respondent</b> <i>Sources of income and deductions</i>	Income		Deductions	
	<b>How often paid?*</b> <i>W,B,M,T</i>	<b>Gross amount</b> <i>Before deductions</i>	<b>How often taken?*</b> <i>W,B,M,T</i>	<b>Amount of deduction</b>
(1) Wages from employer <i>Employer name:</i> <i>Job title:</i>		\$		\$
(2) Wages from employer <i>Employer name:</i> <i>Job title:</i>		\$		\$
(3) Unemployment assistance		\$		\$
(4) Family Investment Program		\$		\$
(5) Social Security		\$		\$
(6) Other <i>Identify:</i>		\$		\$
(7) Other <i>Identify:</i>		\$		\$
(8) Other <i>Identify:</i>		\$		\$
(9) Totals from attached sheets, if any <input type="checkbox"/> <i>Check this box if you have attached a sheet with additional information on Respondent's income and deductions.</i>		\$		\$
<b>Totals</b> <i>Current income and deductions for Respondent</i>		\$ <b>Income total</b>		\$ <b>Deductions total</b>

**4. Expenses**

**A. Living arrangements**

*Check one*

- (1)  My spouse and I live in the same home.
- (2)  My spouse and I do not live in the same home.

Rule 17.100—Form 124: *Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued**B. My expenses***Note: You must complete this section if you or your spouse wants spousal support (alimony).**\*How often paid?: W = Weekly B = Bi-weekly (every other week) M = Monthly**T = Two times a month A = Annually*

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

Rule 17.100—Form 124: *Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

**5. 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*      *Attorney's fax number – optional*      *Attorney's email address – optional*

**6. Certification of Service by Mailing or Delivery**

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

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

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

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

\_\_\_\_\_  
*Name of person to whom I delivered or mailed it*

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

**7. Oath and Signature**

I, \_\_\_\_\_, have read this Financial Affidavit, and I certify  
*Print your name*

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

\_\_\_\_\_, 20\_\_\_\_\_  
*Signed on: Month*      *Day*      *Year*      *Your signature\**

\_\_\_\_\_  
*Mailing address*      *City*      *State*      *ZIP code*

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

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



**Rule 17.100—Form 125: Affidavit of Mailing Notice**

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

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where your case is filed*

**Upon the Petition of**

**Petitioner** *Full name: first, middle, last*

and concerning

**Respondent** *Full name: first, middle, last*

Equity case no. \_\_\_\_\_

**Affidavit of Mailing Notice**

**1. Attorney Help**

*Check one*

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

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

\_\_\_\_\_  
*Name of attorney or organization, if any*      *Attorney's P.I.N. # – Ask the attorney*

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

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

**Important Notice to Petitioner**

Petitioner **must** file this if he or she served Notice by Publication in a newspaper and asks the court for a divorce Decree by default. Petitioner **must** also complete the oath and signature section on the next page.

***Petitioner's Oath and Signature on next page***

Rule 17.100—Form 125: *Affidavit of Mailing Notice*, continued**2. Petitioner's Oath and Signature**

I, \_\_\_\_\_, certify under penalty of perjury and pursuant to the  
*Print your name*

laws of the State of Iowa that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I sent by ordinary  
*Day Month Year*  
 mail with proper postage, 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 Respondent's last-known address as follows:

\_\_\_\_\_  
*Respondent's street address City State ZIP code*

\_\_\_\_\_, 20\_\_\_\_  
*Signed on: Month Day Year Petitioner's signature\**

\_\_\_\_\_  
*Mailing address City State ZIP code*

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

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

**Rule 17.100—Form 126: Notice of Intent to File Written Application for Default Decree**

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

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where your case is filed*

**Upon the Petition of**

\_\_\_\_\_  
**Petitioner** *Full name: first, middle, last*

and concerning

\_\_\_\_\_  
**Respondent** *Full name: first, middle, last*

Equity case no. \_\_\_\_\_

**Notice of Intent to File Written Application for Default Decree**

**To:** \_\_\_\_\_  
*Respondent's first name Middle name Last name*

**Date of Notice:** \_\_\_\_\_, 20\_\_\_\_  
*Month Day Year*

**Important Notice to Respondent:**

You are in default because you have failed to take action required of you in this case. Unless you act within **10 days** from the date of this Notice, a Default Decree of Dissolution of Marriage will be entered against you without a hearing, and you may lose your property or other important rights.

**You should seek legal advice at once.**

\_\_\_\_\_  
*Handwritten signature of Petitioner or attorney if filing in paper* or */s/ Electronic signature of Petitioner or Attorney if filing electronically*

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


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

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number Email address*

**Instructions for Petitioner**

 **Filing your Notice electronically**

EDMS will automatically serve Respondent unless Respondent is exempt from electronic filing requirements.



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

1. Deliver a copy of this form to Respondent by mail or in person.
2. Complete form 125 and file the original at the clerk of court's office.
3. File the original of this form (126) at the clerk of court's office.
4. Keep a copy for your records.

**Rule 17.100—Form 127: *Request for Relief in a Dissolution of Marriage with no Minor or Dependent Adult Children***

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

**Use this form only if** you have filed a Petition for Dissolution of Marriage (101) and:

- Your spouse (Respondent) did not file an Answer, or
  - Your spouse will not work with you to prepare a Settlement Agreement (128).
-  *If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure form (111) if you have not already done so.*
-  *If filing in paper, you may use form 111 to provide any protected information in full if you have not already done so.*

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

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where your case is filed*

<p><b>Upon the Petition of</b></p> <p>_____</p> <p><b>Petitioner</b> <i>Full name: first, middle, last</i></p> <p>and concerning</p> <p>_____</p> <p><b>Respondent</b> <i>Full name: first, middle, last</i></p>	<p>Equity case no. _____</p> <p style="text-align: center;"><b>Request for Relief in a Dissolution of Marriage with no Minor or Dependent Adult Children</b></p>
--	--

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

I am

*Check one*

- A.  Petitioner
- B.  Respondent

(1) Petitioner's birth year and present residence: \_\_\_\_\_  
*Birth year*

<i>Petitioner's present street address</i>	<i>City</i>	<i>State</i>	<i>ZIP code</i>
<i>County</i>	<i>(_____) Phone number</i>	<i>Email address</i>	

(2) Respondent's birth year and present residence: \_\_\_\_\_  
*Birth year*

<i>Respondent's present street address</i>	<i>City</i>	<i>State</i>	<i>ZIP code</i>
<i>County</i>	<i>(_____) Phone number</i>	<i>Email address</i>	

Rule 17.100—Form 127: *Request for Relief in a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

**2. Request for Relief**

**A. Children** *Check all that are true*

- (1)  There are no children under the age of 18 who are children of both Petitioner and Respondent.
- (2)  There are no children under the age of 18 who were adopted or born during this marriage.
- (3)  There are no children 18 years of age or older who still need support.
- (4)  Neither Petitioner nor Respondent is pregnant.

**B. Breakdown of marriage**

The marriage is broken down and cannot be saved.

**C. Counseling**

Counseling will not save the marriage.

**D. Waiting period before decree** *Check one*

- (1)  More than 90 days have passed since Respondent was served with an Original Notice.
- (2)  Fewer than 90 days have passed since Respondent was served with an Original Notice, but I want the court to take action right away without a separate hearing. There are no children affected by this action. Neither Petitioner nor Respondent is pregnant. This paper explains how I would like to settle all issues in my divorce.

**E. Financial affidavits** *Check one*

- (1)  I filed a Financial Affidavit (124). I certify that I have fully disclosed all income and the identity and value of all assets and debts.
- (2)  I am asking that the court not require me to file a Financial Affidavit. *Explain*

\_\_\_\_\_

**F. Division of personal property** *Check one*

- (1)  All of the personal property obtained during the marriage has been divided. I ask that Petitioner will keep the personal property in Petitioner's possession, and Respondent will keep the personal property in Respondent's possession. *If you check (1), skip to G.*
- (2)  I ask that our personal property be divided as follows: *Attach additional sheets if necessary.*
  - a. Petitioner will get the following as Petitioner's separate personal property:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- b. Respondent will get the following as Respondent's separate personal property:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Rule 17.100—Form 127: *Request for Relief in a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

**G. Division of real estate**

*For each parcel of real estate you own, provide the following information. Attach a separate sheet for each additional parcel.*

(1) Ownership of real estate

*Check one*

- a.  We do not own any real estate. *If you check a, skip to H.*
- b.  We own real estate located at: \_\_\_\_\_,  
*Street address*  
in the City of \_\_\_\_\_, County of \_\_\_\_\_, and  
State of \_\_\_\_\_. This land is described in the deed as follows:

(2) The real estate shall be:

*Check one*

- a.  Sold and the profit or debt divided \_\_\_\_\_% to Petitioner and \_\_\_\_\_% to Respondent.
- b.  Awarded to Petitioner, subject to all liens and mortgages.
- c.  Awarded to Respondent, subject to all liens and mortgages.
- d.  Other *Explain* \_\_\_\_\_

(3) Additional real estate

*Check this box if you are attaching separate sheets for additional parcels of real estate.*

**H. Division of debts**

*Check one*

- (1)  There are no debts.
- (2)  I have listed all the debts I know about and ask that they be divided as follows:  
*Attach additional sheets if necessary.*

a. Petitioner will pay the following debts:

i. Business or person to whom a debt is owed	ii. Account number, if any <i>Last 4 numbers only</i>	iii. Total amount still owed
(a)		\$
(b)		\$

Rule 17.100—Form 127: *Request for Relief in a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

(c)		\$
(d)		\$
(e)		\$

Check this box if you are attaching a separate sheet listing additional information about Petitioner's debts.

b. Respondent will pay the following debts:

i. Business or person to whom a debt is owed	ii. Account number, if any Last 4 numbers only	iii. Total amount still owed
(a)		\$
(b)		\$
(c)		\$
(d)		\$
(e)		\$

Check this box if you are attaching a separate sheet listing additional information about Respondent's debts.

c. For any debt we do not know about, the spouse who made the debt will pay that debt.

**I. Cash payment**

**I ask that**

*Check one*

- (1)  Neither Petitioner nor Respondent pay any money to the other.
- (2)  Petitioner pay Respondent \$ \_\_\_\_\_ to equalize the division of property and debts by \_\_\_\_\_, 20\_\_\_\_.  

Month
Day
Year
- (3)  Respondent pay Petitioner \$ \_\_\_\_\_ to equalize the division of property and debts by \_\_\_\_\_, 20\_\_\_\_.  

Month
Day
Year

**J. Spousal support (alimony)**

*Check one*

**I ask that:**

- (1)  Neither Petitioner nor Respondent pay spousal support (alimony) to the other.
- (2)  Spousal support (alimony) be paid as follows: \_\_\_\_\_

Rule 17.100—Form 127: *Request for Relief in a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

**K. Name change**

*Check one*

**I ask that my last name**

(1)  Not be changed.

(2)  Be changed to: \_\_\_\_\_ *Name can only be changed to name on birth certificate or name used immediately prior to the marriage.*  
*Print your former or birth name*

**L. Court fees**

*Check one*

**I ask that**

(1)  Petitioner will pay all court fees.

(2)  Respondent will pay all court fees.

(3)  Petitioner and Respondent shall each pay one-half of the remaining court fees.

(4)  Petitioner and Respondent shall each pay one-half of the total court fees.

**M. Attorney's fees**

*Check one*

(1)  I have no attorney's fees.

(2)  I will pay my own attorney's fees.

(3)  I ask that my spouse pay me \$ \_\_\_\_\_ for attorney's fees.

**N. Necessary documents**

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

**O. Other request for relief** *Attach additional sheets if necessary.* \_\_\_\_\_

**3. Statements of understanding and fact**

*Check all that apply*

A.  I have made a full disclosure of my property and debts to the court.

B.  This request for relief addresses all issues in my divorce.

C.  I want the court to approve this request for relief and make it part of the final Decree.

*Continued on next page*



Rule 17.100—Form 127: Request for Relief in a Dissolution of Marriage with no Minor or Dependent Adult Children, continued

**4. Attorney Help**

Check one

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

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

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

\_\_\_\_\_  
Name of attorney or organization, if any      Attorney's P.I.N. # – Ask the attorney

\_\_\_\_\_  
Business address of attorney or organization      City      State      ZIP code

(\_\_\_\_\_) \_\_\_\_\_      (\_\_\_\_\_) \_\_\_\_\_      \_\_\_\_\_  
Attorney's phone number      Attorney's fax number – optional      Attorney's email address – optional

**5. Certification of Service by Mailing or Delivery**

Section 5 to be completed only if filing in paper or if the other party is exempt from electronic filing.

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

I, \_\_\_\_\_, certify that on \_\_\_\_\_, 20\_\_\_\_\_  
Print your name      Month      Day      Year

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

\_\_\_\_\_  
Name of person to whom I delivered or mailed it

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

**6. Oath and Signature**

I, \_\_\_\_\_, have read this Request, and I certify under penalty  
Print your name

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

\_\_\_\_\_, 20\_\_\_\_\_  
Signed on:      Month      Day      Year      Your signature\*

\_\_\_\_\_  
Mailing address      City      State      ZIP code


(\_\_\_\_\_) \_\_\_\_\_      \_\_\_\_\_  
Phone number      Email address      Additional email address, if applicable


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

**Rule 17.100—Form 128 *Settlement Agreement for a Dissolution of Marriage with no Minor or Dependent Adult Children***

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

**Use this form only if** you and your spouse both agree to the terms of a settlement agreement.

 *If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure form (111) if you have not already done so.*

 *If filing in paper, you may use form 111 to provide any protected information in full.*

**Do not use this form if:**

- *You and your spouse have children under the age of 18, or*
- *You and your spouse have children 18 years of age or older who still need support.*

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

**In the Iowa District Court for** \_\_\_\_\_ **County**  
*County where your case is filed*

<p><b>Upon the Petition of</b></p> <p>_____</p> <p><b>Petitioner</b> <i>Full name: first, middle, last</i></p> <p>and concerning</p> <p>_____</p> <p><b>Respondent</b> <i>Full name: first, middle, last</i></p>	<p>Equity case no. _____</p> <p style="text-align: center;"><b>Settlement Agreement for a Dissolution of Marriage with no Minor or Dependent Adult Children</b></p>
--	---

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

**A. Petitioner's birth year and present residence:** \_\_\_\_\_  
*Birth year*

\_\_\_\_\_  
*Petitioner's present street address*      *City*      *State*      *ZIP code*

\_\_\_\_\_  
*County*      *( ) Phone number*      *Email address*

**B. Respondent's birth year and present residence:** \_\_\_\_\_  
*Birth year*

\_\_\_\_\_  
*Respondent's present street address*      *City*      *State*      *ZIP code*

\_\_\_\_\_  
*County*      *( ) Phone number*      *Email address*

Rule 17.100—Form 128: *Settlement Agreement for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

**2. Agreements**

**We agree to the following:**

**A. Children** *Check all that are true*

- (1)  There are no children under the age of 18 who are children of both Petitioner and Respondent.
- (2)  There are no children under the age of 18 who were adopted or born during this marriage.
- (3)  There are no children 18 years of age or older who still need support.
- (4)  Neither Petitioner nor Respondent is pregnant.

**B. Breakdown of marriage**

The marriage is broken down and cannot be saved.

**C. Counseling**

Counseling will not save the marriage.

**D. Waiting period before decree** *Check one*

- (1)  More than 90 days have passed since Respondent was served with an Original Notice.
- (2)  Fewer than 90 days have passed since Respondent was served with an Original Notice, but we want the court to take action right away without a separate hearing. We have no children affected by this action. Neither Petitioner nor Respondent is pregnant. This paper explains how we would like to settle all issues in our divorce.

**E. Financial affidavits** *Check one*

- (1)  Petitioner or Respondent has filed a Financial Affidavit (124).  
*If you check (1), check a and/or b.*
  - a.  Petitioner has filed a Financial Affidavit. Petitioner certifies that Petitioner has fully disclosed all income and the identity and value of all assets and debts.
  - b.  Respondent has filed a Financial Affidavit. Respondent certifies that Respondent has fully disclosed all income and the identity and value of all assets and debts.
- (2)  We are asking that the court not require us to file Financial Affidavits because: *Explain*

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**F. Division of personal property**

*Check one*

- (1)  We have divided our personal property. Petitioner will keep the personal property in Petitioner's possession. Respondent will keep the personal property in Respondent's possession.  
*If you check (1), skip to G.*
- (2)  Our personal property will be divided as follows:  
*Attach additional sheets if necessary.*

- a. Petitioner will get the following as Petitioner's separate personal property:

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Rule 17.100—Form 128: *Settlement Agreement for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

b. Respondent will get the following as Respondent's separate personal property:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**G. Division of real estate**

*For each parcel of real estate you own, provide the following information.  
Attach a separate sheet for each additional parcel.*

(1) Ownership of real estate

*Check one*

a.  We do not own any real estate. *If you check a, skip to H.*

b.  We own real estate located at: \_\_\_\_\_,  
*Street address*

in the City of \_\_\_\_\_, County of \_\_\_\_\_, and

State of \_\_\_\_\_. This land is described in the deed as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(2) The real estate shall be:

*Check one*

a.  Sold and the profit or debt divided \_\_\_\_\_% to Petitioner and \_\_\_\_\_%  
to Respondent.

b.  Awarded to Petitioner, subject to all liens and mortgages.

c.  Awarded to Respondent, subject to all liens and mortgages.

d.  Other *Explain* \_\_\_\_\_  
\_\_\_\_\_

(3) Additional real estate

*Check this box if you are attaching separate sheets for additional parcels of real estate.*

**H. Division of debts**

*Check one*

(1)  There are no debts.

(2)  We have listed all the debts that we know about and ask that they be divided as follows:  
*Attach additional sheets if necessary.*

***Continued on next page***

Rule 17.100—Form 128: *Settlement Agreement for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

a. Petitioner will pay the following debts:

i. Business or person to whom a debt is owed	ii. Account number, if any <i>Last 4 numbers only</i>	iii. Total amount still owed
(a)		\$
(b)		\$
(c)		\$
(d)		\$
(e)		\$

Check this box if you are attaching a separate sheet listing additional information about Petitioner's debts.

b. Respondent will pay the following debts:

i. Business or person to whom a debt is owed	ii. Account number, if any <i>Last 4 numbers only</i>	iii. Total amount still owed
(a)		\$
(b)		\$
(c)		\$
(d)		\$
(e)		\$

Check this box if you are attaching a separate sheet listing additional information about Respondent's debts.

c. For any debt we do not know about, the spouse who made the debt will pay that debt.

**I. Cash payment**

**We ask that**

*Check one*

- (1)  Neither Petitioner nor Respondent pay any money to the other.
- (2)  Petitioner pay Respondent \$ \_\_\_\_\_ to equalize the division of property and debts by \_\_\_\_\_, 20\_\_\_\_.  
*Month Day Year*
- (3)  Respondent pay Petitioner \$ \_\_\_\_\_ to equalize the division of property and debts by \_\_\_\_\_, 20\_\_\_\_.  
*Month Day Year*

***Continued on next page***

Rule 17.100—Form 128: *Settlement Agreement for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

**J. Spousal support (alimony)**

*Check one*

**We ask that:**

- (1)  Neither Petitioner nor Respondent pay spousal support (alimony) to the other.
- (2)  Petitioner pay spousal support (alimony) to Respondent as follows: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_
- (3)  Respondent pay spousal support (alimony) to Petitioner as follows: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**K. Name change**

*Check one*

**We ask that**

**(1) Petitioner's name**

- a.  Not be changed.
- b.  Be changed to:

*Name can only be changed to name on birth certificate or name used immediately prior to the marriage.*

\_\_\_\_\_  
*Print Petitioner's former or birth name*

**(2) Respondent's name**

- a.  Not be changed.
- b.  Be changed to:

*Name can only be changed to name on birth certificate or name used immediately prior to the marriage.*

\_\_\_\_\_  
*Print Respondent's former or birth name*

**L. Court fees**

*Check one*

**We ask that**

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

***Continued on next page***

Rule 17.100—Form 128: *Settlement Agreement for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

**M. Attorney's fees**

(1) Petitioner's attorney's fees

*Check one*

- a.  Petitioner has no attorney's fees.
- b.  Petitioner will pay Petitioner's attorney's fees.
- c.  Respondent will pay \$ \_\_\_\_\_ for Petitioner's attorney's fees.

(2) Respondent's attorney's fees

*Check one*

- a.  Respondent has no attorney's fees.
- b.  Respondent will pay Respondent's attorney's fees.
- c.  Petitioner will pay \$ \_\_\_\_\_ for Respondent's attorney's fees.

**N. Necessary documents**

We will sign and promptly deliver to each other any papers that may be needed to carry out this Settlement Agreement.

**O. Other agreements**

*Attach additional sheets if necessary.*

*Continued on next page*

Rule 17.100—Form 128: *Settlement Agreement for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued**3. Attorney Help***Check one***A. Petitioner**

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

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

\_\_\_\_\_  
*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*      *Attorney's fax number – optional*      *Attorney's email address – optional*

**B. Respondent**

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

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

\_\_\_\_\_  
*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*      *Attorney's fax number – optional*      *Attorney's email address – optional*

**4. Oaths and Signatures**

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 the court to approve this agreement and make it a part of the final Decree.

**A. Petitioner's Oath and Signature**

I, \_\_\_\_\_, certify under penalty of perjury and pursuant to the  
*Print your name*

laws of the State of Iowa that I have read this Settlement Agreement and it accurately states how I would like the court to address the issues in my 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 Settlement Agreement be presented to a judge for approval and filing with the court.

\_\_\_\_\_, 20\_\_\_\_\_  
*Month*      *Day*      *Year*      *Petitioner's signature\**

\_\_\_\_\_  
*Mailing address*      *City*      *State*      *ZIP code*

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

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

***Continued on next page***



Rule 17.100—Form 128: *Settlement Agreement for a Dissolution of Marriage with no Minor or Dependent Adult Children*, continued

B. Respondent's Oath and Signature

I, \_\_\_\_\_, certify under penalty of perjury and pursuant to the  
*Print your name*

laws of the State of Iowa that I have read this Settlement Agreement and it accurately states how I would like the court to address the issues in my 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 Settlement Agreement be presented to a judge for approval and filing with the court.

\_\_\_\_\_, 20\_\_\_\_\_  
*Month Day Year Respondent's signature\**

\_\_\_\_\_  
*Mailing address City State ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number Email address Additional email address - if available*

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

**Rules 17.101 to 17.199** Reserved.

**Rule 17.200 Family law forms for dissolution of marriage with dependent children.** The following forms are for use in dissolution of marriage (divorce) actions with children under the age of 18 who are children of both spouses to the marriage, or children under the age of 18 who were adopted or born during the marriage, or children 18 years of age or older who are children of both spouses to the marriage and are dependent or still need support. These forms must also be used if a spouse of the marriage is pregnant.

Form 201:	Petition for Dissolution of Marriage with Children
Form 202:	Petition Cover Sheet for a Dissolution of Marriage with Children
Form 203:	Confidential Information Form
Form 204:	Original Notice for Personal Service
Form 204a:	Original Notice for Personal Service
Form 205:	Acceptance of Service
Form 206:	Directions for Service of Original Notice
Form 207:	Motion and Affidavit to Serve by Publication
Form 208:	Original Notice by Publication
Form 209:	Application and Affidavit to Defer Payment of Costs
Form 210:	Affidavit of Service of Original Notice and Petition for Dissolution of Marriage
Form 211:	Protected Information Disclosure
Form 212:	Joint Statement on Legal Parent
Form 213:	Motion to Disestablish Legal Parent
Form 214:	Reserved
Form 215:	Answer to Petition for Dissolution of Marriage with Children
Form 216:	General Answer to a Petition for Dissolution of Marriage with Children
Forms 217 to 220:	Reserved
Form 221:	Affidavit for Temporary Custody and Visitation
Form 222:	Motion in a Dissolution of Marriage with Children
Form 223:	Response to a Motion
Form 224:	Financial Affidavit for a Dissolution of Marriage with Children
Form 225:	Affidavit of Mailing Notice
Form 226:	Notice of Intent to File Written Application for Default Decree
Form 227:	Request for Relief in a Dissolution of Marriage with Children
Form 228:	Settlement Agreement for a Dissolution of Marriage with Children
Form 229:	Agreed Parenting Plan
Form 230:	Proposed Parenting Plan
Forms 231 to 300:	Reserved

[Court Order December 19, 2013; March 26, 2014]



Rule 17.200—Form 201: *Petition for Dissolution of Marriage with Children*, continued

**B. Respondent's (your spouse's) birth year and present residence:** \_\_\_\_\_  
*Birth year*

\_\_\_\_\_  
*Respondent's present street address*      *City*      *State*      *ZIP code*

\_\_\_\_\_  
*County*      *( )*      *Phone number*      *Email address*

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

\_\_\_\_\_  
*Full name: first, middle, last*

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

\_\_\_\_\_  
*County*      *( )*      *Phone number*      *Email address*

**2. General Information About the Marriage and the Parties**

**A. Date and location of the marriage**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
*Month*      *Day*      *Year*      *City*      *State*

**B. Children**

*Check all that are true*

- (1)  There are children under age 18 who are children of both Petitioner and Respondent.
- (2)  There are children under age 18 who were adopted or born during this marriage.  
*This includes any child born to a spouse during the marriage, but for whom the other spouse is not a parent.*
- (3)  There are children 18 years or older who still need support.
- (4)  Petitioner or Respondent is pregnant.

**C. Identification of children**

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

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

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

**D. Children's living arrangements**

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

(1) Children: \_\_\_\_\_  
*Initials*      *Initials*      *Initials*      *Initials*      *Initials*

Rule 17.200—Form 201: *Petition for Dissolution of Marriage with Children*, continued

Lived with \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Adult name mm dd yyyy mm dd yyyy*

At \_\_\_\_\_  
*City State*

(2) Children: \_\_\_\_\_  
*Initials Initials Initials Initials Initials*

Lived with \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Adult name mm dd yyyy mm dd yyyy*

At \_\_\_\_\_  
*City State*

(3) Children: \_\_\_\_\_  
*Initials Initials Initials Initials Initials*

Lived with \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Adult name mm dd yyyy mm dd yyyy*

At \_\_\_\_\_  
*City State*

(4) Children: \_\_\_\_\_  
*Initials Initials Initials Initials Initials*

Lived with \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Adult name mm dd yyyy mm dd yyyy*

At \_\_\_\_\_  
*City State*

(5) Children: \_\_\_\_\_  
*Initials Initials Initials Initials Initials*

Lived with \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Adult name mm dd yyyy mm dd yyyy*

At \_\_\_\_\_  
*City State*

*Check this box if you have attached a separate sheet listing additional children.*  
If the children have been in Iowa for less than six months, you may be able to get a divorce, but you might not be able to get custody. The rules are complicated and you may need to talk to an attorney.

**E. Petitioner's residence**

You cannot get a divorce in Iowa if your spouse does not live in Iowa and you have lived in Iowa for less than one year, or if you came to live in Iowa just to get a divorce. If you do not live in Iowa, you can only get a divorce in Iowa if your spouse lives in Iowa.

*If you have questions about this, talk to an attorney.*

(1) The **only** reason that Petitioner (you are Petitioner) is living in Iowa is just to get a divorce.

True

False *If you do not live in Iowa, or if you live in Iowa for reasons other than just to get a divorce, check "False."*

Rule 17.200—Form 201: *Petition for Dissolution of Marriage with Children*, continued

- (2) Petitioner has lived in Iowa for the last \_\_\_\_\_ years and \_\_\_\_\_ months  
in \_\_\_\_\_ county.

- *If you have always lived in Iowa, count the time since your birth.*
- *If you have been a resident of another state, count the time since you last moved to Iowa.*

**F. Parties' residence**

If your spouse does not live in Iowa, you must have lived in Iowa for the last year before you may obtain a divorce in Iowa.

*Check each that is true*

- (1)  Petitioner has lived in Iowa for more than one year.  
(2)  Respondent (your spouse) is a resident of Iowa.

**G. Condition of the marriage**

*Check all that are true*

- (1)  The marriage is broken and cannot be saved.  
(2)  This is the only divorce case going on involving this marriage.  
*If you **did not** check (2), explain in 4. You should also talk to an attorney.*  
(3)  This Petition is being filed in good faith for the purpose of ending the marriage.  
(4)  Counseling will not save the marriage. *If counseling may save the marriage, do not check (4).*

**H. Respondent's status**

*Check each that is true*

- (1)  Respondent (your spouse) is in the military service.  
*If you check (1), there are special rules that may prevent your case from going forward if your spouse is in the military. You should talk to an attorney.*  
(2)  Respondent is in prison or jail at \_\_\_\_\_ in \_\_\_\_\_.  
*Name of facility State*

**I. Protective or no contact order**

*Check one*

- (1)  There is neither a "protective order" nor a "no contact order" between Petitioner (you) and Respondent (your spouse).  
(2)  There is a "protective order" or a "no contact order" between Petitioner and Respondent.  
*If you check (2), fill in the following information:*  
a. County and state where the order came from: \_\_\_\_\_  
*County State*  
b. Court case number: \_\_\_\_\_

**3. Other Cases About the Children**

*Check A or B*

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

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



Rule 17.200—Form 201: *Petition for Dissolution of Marriage with Children*, continued

- (2)  Decide custody and visitation.
- (3)  Order child support and medical support.
- (4)  Order payment of school or college tuition.
- (5)  Fairly divide the property and the debts of the parties.
- (6)  Order that Respondent pay the court fees.
- (7)  Order that Respondent pay for Petitioner's attorney's fees before the divorce is final.  
*If you check (7), you must file form 222.*
- (8)  Order that Respondent pay spousal support (alimony) to Petitioner.  
*If you check (8), you must file form 222.*
- (9)  Change Petitioner's last name to: \_\_\_\_\_ *Name can only be changed to name on birth certificate or name used immediately prior to the marriage.*  
*Print your former or birth name*
- (10)  Order counseling to save the marriage.
- (11)  Other request: \_\_\_\_\_

*Continued on next page*



Rule 17.200—Form 201: *Petition for Dissolution of Marriage with Children*, continued

**6. Attorney Help**

*Check one*

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

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

\_\_\_\_\_  
*Name of attorney or organization, if any*      *Attorney's P.I.N. # – Ask the attorney*

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

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

**7. Service Instructions**

If Petitioner is filing in paper,

*Check one*

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

**8. Oath and Signature**

I, \_\_\_\_\_, have read this Petition, and I certify under penalty  
*Print your name*

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

\_\_\_\_\_, 20\_\_\_\_\_  
*Signed on: Month Day Year*      *Your signature\**

\_\_\_\_\_  
*Mailing address*      *City*      *State*      *ZIP code*


(\_\_\_\_\_) \_\_\_\_\_      \_\_\_\_\_  
*Phone number*      *Email address*      *Additional email address, if applicable*

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

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

**Rule 17.200—Form 201: *Petition for Dissolution of Marriage with Children*****Do not file these instructions****Instructions for Filing a Petition for Dissolution of Marriage with Children**

The Iowa Judicial Branch is converting the court system to electronic filing county by county. The electronic filing system is also known as EDMS. To determine if this case is in a county using electronic filing, [check the map](#) available on the Iowa Judicial Branch website under eFiling, or call the clerk of court office in your county. If your county accepts electronic filing, **you must file electronically unless you get permission from the court to file in paper.** Contact the clerk of court in your county if you are unable to file electronically.

 **Filing your Petition electronically**

- If you are filing your divorce case in a county that uses electronic filing, you must register to electronically file. For help with registration, *see* the eFiler's User Guide [How to Register Pro Se \(Self Represented\) for eFiling](#) on the Iowa Judicial Branch website.
- After you have registered, [log in to the electronic filing system](#) to electronically file your dissolution case.
- For help electronically filing your divorce, *see* [How to eFile a New Case](#).
- With your Petition, you must also file an Original Notice (204) and a Protected Information Disclosure Form (211).
- You will receive a Notice of Electronic Filing (NEF) when the clerk of court has approved the eFiling of your Petition and other documents.
- If there was a problem with your filing, EDMS will send you a Retraction Notice. You can then log in to My Filings, correct the error, and resubmit your filing. For help, *see* [How to Resubmit a Returned Filing](#).
- Log in to your eFile account and download and print your Petition and Original Notice so that you can serve it on (deliver it to) your spouse.
- For help finding and downloading your Petition and Original Notice, please *see* [My Filings Reference Guide](#).

 **Filing your Petition in paper**

- If the county where you will be filing your Petition does not yet accept electronic filing, you may proceed in paper. If the county does accept electronic filing, you must proceed electronically, unless you have received permission from the court to file in paper.
- With your Petition (201), you must also file a Petition Cover Sheet (202), an Original Notice (204a), and a Confidential Information Form (203).
- Forms 201 and 204a: Make **two** photocopies if you can deliver copies of these forms to your spouse in-person or by mail. Make **three** photocopies if you are going to ask the county sheriff or a civil process server to deliver these forms to your spouse.  
**Note about making photocopies:** You should make your photocopies before you go to the courthouse to file your papers. It is expensive to make photocopies at the clerk of court office. It is cheaper to make the copies at a business that makes photocopies or at a public library.
- Forms 202 and 203: You do **not** have to make photocopies of these forms.
- Take the original forms you filled in and the photocopies to the clerk of court office in your county. Tell the clerk at the counter you are filing a Petition for a divorce.

Instructions for Rule 17.200—Form 201: *Petition for Dissolution of Marriage with Children*, continued

- Give the clerk at the counter these forms:
  - 201 Petition for Dissolution of Marriage with Children
  - 202 Coversheet for a Petition for Dissolution of Marriage with Children
  - 203 Confidential Information Form (*Do not make copies of this form.*)
  - 204a Original Notice
- Pay the filing fee. If you cannot afford to pay the filing fee, prepare and file form 209.
- The clerk at the counter can tell you the amount of the filing fee. The Iowa legislature sets these fees and periodically raises them, so check with the clerk's office to confirm the current filing fee.
- The clerk of court will sign the Original Notice (204a). You will have to serve this form on (deliver it to) your spouse.
- The clerk at the counter will time-stamp each of the copies (original and photocopies).

**Do not file these instructions**



**Rule 17.200—Form 203: Confidential Information Form**

**This form is to be used by paper filers only.**

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

Iowa Code section 602.6111 requires the parties to a case to provide the clerk of court with certain personal identification information. Each party's completed form will be kept confidential by the clerk of court.

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

In the Iowa District Court for \_\_\_\_\_ County  
*County where your case is filed*

**Upon the Petition of**

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

and concerning

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

Equity case no. \_\_\_\_\_

**Confidential Information Form**

**1. Petitioner's Information**

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

**2. Respondent's Information**

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

**3. Children's Information**

Child 1:

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

Child 2:

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

Child 3:

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

Child 4:

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

*Continued on next page*

Rule 17.200—Form 203 *Confidential Information Form*, continued

**Child 5:**

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

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

**4. Signature of Provider of Information**

Information provided by: \_\_\_\_\_  
*Print your full name: first, middle, last*

\_\_\_\_\_, 20\_\_\_\_  
*Your signature                      Month                      Day                      Year*


**Important Notice:**


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

**Rule 17.200—Form 204: Original Notice for Personal Service**

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

Read the [Guide to Representing Yourself in an Iowa Divorce Case with Children](#) on the Iowa Judicial Branch website for additional important instructions. Iowa divorce forms are available free of charge on the [Iowa Judicial Branch website](#).

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

 If filing in paper, Petitioner must use form 204a.

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

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where Petition is filed*

**Upon the Petition of**

**Petitioner** *Full name: first, middle, last*

and concerning

**Respondent** *Full name: first, middle, last*

**Original Notice for Personal Service**

**To Respondent Named Above**

- Petitioner (your spouse) has filed a divorce lawsuit naming you as Respondent.
- A copy of the Petition for Dissolution of Marriage with Children is attached to this Notice.
- Petitioner asks for a divorce.

Petitioner’s contact information during the divorce case: \_\_\_\_\_  
*Petitioner’s name*

\_\_\_\_\_  
*Mailing address*                      *City*                      *State*                      *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*                      *Email address*

***Important instructions for Respondent on next page***

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

Rule 17.200—Form 204: *Original Notice for Personal Service*, continued

### Instructions to Respondent

- A. You **must** file an Answer or a Motion with the clerk of court in the above county within **20 days** after you receive this Original Notice. If you do not file an Answer or Motion within **20 days** after receiving this Original Notice, the **court may enter a judgment against you** giving Petitioner what he or she asked for in the Petition.
- B. For help in your divorce case, and for forms that you must use if you choose to represent yourself without an attorney, visit the Iowa Judicial Branch website at <http://www.iowacourts.gov/> and click on “Court Rules & Forms” or on “For the Public.”
- C. If you received Petition form **201**, you may use Answer form **215**.
- D. This case has been filed in a county that uses electronic filing. You must register to eFile through the Iowa Judicial Branch website at <https://www.iowacourts.state.ia.us/Efile> and obtain a log in and password for filing and viewing documents in your case and for receiving service and notices from the court.
  - For general rules and information on electronic filing, refer to the Iowa Court Rules Chapter 16 Pertaining to the Use of the Electronic Document Management System, available on the Iowa Judicial Branch website.
  - For court rules on the Protection of Personal Privacy in court filings, refer to Division VI of the Iowa Court Rules Chapter 16.
  - If you are unable to proceed electronically, you must receive permission from the court to file in paper. Contact the clerk of court in the county where the petition was filed for more information on being excused from electronic filing.
- E. If you electronically file your Answer or Motion, it will be served automatically on Petitioner or on Petitioner’s attorney(s). A Notice of Electronic Filing (NEF) will tell you if the court has excused Petitioner from electronic filing. If the court has excused Petitioner from electronic filing, you must mail a copy of your Answer or Motion to Petitioner.

### Important Notice to Respondent



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



**Rule 17.200—Form 204a: Original Notice for Personal Service**

**Petitioner:** Use this form only if filing in paper.

Read the *Guide to Representing Yourself in an Iowa Divorce Case with Children* for additional important instructions. Iowa divorce forms are available free of charge on the Iowa Judicial Branch website.

-  *If filing electronically, Petitioner must use form 204.*
-  *If filing in paper, Petitioner must use this form.*

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

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where Petition is filed*

<p><b>Upon the Petition of</b></p> <p>_____</p> <p><b>Petitioner</b> <i>Full name: first, middle, last</i></p> <p>and concerning</p> <p>_____</p> <p><b>Respondent</b> <i>Full name: first, middle, last</i></p>	<p>Equity case no. _____</p> <p><b>Original Notice for Personal Service</b></p>
--	---

**1. To Respondent Named Above**

- Petitioner (your spouse) has filed a divorce lawsuit naming you as Respondent.
- A copy of the Petition for Dissolution of Marriage with Children is attached to this Notice.
- Petitioner asks for a divorce.

Petitioner's contact information during the divorce case: \_\_\_\_\_  
*Petitioner's name*

\_\_\_\_\_ *Mailing address*      \_\_\_\_\_ *City*      \_\_\_\_\_ *State*      \_\_\_\_\_ *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*      *Email address*

**2. Instructions to Respondent Named Above**

- You **must** file an Answer or a Motion with the clerk of court in the above county within **20 days** after you receive this Original Notice. If you do not file an Answer or Motion within **20 days** after receiving this Original Notice, the **court may enter a judgment against you** giving Petitioner what he or she asked for in the Petition.
- If you received Petition form **201**, you may use Answer form **215**.
- After you file your Answer or Motion, you must serve a copy of it on Petitioner.

(SEAL)

\_\_\_\_\_  
*Clerk of Court*

**Important Notice to Respondent**

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

\_\_\_\_\_ **County Courthouse**

\_\_\_\_\_, Iowa \_\_\_\_\_

*City*      *ZIP code*

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

**Rule 17.200—Form 205: Acceptance of Service**

**Petitioner** must complete this section:

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

**Respondent** must complete this section:

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

**Important Notice to Respondent**

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

**Rule 17.200—Form 206: Directions for Service of Original Notice**

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

- Do not use this form if Respondent has already received the Petition and Original Notice.
- Do not file this form with the clerk of court in paper or electronically.
- Give this form to the sheriff or other process server with your Petition (201) and Original Notice (204 if electronically filing or 204a if filing in paper).

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

\_\_\_\_\_  
*County where Petition is filed*

\_\_\_\_\_  
*Equity case number*

**1. Name and Location of Sheriff or Other Process Server**

*Check one and fill in the blanks*

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

\_\_\_\_\_  
County

\_\_\_\_\_  
*Street address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP code*

B.  **Other process server**

\_\_\_\_\_  
*Name of other person serving the Notice*

\_\_\_\_\_  
*Street address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP code*

**2. Person to be Served**

\_\_\_\_\_  
*Your spouse's name*                      (\_\_\_\_\_) \_\_\_\_\_  
*Phone number*

\_\_\_\_\_  
*Address where your spouse can be served*                      City                      State                      ZIP code

**3. Person Requesting Service**

\_\_\_\_\_  
*Your name*                      (\_\_\_\_\_) \_\_\_\_\_  
*Phone number*

\_\_\_\_\_  
*Your present mailing address*                      City                      State                      ZIP code

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

*Continued on next page*

Rule 17.200—Form 206: *Directions for Service of Original Notice*, continued

**5. Costs of Service**

*Check one*

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

*If you cannot afford the costs, file form 209.*

B.  Costs for Sheriff deferred by court order: \_\_\_\_\_

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

**6. Notification**

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

\_\_\_\_\_, 20\_\_\_\_  
*Signed: Month Day Year Your signature*



Rule 17.200—Form 207: *Motion and Affidavit to Serve by Publication*, continued

D. Petitioner has taken these steps to find Respondent: \_\_\_\_\_

E. Petitioner will publish notice in this newspaper: \_\_\_\_\_  
*Name of newspaper*

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

*Continued on next page*

Rule 17.200—Form 207: *Motion and Affidavit to Serve by Publication*, continued

**2. Attorney Help**

*Check one*

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

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

\_\_\_\_\_  
*Name of attorney or organization, if any*      *Attorney's P.I.N. # – Ask the attorney*

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

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

**3. Oath and Signature**

I, \_\_\_\_\_, have read this Motion and Affidavit, and I certify  
*Print your name*

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

\_\_\_\_\_, 20\_\_\_\_\_  
*Signed on: Month Day Year*      *Your signature\**

\_\_\_\_\_  
*Mailing address*      *City*      *State*      *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_      \_\_\_\_\_  
*Phone number*      *Email address*      *Additional email address, if applicable*

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

**Rule 17.200—Form 208: Original Notice by Publication**

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

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

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

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

**Newspaper: Publish only the information below this line.**

In the Iowa District Court for \_\_\_\_\_ County  
*County where Petition is filed*

Upon the Petition of \_\_\_\_\_

**Petitioner** *Full name: first, middle, last*  
 and concerning \_\_\_\_\_

**Respondent** *Full name: first, middle, last*

Equity case no. \_\_\_\_\_

**Original Notice by Publication**

**1. Information for Respondent Named Above**

- Petitioner (your spouse) has filed a divorce lawsuit naming you as Respondent.
- Petitioner's contact information during the divorce case:

\_\_\_\_\_  
*Petitioner's name: First, middle, last*

\_\_\_\_\_  
*Petitioner's present street address*      \_\_\_\_\_  
*City*      \_\_\_\_\_  
*State*      \_\_\_\_\_  
*ZIP code*

\_\_\_\_\_  
*County*      \_\_\_\_\_  
*Phone number*      \_\_\_\_\_  
*Email address*

**2. Respondent's Deadline for Filing a Response**

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

\_\_\_\_\_, 20\_\_\_\_.  
*Month*      \_\_\_\_\_  
*Day*      \_\_\_\_\_  
*Year*

**3. Instructions to Respondent Named Above**

You must file an Answer or a Motion with the clerk of court in the above county within **20 days** after the date provided above. If you do not respond, the **court may enter a judgment against you** giving Petitioner what he or she asked for in the Petition.

**Important Notice to Respondent**

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

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



Rule 17.200—Form 208: *Original Notice by Publication*, continued

**Newspaper:** only publish the instructions below if your county uses electronic filing. To determine if your county uses electronic filing, check the map available on the Iowa Judicial Branch website under “eFiling,” or call the clerk of court office in your county.

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#### **Additional Information for Respondent**

- You must register to eFile through the Iowa Judicial Branch website at <https://www.iowacourts.state.ia.us/Efile/> and obtain a log in and password to file and view documents in your case and to receive service and notices from the court.
- For general rules and information on electronic filing, refer to the Iowa Court Rules Chapter 16 Pertaining to the Use of the Electronic Document Management System, available on the Iowa Judicial Branch website.
- For court rules on the Protection of Personal Privacy in court filings, refer to Division VI of the Iowa Court Rules, Chapter 16.

**Rule 17.200—Form 209: *Application and Affidavit to Defer Payment of Costs***

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

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

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

<b>In the Iowa District Court for _____ County</b> <i>County where your case is filed</i>	
<b>Upon the Petition of</b>  <hr/> <b>Petitioner</b> <i>Full name: first, middle, last</i>  and concerning  <hr/> <b>Respondent</b> <i>Full name: first, middle, last</i>	Equity case no. _____  <div style="text-align: center;"><b>Application and Affidavit to Defer Payment of Costs</b></div>

**1. Request and Information**

A. I am Petitioner.

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

*Check all that apply*

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

C. Household

There are \_\_\_\_\_ people living in my household.  
*Number*

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

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

E. My income comes from:

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

*Continued on next page*

Rule 17.200—Form 209: *Application and Affidavit to Defer Payment of Costs*, continued

**F. My household has the following monthly expenses:**

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

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

*Continued on next page*

Rule 17.200—Form 209: *Application and Affidavit to Defer Payment of Costs*, continued**2. Attorney Help***Check one*

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

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

\_\_\_\_\_  
*Name of attorney or organization, if any*      *Attorney's P.I.N. # – Ask the attorney*

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

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

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

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

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

\_\_\_\_\_  
*Name of person to whom I delivered or mailed it*

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

**4. Oath and Signature**

I, \_\_\_\_\_, certify under penalty of perjury and pursuant to the laws of  
*Print your name*

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

\_\_\_\_\_, 20\_\_\_\_\_  
*Signed on: Month*      *Day*      *Year*      *Your signature\**

\_\_\_\_\_  
*Mailing address*      *City*      *State*      *ZIP code*

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

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

**Rule 17.200—Form 210: Affidavit of Service of Original Notice and Petition for Dissolution of Marriage**

**Petitioner:** Use this form only if someone other than Petitioner (you), or a person who is not a sheriff or a process server, delivered a copy of the Petition and Original Notice to Respondent (your spouse).

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

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

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where Petition is filed*

**Upon the Petition of**

\_\_\_\_\_  
**Petitioner** *Full name: first, middle, last*

and concerning

\_\_\_\_\_  
**Respondent** *Full name: first, middle, last*

Equity case no. \_\_\_\_\_

**Affidavit of Service of Original Notice and Petition for Dissolution of Marriage**

**1. Affidavit**

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

Petition for Dissolution of Marriage for this case to:

\_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_  
*Name of Respondent Month Day Year Time*

*Check one*  
 a.m.  
 p.m.

by handing Respondent copies of the attached papers.

**2. Oath and Signature**

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

I, \_\_\_\_\_, have read this Affidavit of Service, and I certify  
*Print your name*

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

\_\_\_\_\_, 20\_\_\_\_  
*Signed on: Month Day Year Your signature\**

\_\_\_\_\_  
*Mailing address City State ZIP code*


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

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


**Rule 17.200—Form 211: *Protected Information Disclosure***

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

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

 **If filing electronically:**

- **Petitioner** must complete this form (211) and file it with the Petition (201) and Original Notice (204).
- **Respondent** must complete this form if adding or correcting protected information.

 **Paper filers** also may use form 211 to assist in complying with Iowa Rule of Civil Procedure 1.422.

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

**In the Iowa District Court for \_\_\_\_\_ County**

*County where the case is filed*

**Upon the Petition of**

**Petitioner** *Full name: first, middle, last*

and concerning

**Respondent** *Full name: first, middle, last*

Equity case no. \_\_\_\_\_

**Protected Information Disclosure**

**For electronic filers:**

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

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

**1. Petitioner** *The spouse who filed for divorce.*

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

Name \_\_\_\_\_  
*First Middle Last*

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

Rule 17.200—Form 211: *Protected Information Disclosure*, continued

E. Personal identification numbers	<i>Full number</i>	<i>Partial only</i>
F. Other unique identifying numbers	<i>Full number</i>	<i>Partial only</i>
G. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
H. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
I. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
J. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>

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

**2. Respondent** *The spouse who did not file for divorce.*

*Provide the complete version of protected information and the redacted version included in documents you file. If Petitioner is filling out this form, provide as much information about Respondent as you can.*

Name \_\_\_\_\_  
                     *First*  *Middle*  *Last*

<b>Protected Information Type</b>	<b>Complete Information</b> <small>(See Rules 16.602 and 16.604)</small>	<b>Redacted Information</b> <small>(See Rule 16.605)</small>
A. Social security number	- - <i>XXX-XX-XXXX</i>	<i>Last four digits only</i>
B. Financial account numbers	<i>Full account number</i>	<i>Partial account number only</i>
C. Date of birth	/ / <i>mm/dd/yyyy</i>	<i>Year only</i>
D. Individual taxpayer identification numbers	- - <i>XXX-XX-XXXX</i>	<i>Last four digits only</i>
E. Personal identification numbers	<i>Full number</i>	<i>Partial only</i>
F. Other unique identifying numbers	<i>Full number</i>	<i>Partial only</i>
G. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
H. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
I. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
J. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>

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

Rule 17.200—Form 211: *Protected Information Disclosure*, continued

**3. Other Parties**

*Provide the complete version of protected information and the redacted version included in documents you file. Provide as much information about other parties as you can.*

Name \_\_\_\_\_  
*First Middle Last*

<b>Protected Information Type</b>	<b>Complete Information</b> (See Rules 16.602 and 16.604)	<b>Redacted Information</b> (See Rule 16.605)
A. Social security number	- - XXX-XX-XXXX	<i>Last four digits only</i>
B. Financial account numbers	<i>Full account number</i>	<i>Partial account number only</i>
C. Date of birth	/ / mm/dd/yyyy	<i>Year only</i>
D. Individual taxpayer identification numbers	- - XXX-XX-XXXX	<i>Last four digits only</i>
E. Personal identification numbers	<i>Full number</i>	<i>Partial only</i>
F. Other unique identifying numbers	<i>Full number</i>	<i>Partial only</i>
G. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
H. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
I. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
J. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>

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

**4. Children**

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

A.

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



Rule 17.200—Form 211: *Protected Information Disclosure*, continued

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

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

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

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

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

***Continued on next page***

Rule 17.200—Form 211: *Protected Information Disclosure*, continued

**5. Information provided by:**

	/s/	
<i>Handwritten signature of Petitioner or attorney if filing in paper</i>		<i>Electronic signature of Petitioner or attorney if filing electronically</i>

\_\_\_\_\_  
*Law firm, if applicable*

<i>Mailing address</i>	<i>City</i>	<i>State</i>	<i>ZIP code</i>

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*

<i>Email address</i>	<i>Additional email address, if applicable</i>

<i>Month</i>	<i>Day</i>	<i>,</i>	<i>20</i>	<i>Year</i>	
<i>Date information provided</i>					

**Rule 17.200—Form 212: *Joint Statement on Legal Parent***

- The parties use this form if a child is born or conceived during the marriage and both parties want the court to find that one of the parties is not a **legal parent** of the child. *Note:* For purposes of this form, **legal parent** is a person who is recognized by law as a parent to a child because of marriage.
- This form tells the court that both parties agree that one party is not a **biological parent** and should be *disestablished* as (should no longer be) a legal parent of the child.
- This form can only be used if the party being disestablished is a legal parent of the child because of the marriage of the parties and there is a pending dissolution of marriage action in Iowa. Do not use this form if the party being disestablished is a legal parent of the child because of an affidavit, court order, or action in another state.

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

In the Iowa District Court for \_\_\_\_\_ County  
*County where your case is filed*

Upon the Petition of

Equity case no. \_\_\_\_\_

**Petitioner** *Full name: first, middle, last*

**Joint Statement on Legal Parent**

and concerning

**Respondent** *Full name: first, middle, last*

**1. Legal Parent**

*Check each that applies*

A.  \_\_\_\_\_ is a legal parent but not a biological parent of  
*Petitioner's or Respondent's name*  
 Petitioner's or Respondent's unborn child expected to be born \_\_\_\_\_  
*Expected due date*

B.  \_\_\_\_\_ is a legal parent but not a biological parent of the  
*Petitioner's or Respondent's name*  
 following children born during the marriage:

*List children's initials and birth year*

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

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

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

*Continued on next page*

Rule 17.200—Form 212: *Joint Statement on Legal Parent*, continued

**2. Biological Parent**

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

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

**3. Best Interests of the Children**

It is in the best interests of the children and the parties that \_\_\_\_\_  
*Petitioner's or Respondent's name*  
 is found not to be a legal parent of the child or children.

**4. Guardian Ad Litem**

We understand that the court may appoint a guardian ad litem (an attorney) for the child or children, and that we may have to pay the costs of the guardian ad litem.

**5. Request**

We ask the court to find and conclude that the legal parent, \_\_\_\_\_  
*Petitioner's or Respondent's name*  
 is not a biological parent of the child or children, including any unborn child, listed in section 1 above, and that the court disestablish that person as a legal parent of the child or children.

**6. Attorney Help**

A. **Petitioner** *Check one*

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

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

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

*Continued on next page*

Rule 17.200—Form 212: *Joint Statement on Legal Parent*, continued

**B. Respondent** *Check one*

- (1)  An attorney did not help me prepare or fill in this paper.
- (2)  An attorney helped me prepare or fill in this paper.  
*If you check (2), you must fill in the following information:*

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
( )	( )		
<i>Attorney's phone number</i>	<i>Attorney's fax number – optional</i>	<i>Attorney's email address – optional</i>	

**7. Oaths and Signatures**

**A. Petitioner's Oath and Signature**

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

\_\_\_\_\_, 20\_\_\_\_\_  
*Month Day Year*      *Petitioner's signature\**

\_\_\_\_\_  
*Mailing address*      *City*      *State*      *ZIP code*

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

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

**B. Respondent's Oath and Signature**

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

\_\_\_\_\_, 20\_\_\_\_\_  
*Month Day Year*      *Respondent's signature\**

\_\_\_\_\_  
*Mailing address*      *City*      *State*      *ZIP code*

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

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

**Rule 17.200—Form 213: Motion to Disestablish Legal Parent**

- A party uses this form if a child is born or conceived during the marriage and one of the parties wants the court to find and conclude that one of the parties is not a biological parent of the child and should be *disestablished* as (should no longer be) a legal parent of the child.
- For purposes of this form, **legal parent** is a person who is recognized by law as a parent to the child because of marriage.
- This form can only be used if the party sought to be disestablished is a legal parent of the child because of the marriage of the parties and there is a pending dissolution of marriage action in Iowa. If the party sought to be disestablished is a legal parent of the child because of an affidavit, court order, or action in another state, do not use this form.

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

In the Iowa District Court for \_\_\_\_\_ County  
*County where your case is filed*

<p><b>Upon the Petition of</b></p> <p>_____</p> <p><b>Petitioner</b> <i>Full name: first, middle, last</i></p> <p>and concerning</p> <p>_____</p> <p><b>Respondent</b> <i>Full name: first, middle, last</i></p>	<p>Equity case no. _____</p> <p style="text-align: center;"><b>Motion to Disestablish Legal Parent</b></p>
--	--

I am *Check one*

- A.  Petitioner
- B.  Respondent

**1. Legal Parent** *Check each that applies.*

- A.  \_\_\_\_\_ is a legal parent but may not be a biological parent  
*Petitioner's or Respondent's name*  
of Petitioner's or Respondent's unborn child expected to be born \_\_\_\_\_.  
*Expected due date*
- B.  \_\_\_\_\_ is a legal parent but may not be a biological parent  
*Petitioner's or Respondent's name*  
of the following children born during the marriage:

*List children's initials and birth year*

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

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

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

Rule 17.200—Form 213: *Motion to Disestablish Legal Parent*, continued

## 2. Genetic Tests

*Check each that applies*

- A.  I agree to cooperate with getting any genetic test that the court orders.
- B.  I understand that I may have to pay for any genetic test that the court orders.
- C.  Genetic tests\* have been done and show \_\_\_\_\_ is not the  
*Petitioner's or Respondent's name*  
biological parent.

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

## 3. Request

I ask the court to:

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

## 4. Child Support Recovery Unit (CSRU)

*Check one*

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

*Continued on next page*

Rule 17.200—Form 213: *Motion to Disestablish Legal Parent*, continued**5. 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*      *Attorney's fax number – optional*      *Attorney's email address – optional*

**6. Certification of Service by Mailing or Delivery***Section 6 to be completed only if filing in paper or if the other party is exempt from electronic filing.**This document, if filed electronically, will automatically be served on registered parties.*

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

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

\_\_\_\_\_  
*Name of person to whom I delivered or mailed it*

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

**7. Oath and Signature**

I, \_\_\_\_\_, certify under penalty of perjury and pursuant to the  
*Print your name*

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

\_\_\_\_\_, 20\_\_\_\_  
*Signed on: Month*      *Day*      *Year*      *Your signature\**

\_\_\_\_\_  
*Mailing address*      *City*      *State*      *ZIP code*



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

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



**Rule 17.200—Form 215: Answer to Petition for Dissolution of Marriage with Children**

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

- Read the [Guide to Representing Yourself in an Iowa Divorce Case with Children](#) on the Iowa Judicial Branch website before using this form.
- Use this Answer form 215 if you received Petition form 201, otherwise use form 216.
-  *If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure form (211) if you have not already done so.*
-  *If filing in paper, you may use form 211.*

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

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where your spouse filed the Petition*

<p><b>Upon the Petition of</b></p> <p>_____</p> <p><b>Petitioner</b> <i>Your spouse's full name: first, middle, last</i></p> <p>and concerning</p> <p>_____</p> <p><b>Respondent</b> <i>Your full name: first, middle, last</i></p>	<p>Equity case no. _____</p> <p style="text-align: center;"><b>Answer to Petition for Dissolution of Marriage with Children</b></p>
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**1. Personal Information** *Fill in all information that you know.*

**A. Petitioner's information**

*Check one*

*If paragraph 1A of the Petition (form 201) is not correct, check (2) and fill in the blanks.*

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

The correct information is: \_\_\_\_\_  
*Birth year*

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

\_\_\_\_\_ *County*                      (\_\_\_\_\_) \_\_\_\_\_ *Phone number*                      \_\_\_\_\_ *Email address*

**B. Respondent's information**

*Check one*

*If paragraph 1B of the Petition (form 201) is not correct, check (2) and fill in the blanks.*

- (1)  Respondent's (your) birth year and present residence are correct in the Petition.
- (2)  Respondent's birth year and present residence are not correct in the Petition.

The correct information is: \_\_\_\_\_  
*Birth year*

Rule 17.200—Form 215: *Answer to Petition for Dissolution of Marriage with Children*, continued

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

\_\_\_\_\_  
*County*                      (\_\_\_\_\_)                      \_\_\_\_\_  
*Phone number*                      *Email address*

**C. Other person, if any, who has visitation or custody rights of the parties' children:***Fill in as much information as you know.**Check one**If paragraph 1C of the Petition (form 201) is not correct, check (2) and fill in the blanks.*

- (1)  The information for the other person who has visitation or custody rights of the children is correct in the Petition.
- (2)  The information for the other person who has visitation or custody rights of the children is not correct in the Petition. The correct information is:

\_\_\_\_\_  
*Full name: first, middle, last*

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

\_\_\_\_\_  
*County*                      (\_\_\_\_\_)                      \_\_\_\_\_  
*Phone number*                      *Email address*

**2. General Information About the Marriage and the Parties****A. Date and location of the marriage***Check one**If paragraph 2A of the Petition (form 201) is not correct, check (2) and fill in the blanks.*

- (1)  The date and location of the marriage are correct in the Petition.
- (2)  The date and location of the marriage are not correct in the Petition.

The correct information is:

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
*Month*                      *Day*                      *Year*                      *City*                      *State*

**B. Children***Check one**If paragraph 2B of the Petition (201) is not correct, check (2) and all items that are true.*

- (1)  The Petition provides the correct information about the children.
- (2)  The Petition does not provide the correct information about the children.  
 The correct information is:
- There are children under age 18 who are children of both Petitioner and Respondent.
  - There are children under age 18 who were adopted or born during this marriage.  
*This includes any child born to a spouse during the marriage, but for whom the other spouse is not a parent.*
  - There are children 18 years or older who still need support.
  - Petitioner or Respondent is pregnant.

Rule 17.200—Form 215: Answer to Petition for Dissolution of Marriage with Children, continued

C. Identification of children

Check one

If paragraph 2C of the Petition (201) is not correct, check (2) and provide the correct information about the children's identification.

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

First, middle, & last initials of each child	Birth year
a.	
b.	
c.	

First, middle, & last initials of each child	Birth year
d.	
e.	
f.	

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

D. Children's living arrangements

Check one

If paragraph 2D of the Petition (201) is not correct, check b and provide the correct information about the children's residence.

- a.  The information about where the children have lived is listed correctly in the Petition.
- b.  The information about where the children have lived is not listed correctly.  
The correct information is: *List children by initials only*

i. Children: \_\_\_\_\_  
*Initials Initials Initials Initials Initials*

Lived with \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Adult name mm dd yyyy mm dd yyyy*

At \_\_\_\_\_  
*City State*

ii. Children: \_\_\_\_\_  
*Initials Initials Initials Initials Initials*

Lived with \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Adult name mm dd yyyy mm dd yyyy*

At \_\_\_\_\_  
*City State*

iii. Children: \_\_\_\_\_  
*Initials Initials Initials Initials Initials*

Lived with \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Adult name mm dd yyyy mm dd yyyy*

At \_\_\_\_\_  
*City State*

iv. Children: \_\_\_\_\_  
*Initials Initials Initials Initials Initials*

Rule 17.200—Form 215: *Answer to Petition for Dissolution of Marriage with Children*, continued

Lived with \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Adult name mm dd yyyy mm dd yyyy*

At \_\_\_\_\_  
*City State*

v. Children: \_\_\_\_\_  
*Initials Initials Initials Initials Initials*

Lived with \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Adult name mm dd yyyy mm dd yyyy*

At \_\_\_\_\_  
*City State*

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

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

**E. Petitioner's residence**

(1) The **only** reason that Petitioner (your spouse) is living in Iowa is just to get a divorce.

- True
- False *If Petitioner does not live in Iowa, or if Petitioner lives in Iowa for reasons other than just to get a divorce, check "False."*

(2) *If you disagree with paragraph 2E(2) of the Petition (201), fill in the blanks.*

Petitioner has lived in Iowa for the last \_\_\_\_\_ years and \_\_\_\_\_ months  
 In \_\_\_\_\_ county.

**F. Parties' residence**

*Check each that is true*

- (1)  Petitioner (your spouse) has lived in Iowa for more than one year.  
*If you did not check (1) or (2), you should talk to an attorney.*
- (2)  Respondent (you are Respondent) is a resident of Iowa.

**G. Condition of the marriage**

*Check all that are true*

- (1)  The marriage is broken and cannot be saved.
- (2)  This is the only divorce case going on in involving this marriage.  
*If you did not check (2), explain in 4. You should also talk to an attorney.*
- (3)  Petitioner did not file the Petition in good faith for the purpose of ending the marriage.
- (4)  Counseling will not save the marriage. *If counseling may save the marriage, do not check (4).*

**H. Respondent's status**

*Check each that is true*

- (1)  Respondent (you are Respondent) is in the military service.  
*There are special rules that may prevent this dissolution from going forward if you are in the military. You should talk to an attorney.*

Rule 17.200—Form 215: *Answer to Petition for Dissolution of Marriage with Children*, continued

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

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

**I. Protective or no contact orders**

*Check one*

- (1)  There is neither a “protective order” nor a “no contact order” between Respondent (you) and Petitioner (your spouse).
- (2)  There is a “protective order” or “no contact order” between Respondent and Petitioner.  
*If you check (2), fill in the following information:*

a. County and state where the order came from: \_\_\_\_\_  
*County* *State*

b. Court case number: \_\_\_\_\_

**3. Other Cases About the Children**

*Check A or B*

- A.  All of the information in 3 in the Petition about other cases about the children is correct.  
*If you check A, skip to 4.*

- B.  Some or all of the information in 3 in the Petition about other cases about the children is not correct. The correct information is:

*If you check B, fill in the correct information below.*

- (1) Juvenile court

*Check a or b.*

- a.  There is no juvenile court case.
- b.  There is a juvenile court case. The correct information is:  
*If you check b, fill in the following information:*

i. County and state of the juvenile court case: \_\_\_\_\_  
*County* *State*

ii. Court case number: \_\_\_\_\_

*Check one*

- (a)  Concurrent jurisdiction has been granted.
- (b)  Concurrent jurisdiction has not been granted.

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

- (2) Custody order

*Check a or b.*

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

*If you check b, fill in the following information:*

i. County and state where the custody order came from: \_\_\_\_\_  
*County* *State*

ii. Court case number: \_\_\_\_\_



Rule 17.200—Form 215: *Answer to Petition for Dissolution of Marriage with Children*, continued**6. Attorney Help***Check one*

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

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

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

**7. Service Instructions**

If Respondent is filing in paper

*Check one*

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

**8. Certification of Service by Mailing or Delivery**

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

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

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

\_\_\_\_\_  
*Name of person to whom I delivered or mailed it*

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

*Continued on next page*

Rule 17.200—Form 215: *Answer to Petition for Dissolution of Marriage with Children*, continued

**9. Oath and Signature**

I, \_\_\_\_\_, have read this Answer, and I certify under penalty  
*Print your name*

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

\_\_\_\_\_, 20\_\_\_\_\_  
*Signed on: Month Day Year Your signature\**

\_\_\_\_\_  
*Mailing address City State ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number Email address Additional email address - if available*

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

***Important Instructions for filing this form on next page.***



Instructions for Rule 17.200—Form 215: *Answer to Petition for Dissolution of Marriage with Children*, continued

## Do not file these instructions

### Instructions for Filing an Answer to a Petition for Dissolution of Marriage with Children

The Iowa Judicial Branch is converting the court system to electronic filing county by county. The electronic filing system is also known as EDMS. To determine if this case is in a county using electronic filing, [check the map](#) available on the Iowa Judicial Branch website under eFiling, or call the clerk of court office in your county. If your county accepts electronic filing, **you must file electronically unless you get permission from the court to file in paper.** Contact the clerk of court in your county if you are unable to file electronically.

#### Filing your Answer electronically

- If your divorce case was filed in a county that uses electronic filing, you must register to electronically file. For help with registration, see the eFiler's User Guide [How to Register Pro Se \(Self-Represented\) for eFiling](#) on the Iowa Judicial Branch website.
- Scan the signed Answer form and save it as a .pdf. (Save it in a place that will be accessible to you when you electronically file.)
- Log in to EDMS on the Iowa Judicial Branch website and file your Answer. The login page can be accessed from two different paths: you may [directly log in to EDMS](#); or from the judicial branch website menu, you may select "eFiling > eFile (EDMS) Login."
- For help, see [How to eFile to an Existing Case](#).
- You will receive a Notice of Electronic Filing (NEF) when the clerk of court has approved the eFiling of your Answer and other documents. You can then open the Answer and print a copy for your records.
- If there was a problem with your filing, EDMS will send you a Retraction Notice. You can then log in to My Filings, correct the error, and resubmit your Answer. For help, see [How to Resubmit a Returned Filing](#).
- The NEF will indicate if your spouse is exempt from electronic filing requirements, in which case, you must mail or serve in paper a copy of the document on your spouse if he or she does not have an attorney.

#### Filing your Answer in paper

- Make two photocopies of the original.
- Take your original Answer form and the photocopies to the clerk of court's office in the county where the Petition was filed. The county is listed at the top of the Petition (form 201).
- The clerk will time-stamp your forms and copies.
- The clerk will take the original and give the copies back to you.
- Keep one of the copies for your records.
- Serve one of the copies of your Answer on your spouse (Petitioner).
- You can hand one of the copies of the Answer form to your spouse, **or** mail a copy to your spouse at the address shown on the Petition.
- If your spouse has an attorney, you should serve the Answer by mailing a copy to the attorney at the attorney's address on the Petition if box 7A on the Petition is checked.



## Do not file these instructions

**Rule 17.200—Form 216: General Answer to a Petition for Dissolution of Marriage with Children**

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

If the Petition you received is on form 201, use form 215 for your Answer.

Read the [Guide to Representing Yourself in an Iowa Divorce Case](#) on the Iowa Judicial Branch website before using this form.

-  *If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure form (211).*
-  *If filing in paper, you may use form 211 to provide any protected information in full.*

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

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where Petition is filed*

**Upon the Petition of**

**Petitioner** *Your spouse's full name: first, middle, last*

and concerning

**Respondent** *Your full name: first, middle, last*

Equity case no. \_\_\_\_\_

**General Answer to a Petition  
for Dissolution of Marriage  
with Children**

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

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

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

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

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

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

Rule 17.200—Form 216: *General Answer to a Petition for Dissolution of Marriage with Children*, continued

**D. Children's living arrangements**

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

(1) Children: \_\_\_\_\_  
*Initials Initials Initials Initials Initials*

Lived with \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Adult name mm dd yyyy mm dd yyyy*

At \_\_\_\_\_  
*City State*

(2) Children: \_\_\_\_\_  
*Initials Initials Initials Initials Initials*

Lived with \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Adult name mm dd yyyy mm dd yyyy*

At \_\_\_\_\_  
*City State*

(3) Children: \_\_\_\_\_  
*Initials Initials Initials Initials Initials*

Lived with \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Adult name mm dd yyyy mm dd yyyy*

At \_\_\_\_\_  
*City State*

(4) Children: \_\_\_\_\_  
*Initials Initials Initials Initials Initials*

Lived with \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Adult name mm dd yyyy mm dd yyyy*

At \_\_\_\_\_  
*City State*

(5) Children: \_\_\_\_\_  
*Initials Initials Initials Initials Initials*

Lived with \_\_\_\_\_ from \_\_\_\_/\_\_\_\_/\_\_\_\_ to \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Adult name mm dd yyyy mm dd yyyy*

At \_\_\_\_\_  
*City State*

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

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



Rule 17.200—Form 216: *General Answer to a Petition for Dissolution of Marriage with Children*, continued

c. Child support order

*Check i or ii.*

i.  There is no child support order.

ii.  There is a child support order.

*If you check ii, fill in the following information:*

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

(b) Court case number: \_\_\_\_\_

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

H. Other information: \_\_\_\_\_

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

**Respondent asks the court to:** *Write here what you would like the court to do. For example, tell the court if you want a divorce. Be brief. Do not write long descriptions.*

*Continued on next page*

Rule 17.200—Form 216: *General Answer to a Petition for Dissolution of Marriage with Children*, continued

### 3. Attorney Help

*Check one*

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

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

\_\_\_\_\_  
*Name of attorney or organization, if any*      *Attorney's P.I.N. # – Ask the attorney*

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

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

### 4. Service Instructions

If Respondent is filing in paper

*Check one*

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

### 5. Certification of Service by Mailing or Delivery

*Section 5 to be completed only if filing in paper or if the other party is exempt from electronic filing.*

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

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

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

\_\_\_\_\_  
*Name of person to whom I delivered or mailed it*

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

### 6. Oath and Signature

I, \_\_\_\_\_, have read this Answer, and I certify under penalty  
*Print your name*

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

\_\_\_\_\_, 20\_\_\_\_  
*Signed on: Month Day Year*      *Your signature\**

\_\_\_\_\_  
*Mailing address*      *City*      *State*      *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_ \_\_\_\_\_  
*Phone number*      *Email address*      *Additional email address, if applicable*

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

**Important Instructions for filing this form on next page.**

Instructions for Rule 17.200—Form 216: *General Answer to a Petition for Dissolution of Marriage with Children*

### Instructions for Filing an Answer to a Petition for Dissolution of Marriage with Children

The Iowa Judicial Branch is converting the court system to electronic filing county by county. The electronic filing system is also known as EDMS. To determine if this case is in a county using electronic filing, [check the map](#) available on the Iowa Judicial Branch website under eFiling, or call the clerk of court office in your county. If your county accepts electronic filing, **you must file electronically** unless you get permission from the court to file in paper. Contact the clerk of court in your county if you are unable to file electronically.

#### Filing your Answer electronically

- If your divorce case was filed in a county that uses electronic filing, you must register to electronically file. For help with registration, see the eFiler's User Guide [How to Register Pro Se \(Self Represented\) for eFiling](#) on the Iowa Judicial Branch website.
- Scan the signed Answer form and save it as a .pdf. (Save it in a place that will be accessible to you when you electronically file.)
- Log in to EDMS on the Iowa Judicial Branch website and file your Answer. The login page can be accessed from two different paths: you may [directly log in to EDMS](#); or from the judicial branch website menu, you may select "eFiling > eFile (EDMS) Login."
- For help, see [How to eFile to an Existing Case](#).
- You will receive a Notice of Electronic Filing (NEF) when the clerk of court has approved the eFiling of your Answer and other documents. You can then open the Answer and print a copy for your records.
- If there was a problem with your filing, EDMS will send you a Retraction Notice. You can then log in to My Filings, correct the error, and resubmit your Answer. For help, see [How to Resubmit a Returned Filing](#).
- The NEF will indicate if your spouse is exempt from electronic filing requirements, in which case, you must mail or serve in paper a copy of the document on your spouse if he or she does not have an attorney.

#### Filing your Answer in paper

- Make two photocopies of the original.
- Take your original Answer form and the photocopies to the clerk of court's office in the county where the Petition was filed. The county is listed at the top of the Petition (form 201).
- The clerk will time-stamp your forms and copies.
- The clerk will take the original and give the copies back to you.
- Keep one of the copies for your records.
- Serve one of the copies of your Answer on your spouse (Petitioner).
- You can hand one of the copies of the Answer form to your spouse, **or** mail a copy to your spouse at the address shown on the Petition.
- If your spouse has an attorney, you may serve the Petition by mailing a copy to the attorney at the attorney's address.

**Do not file these instructions**

**Rule 17.200—Form 221: *Affidavit for Temporary Custody and Visitation***

Form 221 is for either party to tell the court about custody and visitation before the case is finished, or to have a witness tell the court about custody and visitation before the case is finished.

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

<b>In the Iowa District Court for _____ County</b> <i>County where the case is filed</i>	
<b>Upon the Petition of</b>  <hr/> <b>Petitioner</b> <i>Full name as it appears on the Petition: first, middle, last</i>  and concerning  <hr/> <b>Respondent</b> <i>Full name as it appears on the Petition: first, middle, last</i>	Equity case no. _____  <div style="text-align: center;"><b>Affidavit for Temporary Custody and Visitation</b></div>

**1. Statement**

- A. My name is \_\_\_\_\_  
*Full name of witness: first, middle, last*
- B. My relationship to \_\_\_\_\_  
*First, middle, last name of party; or initials of child (Do not use child's full name.)*  
 is:
- C. I understand that a judge may consider this Affidavit to determine temporary custody and visitation of the children in this case. If I were present in court, I would testify as follows:  
*Attach additional pages if necessary.*

*Check here if there are additional pages attached.*

*Continued on next page*



Rule 17.200—Form 221: *Affidavit for Temporary Custody and Visitation*, continued

**2. Attorney Help**

*Check one*

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

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

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

**3. Oath and Signature of Witness**

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

Signed on: \_\_\_\_\_, 20\_\_\_\_  
*Month Day Year Your signature\**

\_\_\_\_\_  
*Mailing address City State ZIP code*

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

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

- *If the witness is not Petitioner or Respondent in this case, give the form to the person who asked you to fill it out.*
- *If the witness is either Petitioner or Respondent in this case, attach the Affidavit to your Motion (form 222).*



Rule 17.200—Form 222: *Motion in a Dissolution of Marriage with Children*, continued

(12)  Other request *Explain* \_\_\_\_\_

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

*Continued on next page*

Rule 17.200—Form 222: *Motion in a Dissolution of Marriage with Children*, continued

## 2. Attorney Help

*Check one*

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

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

\_\_\_\_\_  
*Name of attorney or organization, if any*      *Attorney's P.I.N. # – Ask the attorney*

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

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

## 3. Certification of Service by Mailing or Delivery

*Section 3 to be completed only if filing in paper or if the other party is exempt from electronic filing.*

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

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

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

\_\_\_\_\_  
*Name of person to whom I delivered or mailed it*

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

## 4. Oath and Signature

I, \_\_\_\_\_, certify under penalty of perjury and pursuant to the  
*Print your name*

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

\_\_\_\_\_, 20\_\_\_\_  
*Signed on: Month*      *Day*      *Year*      *Your signature\**

\_\_\_\_\_  
*Mailing address*      *City*      *State*      *ZIP code*

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

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

**Rule 17.200—Form 223: Response to a Motion**

Use this form if your spouse has filed a Motion (most likely form 222) and you disagree with what your spouse is asking the court to do in that Motion.

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

**In the Iowa District Court for \_\_\_\_\_ County**

*County where your case is filed*

**Upon the Petition of**

\_\_\_\_\_  
**Petitioner** *Full name: first, middle, last*

and concerning

\_\_\_\_\_  
**Respondent** *Full name: first, middle, last*

Equity case no. \_\_\_\_\_

**Response to a Motion**

**I am**

*Check one*

- A.  Petitioner
- B.  Respondent

**1. Motion**

The other party filed a Motion on \_\_\_\_\_, 20\_\_\_\_.  
*Month Day Year*

**2. Response**

*Check A or B.*

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

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

- (1)  Change the hearing date that has been set for \_\_\_\_\_, 20\_\_\_\_.  
*Month Day Year*
- (2)  Order temporary financial support.
- (3)  Order temporary custody and visitation.
- (4)  Order temporary child support and medical support.
- (5)  Order counseling (conciliation).
- (6)  Set a hearing date for a divorce Decree by default.
- (7)  Shorten the 90-day waiting period for getting a divorce Decree.
- (8)  Award attorney's fees before the divorce is final.
- (9)  Award spousal support (alimony) before the divorce is final.

Rule 17.200—Form 223: *Response to a Motion*, continued

- (10)  Order genetic testing to decide paternity and require that Petitioner, Respondent, and child appear for testing.
- (11)  Appoint an attorney to represent the child (required when asking to disestablish paternity).
- (12)  Other request *Explain* \_\_\_\_\_

C. I disagree with the Motion because: \_\_\_\_\_

*Continued on next page*

Rule 17.200—Form 223: *Response to a Motion*, continued

**3. Attorney Help**

*Check one*

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

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

\_\_\_\_\_  
*Name of attorney or organization, if any      Attorney's P.I.N. # – Ask the attorney*

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

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

**4. Certification of Service by Mailing or Delivery**

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

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

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

\_\_\_\_\_  
*Name of person to whom I delivered or mailed it*

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

**5. Oath and Signature**

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

\_\_\_\_\_, 20\_\_\_\_  
*Signed on: Month      Day      Year      Your signature\**

\_\_\_\_\_  
*Mailing address      City      State      ZIP code*

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

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

**Rule 17.200—Form 224: Financial Affidavit for a Dissolution of Marriage with Children**

Each party must complete one of these forms. Provide as much information as you can.

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

- If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure form (211), if you have not already done so.
- If filing in paper, you may use form 211 to provide any protected information in full if you have not already done so.

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

In the Iowa District Court for \_\_\_\_\_ County  
*County where your case is filed*

<p><b>Upon the Petition of</b></p> <p>_____</p> <p><b>Petitioner</b> <i>Full name: first, middle, last</i></p> <p>and concerning</p> <p>_____</p> <p><b>Respondent</b> <i>Full name: first, middle, last</i></p>	<p>Equity case no. _____</p> <p><b>Financial Affidavit for a Dissolution of Marriage with Children</b></p>
--	--

I am

*Check one*

- A.  Petitioner
- B.  Respondent

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

**1. Assets** *Things you and your spouse own.*

**A. Real estate**

*Attach additional sheets if necessary.*

*\*Owner (Whose name is on the deed?): P = Petitioner R = Respondent J = Joint (Both)*

Type of real estate	Owner* <i>P,R,J</i>	Market value <i>What it would sell for</i>	Debt <i>Total amount you still owe on it and to whom owed</i>	Net value <i>Market value minus debt owed</i>
(1) Homestead <i>Address of the home you own &amp; where you usually live</i>		\$	\$ to:	\$
(2) Other real estate <i>Address of other houses, apartments, or land that you own.</i>		\$	\$ to:	\$

*Check this box if you have attached a sheet with additional information on real estate.*



Rule 17.200—Form 224: *Financial Affidavit for a Dissolution of Marriage with Children*, continued

**B. Vehicles**

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

*\*Owner (Whose name is on the car or vehicle title?): P = Petitioner R = Respondent J = Joint (Both)*

<b>Vehicles</b> <i>Make (e.g. Ford)</i> <i>Year</i>	<b>Owner*</b> <i>P,R,J</i>	<b>Market value</b> <i>What it would sell for</i>	<b>Debt</b> <i>Total amount you still owe on it and to whom owed</i>	<b>Net Value</b> <i>Market value minus debt owed</i>
(1)		\$	\$ to:	\$
(2)		\$	\$ to:	\$
(3)		\$	\$ to:	\$

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

**C. Securities, stocks, & bonds**

*\*Owner (Whose name is on the securities, stocks, or bonds?):*

*P = Petitioner R = Respondent J = Joint (Both)*

<b>Securities, stocks, &amp; bonds</b> <i>Company name</i>	<b>Owner*</b> <i>P,R,J</i>	<b>Market value</b> <i>What it would sell for</i>	<b>Debt</b> <i>Total amount you still owe on it and to whom owed</i>	<b>Net value</b> <i>Market value minus debt owed</i>
(1)		\$	\$ to:	\$
(2)		\$	\$ to:	\$
(3)		\$	\$ to:	\$

*Check this box if you have attached a sheet with additional information on securities, stocks, and bonds.*

**D. Life insurance**

*\*Owner (Whose name is on the policy?): P = Petitioner R = Respondent J = Joint (Both)*

<b>Life insurance</b> <i>Company name</i>	<b>Owner*</b> <i>P,R,J</i>	<b>Cash value</b> <i>Not death benefit</i>	<b>Loan from cash value</b> <i>Total amount still owed on loan</i>	<b>Net value</b> <i>Cash value minus loan owed</i>
(1)		\$	\$	\$
(2)		\$	\$	\$
(3)		\$	\$	\$

*Check this box if you have attached a sheet with additional information on life insurance.*

Rule 17.200—Form 224: *Financial Affidavit for a Dissolution of Marriage with Children*, continued

**E. Bank accounts**

*\*Owner (Whose name is on the checking or savings account?):*

*P = Petitioner R = Respondent J = Joint (Both)*

<b>Checking &amp; savings accounts</b> <i>Bank or Credit Union name</i> <i>If you do not use bank accounts,</i> <i>write "Cash"</i>	<b>Owner*</b> <i>P,R,J</i>	<b>Cash value</b>	<b>Personal loans or overdraft accounts</b> <i>Total amount you still owe on it</i>	<b>Net value</b> <i>Cash value minus loan / overdraft owed</i>
(1)		\$	\$	\$
(2)		\$	\$	\$
(3)		\$	\$	\$

*Check this box if you have attached a sheet with additional information on checking and savings accounts.*

**F. Household contents**

*\*Owner: P = Petitioner R = Respondent J = Joint (Both)*

<b>Household contents</b> <i>Describe</i>	<b>Owner*</b> <i>P,R,J</i>	<b>Market value</b> <i>What it would sell for</i>	<b>Debt</b> <i>Total amount you still owe on it and to whom owed</i>	<b>Net value</b> <i>Market value minus debt owed</i>
(1) Furniture		\$	\$	\$
a.		\$	to:	\$
b.		\$	to:	\$
c.		\$	to:	\$
d.		\$	to:	\$
(2) Appliances / Electronics		\$	\$	\$
a.		\$	to:	\$
b.		\$	to:	\$
c.		\$	to:	\$
d.		\$	to:	\$
(3) Other contents		\$	\$	\$
a.		\$	to:	\$

Rule 17.200—Form 224: *Financial Affidavit for a Dissolution of Marriage with Children*, continued

b.		\$	\$ to:	\$
c.		\$	\$ to:	\$

Check this box if you have attached a sheet with additional information on household assets.

**G. Retirement assets**

*\*Owner (Whose name is on the retirement account?): P = Petitioner R = Respondent J = Joint (Both)*

<b>Retirement assets</b> <i>Examples: Pensions, IRAs, 401(k)s, annuities, etc.</i>	<b>Owner*</b> <i>P,R,J</i>	<b>Market value</b> <i>What it would sell for</i>	<b>Loan from retirement account</b> <i>Total amount you still owe on it and to whom owed</i>	<b>Net value</b> <i>Market value minus loan owed</i>
(1)		\$	\$ to:	\$
(2)		\$	\$ to:	\$
(3)		\$	\$ to:	\$

Check this box if you have attached a sheet with additional information on retirement assets.

**H. Other assets**

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

*\*Owner: P = Petitioner R = Respondent J = Joint (Both)*

<b>Other assets</b> <i>Describe</i>	<b>Owner*</b> <i>P,R,J</i>	<b>Market value</b> <i>What it would sell for</i>	<b>Debt</b> <i>Total amount you still owe on it and to whom owed</i>	<b>Net value</b> <i>Market value minus debt owed</i>
(1)		\$	\$ to:	\$
(2)		\$	\$ to:	\$
(3)		\$	\$ to:	\$

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

Rule 17.200—Form 224: *Financial Affidavit for a Dissolution of Marriage with Children*, continued**I. Totals**

(1) Total from attached sheets	<i>Listed in 1A-H.</i>	\$
(2) <b>Total net value of assets</b>	<i>Listed in 1A-H.</i>	\$ 0.00

**2. Other Debts**

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

*Include as "Other Debts" money you or your spouse owe that you did not include in the "Debt" or "Loan" columns in 1A-H.*

*\*Whose debt is it? P = Petitioner R = Respondent J = Joint (Both)*

<b>Other debts</b> <i>List only those not included as "debt" or "loans" under "Assets" in part 1.</i>	<b>Whose debt?*</b> <i>P,R,J</i>	<b>Amount owed</b>
A.		\$
B.		\$
C.		\$
D.		\$
E.		\$
F.		\$
G.		\$
H.		\$
I.		\$
J.		\$
K.		\$
L.		\$
M.		\$
N.		\$
O. Totals from attached sheets, if any <input type="checkbox"/> <i>Check this box if you have attached a sheet with additional information on other debts and enter the total.</i>		\$
<b>Total other debts</b> <i>Including amounts shown on attached sheets, if any.</i>		\$

*Continued on next page*

Rule 17.200—Form 224: *Financial Affidavit for a Dissolution of Marriage with Children*, continued

**3. Income and Deductions**

The deductions listed in section 3 are the deductions allowed by the Iowa Child Support Guidelines and are subtracted when determining net income.

**A. Petitioner**

**(1) Income and Deductions** *If you are Respondent, give your best estimate for each amount.*

*\*How often is income paid or deduction taken?*

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

Current income and deductions for Petitioner <i>Sources of income and deductions, not including Social Security benefits</i>	Income		Deductions	
	How often paid? <i>W,B,M,T</i>	Gross amount <i>Before deductions</i>	How often taken? <i>W,B,M,T</i>	Amount of deduction
a. Wages from employer <i>Employer name:</i>  <i>Job title:</i>		\$		\$
b. Wages from employer <i>Employer name:</i>  <i>Job title:</i>		\$		\$
c. Unemployment assistance		\$		\$
d. Workers' compensation		\$		\$
e. Pension / Retirement		\$		\$
f. Veteran's benefits		\$		\$
g. Other <i>Identify:</i>		\$		\$
h. Other <i>Identify:</i>		\$		\$
i. Other <i>Identify:</i>		\$		\$
j. Mandatory pension contribution <i>List required contribution only (e.g. IPERS, TIAA/CREF). Contributions above the required amount are optional and not allowed as a deduction.</i>				\$
k. Union Dues				\$
**l. Prior court-ordered child support <i>Paid to:</i>				\$
**m. Prior court-ordered medical support <i>Paid to:</i>				\$
**n. Prior court-ordered spousal support (alimony) <i>Paid to:</i>				\$
o. Totals from attached sheets, if any <input type="checkbox"/> <i>Check this box if you have attached a sheet with additional information on Petitioner's income and deductions.</i>		\$		\$
<b>Totals</b> <i>Current income and deductions for Petitioner</i>		\$ 0.00 <i>Income total</i>		\$ 0.00 <i>Deductions total</i>

**\*\*Under "Amount of deduction," list the amount of child support or spousal support actually paid under a prior court order (an order filed before this action). If child support payments were not made through the Child Support Recovery Unit, attach proof of payments for the past 12 months.**

Rule 17.200—Form 224: *Financial Affidavit for a Dissolution of Marriage with Children*, continued

(2) **Petitioner's other children with no court-ordered support, if any:** *If you are Respondent, provide as much information as you can.*

*List the initials and birth year of each child for whom Petitioner is the legal parent.*

*Do not include any children involved in this case.*

First, middle, & last initials of each child	Birth year
i.	
ii.	
iii.	

First, middle, & last initials of each child	Birth year
iv.	
v.	
vi.	

*Check this box if you have attached a sheet listing additional children for whom Petitioner is the legal parent.*

(3) **Petitioner's actual child care expenses due to employment, if any:**

*For custodial parent only. If you are not the custodial parent, skip to (4).*

\$ \_\_\_\_\_ per \_\_\_\_\_  
*Amount Frequency*

(4) **Petitioner's income from Social Security benefits, if any:**

a. **Supplemental Security Income (SSI), if any:**

i. Supplemental Security Income (SSI) paid to Petitioner for disability: \$ \_\_\_\_\_ per month

ii. Supplemental Security Income (SSI) paid to children for their disability: \$ \_\_\_\_\_ per month

iii. List the children in Petitioner's home who receive SSI benefits *Use initials only:*

First, middle, & last initials of each child	Birth year
(a)	
(b)	
(c)	

First, middle, & last initials of each child	Birth year
(d)	
(e)	
(f)	

*Check this box if you have attached a sheet listing additional children who receive Supplemental Security Income (SSI).*

b. **Social Security Disability (SSD) or Social Security Retirement (SSR), if any:**

i. Benefit paid for Petitioner \$ \_\_\_\_\_ per month

ii. Benefit paid for each child in Petitioner's home \$ \_\_\_\_\_ per month

iii. Number of children receiving benefits \_\_\_\_\_ children

c. **Social Security Disability (SSD), if any:**

i. Paid to children for their disability: \$ \_\_\_\_\_ per month

ii. List the children in Petitioner's home who receive SSD benefits *Use initials only:*

Rule 17.200—Form 224: *Financial Affidavit for a Dissolution of Marriage with Children*, continued

First, middle, & last initials of each child	Birth year
(a)	
(b)	
(c)	

First, middle, & last initials of each child	Birth year
(d)	
(e)	
(f)	

Check this box if you have attached a sheet listing additional children who receive Supplemental Security Income (SSD).

**B. Respondent**

**(1) Income and Deductions** *If you are Petitioner, give your best estimate for each amount.*

*\*How often is income paid or deduction taken?*

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

Current income and deductions for Respondent <i>Sources of income and deductions, not including Social Security benefits</i>	Income		Deductions	
	How often paid?*	Gross amount Before deductions	How often taken?*	Amount of deduction
	<i>W,B,M,T</i>		<i>W,B,M,T</i>	
a. Wages from employer <i>Employer name:</i> <i>Job title:</i>		\$		\$
b. Wages from employer <i>Employer name:</i> <i>Job title:</i>		\$		\$
c. Unemployment assistance		\$		\$
d. Workers' compensation		\$		\$
e. Pension / Retirement		\$		\$
f. Veteran's benefits		\$		\$
g. Other <i>Identify:</i>		\$		\$
h. Other <i>Identify:</i>		\$		\$
i. Other <i>Identify:</i>		\$		\$
j. Mandatory pension contribution <i>List required contribution only (e.g. IPEERS, TIAA/CREF). Contributions above the required amount are optional and not allowed as a deduction.</i>				\$
k. Union Dues				\$
**l. Prior court-ordered child support <i>Paid to:</i>				\$
**m. Prior court-ordered medical support <i>Paid to:</i>				\$
**n. Prior court-ordered spousal support (alimony) <i>Paid to:</i>				\$

Rule 17.200—Form 224: *Financial Affidavit for a Dissolution of Marriage with Children*, continued

o. Totals from attached sheets, if any <input type="checkbox"/> Check this box if you have attached a sheet with additional information on Respondent's income and deductions.		\$		\$
<b>Totals</b> <i>Current income and deductions for Respondent</i>		\$ 0.00 Income total		\$ 0.00 Deductions total

**\*\*Under "Amount of deduction," list the amount of child support or spousal support actually paid under a prior court order (an order filed before this action). If child support payments were not made through the Child Support Recovery Unit, attach proof of payments for the past 12 months.**

(2) Respondent's other children with no court-ordered support, if any: *If you are Petitioner, provide as much information as you can.*

*List the initials and birth year of each child for whom Respondent is the legal parent. Do not include any children involved in this case.*

First, middle, & last initials of each child	Birth year
i.	
ii.	
iii.	

First, middle, & last initials of each child	Birth year
iv.	
v.	
vi.	

Check this box if you have attached a sheet listing additional children for whom Respondent is the legal parent.

(3) Respondent's actual child care expenses due to employment, if any:

*For custodial parent only. If you are not the custodial parent, skip to (4).*

\$ \_\_\_\_\_ per \_\_\_\_\_  
*Amount Frequency*

(4) Respondent's income from Social Security benefits, if any:

a. Supplemental Security Income (SSI), if any:

i. Supplemental Security Income (SSI) paid to Respondent for disability: \$ \_\_\_\_\_ per month

ii. Supplemental Security Income (SSI) paid to children for their disability: \$ \_\_\_\_\_ per month

iii. List the children in Respondent's home who receive SSI benefits *Use initials only.*

First, middle, & last initials of each child	Birth year
(a)	
(b)	
(c)	

First, middle, & last initials of each child	Birth year
(d)	
(e)	
(f)	

Check this box if you have attached a sheet listing additional children who receive Supplemental Security Income (SSI).



Rule 17.200—Form 224: *Financial Affidavit for a Dissolution of Marriage with Children*, continued

**b. Social Security Disability (SSD) or Social Security Retirement (SSR), if any:**

- i. Benefit paid for Respondent \$ \_\_\_\_\_ per month
- ii. Benefit paid for each child in Respondent's home \$ \_\_\_\_\_ per month
- iii. Number of children receiving benefits \_\_\_\_\_ children

**c. Social Security Disability (SSD), if any:**

- i. Paid to children for their disability: \$ \_\_\_\_\_ per month
- ii. List the children in Respondent's home who receive SSD benefits *Use initials only:*

First, middle, & last initials of each child	Birth year
(a)	
(b)	
(c)	

First, middle, & last initials of each child	Birth year
(d)	
(e)	
(f)	

Check this box if you have attached a sheet listing additional children who receive Supplemental Security Disability (SSD).

**4. Costs for Health Insurance, Medical Support, and Dental Care**

**A. Costs for Petitioner** *If you are Respondent, give your best estimate for each amount.*

**(1) Petitioner has health insurance available through employer.**

- a.  True
- b.  False

*If you check a, list the frequency and cost of health insurance paid.  
If you check b, continue to (2).*

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

Type of employer health insurance	How often paid?*	Cost
	<i>W,B,M,T</i>	
Single health insurance		\$
Family health insurance		\$

**(2) Petitioner has health insurance through a source other than employer.**

- a.  True
- b.  False

*If you check a, list the frequency and cost of health insurance paid.  
If you check b, continue to (3).*

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

Rule 17.200—Form 224: *Financial Affidavit for a Dissolution of Marriage with Children*, continued

Type of other health insurance	How often paid?*	Cost
	<i>W,B,M,T</i>	
Single health insurance		\$
Family health insurance		\$

(3) Petitioner pays medical support for the child or children as required by court order.

- a.  True
- b.  False

*If you check a, list the frequency and cost of medical support paid.*

*If you check b, continue to (4).*

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

Medical support paid to	How often paid?*	Cost
	<i>W,B,M,T</i>	
		\$
		\$
		\$

(4) Petitioner has dental insurance available through employer.

- a.  True
- b.  False

*If you check a, list the frequency and cost of dental insurance paid.*

*If you check b, continue to (5).*

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

Type of employer dental insurance	How often paid?*	Cost
	<i>W,B,M,T</i>	
Single dental insurance		\$
Family dental insurance		\$

(5) Petitioner has dental insurance through a source other than employer.

- a.  True
- b.  False

*If you check a, list the frequency of other dental insurance paid.*

*If you check b, continue to (6).*

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

Rule 17.200—Form 224: *Financial Affidavit for a Dissolution of Marriage with Children*, continued

Type of other dental insurance	How often paid?*	Cost
	<i>W,B,M,T</i>	
Single dental insurance		\$
Family dental insurance		\$

**(6) Petitioner pays other medical expenses not covered by insurance.**

- a.  True
- b.  False

*If you check a, list the cost and frequency of other medical expenses paid that are not covered by insurance. Include all medical, dental, vision, etc. expenses as one lump sum.*

*If you check (6)b, continue to 4B, Costs for Respondent.*

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

How often paid?*	Cost
<i>W,B,M,T</i>	
	\$
	\$

**B. Costs for Respondent** *If you are Petitioner, give your best estimate for each amount.*

**(1) Respondent has health insurance available through employer.**

- a.  True
- b.  False

*If you check a, list the frequency and cost of health insurance paid.*

*If you check b, continue to (2).*

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

Type of employer health insurance	How often paid?*	Cost
	<i>W,B,M,T</i>	
Single health insurance		\$
Family health insurance		\$

**(2) Respondent has health insurance through a source other than employer.**

- a.  True
- b.  False

*If you check a, list the frequency and cost of health insurance paid.*

*If you check b, continue to (3).*

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

Rule 17.200—Form 224: *Financial Affidavit for a Dissolution of Marriage with Children*, continued

Type of other health insurance	How often paid?*	Cost
	<i>W,B,M,T</i>	
Single health insurance		\$
Family health insurance		\$

(3) Respondent pays medical support for the child or children as required by court order.

- a.  True
- b.  False

*If you check a, list the frequency and cost of medical support paid.*

*If you check b, continue to (4).*

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

Medical support paid to	How often paid?*	Cost
	<i>W,B,M,T</i>	
		\$
		\$
		\$

(4) Respondent has dental insurance available through employer.

- a.  True
- b.  False

*If you check a, list the frequency and cost of dental insurance paid.*

*If you check b, continue to (5).*

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

Type of employer dental insurance	How often paid?*	Cost
	<i>W,B,M,T</i>	
Single dental insurance		\$
Family dental insurance		\$

(5) Respondent has dental insurance through a source other than employer.

- a.  True
- b.  False

*If you check a, list the frequency of other dental insurance paid.*

*If you check (5)b, continue to (6).*

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

Rule 17.200—Form 224: *Financial Affidavit for a Dissolution of Marriage with Children*, continued

Type of other dental insurance	How often paid?*	Cost
	<i>W,B,M,T</i>	
Single dental insurance		\$
Family dental insurance		\$

**(6) Respondent pays other medical expenses not covered by insurance.**

- a.  True
- b.  False

*If you check a, list the cost and frequency of other medical expenses paid that are not covered by insurance. Include all medical, dental, vision, etc. expenses as one lump sum.*

*If you check (6)b, continue to 5, Expenses.*

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

How often paid?*	Cost
<i>W,B,M,T</i>	
	\$
	\$

**5. Expenses**

**A. Living arrangements**

*Check one*

- (1)  My spouse and I live in the same home.
- (2)  My spouse and I do not live in the same home.

**B. My expenses**

*Note: You must complete this section if you or your spouse want spousal support (alimony).*

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

Type of expense	Paid to	How often paid?*	Monthly payment
		<i>W,B,M,T,A</i>	
(1) House payment or rent			\$
(2) Food <i>At home &amp; restaurants</i>			\$
(3) Transportation ( <i>gas, bus fare</i> ) <i>Not car loan payments – see (12).</i>			\$
(4) Clothing			\$
(5) Medical, dental <i>Not health insurance payments – see (10).</i>			\$

Rule 17.200—Form 224: *Financial Affidavit for a Dissolution of Marriage with Children*, continued

(6) Utilities ( <i>gas, electric</i> )			\$
(7) Phone			\$
(8) Cable / satellite television / internet			\$
(9) Car insurance payment			\$
(10) Health insurance payment			\$
(11) Credit card payments			\$
(12) Car loan payments			\$
(13) Other loan payments			\$
(14) Other expense <i>Identify:</i>			\$
(15) Other expense <i>Identify:</i>			\$
(16) Other expense <i>Identify:</i>			\$
(17) Totals from attached sheets, if any <input type="checkbox"/> <i>Check this box if you have attached a sheet with additional information on your expenses.</i>			\$
<b>Total expenses</b>			<b>\$ 0.00</b>

*Continued on next page*

Rule 17.200—Form 224: *Financial Affidavit for a Dissolution of Marriage with Children*, continued

**6. Attorney Help**

*Check one*

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

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

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

\_\_\_\_\_  
*Name of attorney or organization, if any*      *Attorney's P.I.N. # – Ask the attorney*

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

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

**7. Certification of Service by Mailing or Delivery**

*Section 7 to be completed only if filing in paper or if the other party is exempt from electronic filing.*

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

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

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

\_\_\_\_\_  
*Name of person to whom I delivered or mailed it*

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

**8. Oath and Signature**

I, \_\_\_\_\_, certify under penalty of perjury and pursuant to the  
*Print your name*

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

\_\_\_\_\_, 20\_\_\_\_  
*Signed on: Month*      *Day*      *Year*      *Your signature\**

\_\_\_\_\_  
*Mailing address*      *City*      *State*      *ZIP code*

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

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

**Rule 17.200—Form 225: Affidavit of Mailing Notice**

**Petitioner:** You **must** file this Affidavit if you served Notice by Publication in a newspaper and you ask the court for a divorce Decree by default. Petitioner **must** also complete the oath and signature section on the next page.

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

<b>In the Iowa District Court for _____ County</b> <i>County where your case is filed</i>	
<b>Upon the Petition of</b>  _____ <b>Petitioner</b> <i>Full name: first, middle, last</i>  and concerning  _____ <b>Respondent</b> <i>Full name: first, middle, last</i>	Equity case no. _____  <p style="text-align: center;"><b>Affidavit of Mailing Notice</b></p>

**1. Attorney Help**

*Check one*

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

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

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

***Petitioner's Oath and Signature on next page***





**Rule 17.200—Form 226: Notice of Intent to File Written Application for Default Decree**

**Petitioner:** If Respondent has not filed an Answer or Motion within 20 days from the date of Service of the Original Notice or date of the Acceptance of Service, you may seek a Default Decree.

Before Petitioner asks the court for a Default Decree of Dissolution of Marriage, Petitioner must file this form (226).

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

In the Iowa District Court for \_\_\_\_\_ County

*County where your case is filed*

**Upon the Petition of**

**Petitioner** *Full name: first, middle, last*

and concerning

**Respondent** *Full name: first, middle, last*

Equity case no. \_\_\_\_\_

**Notice of Intent to File Written  
Application for Default Decree**

To: \_\_\_\_\_  
*Respondent's first name                      Middle name                      Last name*

Date of Notice: \_\_\_\_\_, 20\_\_\_\_  
*Month                      Day                      Year*

**Important Notice to Respondent:**

**You are in default because you have failed to take action required of you in this case.**

Unless you act within **10 days** from the date of this Notice, a Default Decree of Dissolution of Marriage will be entered against you without a hearing, and you may lose your property or other important rights.

**You should seek legal advice at once.**


\_\_\_\_\_  
*Handwritten signature of Petitioner or attorney if filing in paper*      or      /s/ \_\_\_\_\_  
*Electronic signature of Petitioner or Attorney if filing electronically*

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


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

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number      Email address*

**Instructions for Petitioner**

 **Filing your Notice electronically**

EDMS will automatically serve Respondent unless Respondent is exempt from electronic filing requirements.

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


1. Deliver a copy of this form to Respondent by mail or in person.
2. Complete form 225 and file the original at the clerk of court's office.
3. File the original of this form (226) at the clerk of court's office.
4. Keep a copy for your records.


**Rule 17.200—Form 227: Request for Relief in a Dissolution of Marriage with Children**

Use this form only if you have filed a Petition for Dissolution of Marriage (201) and:

- Your spouse (Respondent) did not file an Answer, or
- Your spouse will not work with you to prepare a Settlement Agreement (228).

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

 If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure form (211) if you have not already done so.

 If filing in paper, you may use form 211 to provide any protected information in full if you have not already done so.

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

In the Iowa District Court for \_\_\_\_\_ County  
*County where your case is filed*

**Upon the Petition of**

**Petitioner** *Full name: first, middle, last*

and concerning

**Respondent** *Full name: first, middle, last*

Equity case no. \_\_\_\_\_

**Request for Relief in a Dissolution of Marriage with Children**

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

I am

*Check A or B and fill in C and D.*

A.  Petitioner

B.  Respondent

C. Petitioner's birth year and present residence: \_\_\_\_\_  
*Birth year*

\_\_\_\_\_  
*Petitioner's present street address*      *City*      *State*      *ZIP code*

\_\_\_\_\_  
*County*      *( )*      *Phone number*      *Email address*

D. Respondent's birth year and present residence: \_\_\_\_\_  
*Birth year*

\_\_\_\_\_  
*Respondent's present street address*      *City*      *State*      *ZIP code*

\_\_\_\_\_  
*County*      *( )*      *Phone number*      *Email address*

Rule 17.200—Form 227: *Request for Relief in a Dissolution of Marriage with Children*, continued

**2. Request for Relief**

**A. Children** *Check all that are true*

- (1)  Petitioner and Respondent agree to the custody and visitation set out in the Agreed Parenting Plan (229). *A parenting plan must be provided to the court with the Request for Relief.*
- (2)  Petitioner and Respondent do not agree about custody and visitation. I filed a Proposed Parenting Plan (230). *A parenting plan must be provided to the court with the Request for Relief.*
- (3)  Petitioner has taken the children in the middle course. *Attach certificate*
- (4)  Respondent has taken the children in the middle course. *Attach certificate*

**B. Breakdown of marriage**

The marriage is broken down and cannot be saved.

**C. Counseling**

Counseling will not save the marriage.

**D. Waiting period before decree** *Check one*

- (1)  More than 90 days have passed since Respondent accepted service or was served with an Original Notice.
- (2)  Fewer than 90 days have passed since Respondent accepted service or was served with an Original Notice, but I want the court to take action right away without a separate hearing because:

This paper explains how I would like to settle all issues in my divorce.

**E. Financial affidavits** *Check one*

- (1)  I filed a Financial Affidavit (224). I certify that I have fully disclosed all income and the identity and value of all assets and debts.
- (2)  I am asking that the court not require me to file a Financial Affidavit because:

**F. Child support** *Check all that are true*

*The amount of child support is determined using the Iowa Child Support Guidelines. The Iowa Department of Human Services provides a child support estimator on its website. Go to: <https://childsupport.ia.gov/>.*

- (1)  Petitioner shall pay child support to Respondent in the amount of \$ \_\_\_\_\_ per month.
- (2)  Petitioner shall pay child support to a third party in the amount of \$ \_\_\_\_\_ per month.

\_\_\_\_\_  
*Third party's full name: first, middle, last*

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

\_\_\_\_\_  
*County*

Rule 17.200—Form 227: *Request for Relief in a Dissolution of Marriage with Children*, continued

- (3)  Respondent shall pay child support to Petitioner in the amount of \$ \_\_\_\_\_ per month.
- (4)  Respondent shall pay child support to a third party in the amount of \$ \_\_\_\_\_ per month.

Third party's full name: first, middle, last

Present street address City State ZIP code

County

- (5) Child support payments shall begin on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

*Month* *Year*

for the following children:

First, middle, & last initials of each child	Birth year
a.	
b.	
c.	

First, middle, & last initials of each child	Birth year
d.	
e.	
f.	

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

- (6)  Check here if you want child support to be higher or lower than the Child Support Guidelines amount. *If you check (6), write the amount you want and explain why in b.*

a. Amount requested: \$ \_\_\_\_\_ per month

b. Child support should be different from the Guidelines amount because:

**G. Tax exemption**

- (1) I ask the court to set the tax deduction as follows:

*Check one for each child*

First, middle, & last initials of each child	Birth year	Parent who should now claim child for tax deduction	Every Year	Even Years	Odd Years
a.			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b.			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c.			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d.			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f.			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

Rule 17.200—Form 227: *Request for Relief in a Dissolution of Marriage with Children*, continued

- (2) The deduction will start in tax year \_\_\_\_\_.  
Year

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

#### H. Health care expenses

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

Petitioner    Respondent

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

#### I. Division of Personal Property *Check one*

- (1)  All of the personal property obtained during the marriage has been divided. I ask that Petitioner will keep the personal property in Petitioner's possession, and Respondent will keep the personal property in Respondent's possession. *If you check (1), skip to J.*
- (2)  Our personal property has not been divided. I ask that our personal property be divided as follows:
- a. Petitioner will get the following as Petitioner's separate personal property:

- b. Respondent will get the following as Respondent's separate personal property:

*Check this box if you attached a separate sheet listing additional information about personal property.*

**Note on retirement accounts and pensions:** If the divorce Decree gives you or your spouse part of the other person's retirement account or pension, a separate order called a Qualified Domestic Relations Order (QDRO) must be entered. QDROs are complicated; you should ask an attorney for help with a QDRO.

#### J. Division of real estate

*For each parcel of real estate you own, provide the following information. Attach a separate sheet for each additional parcel.*

- (1) Ownership of real estate  
*Check one*
- a.  We do not own any real estate. *If you check a, skip to K.*

Rule 17.200—Form 227: *Request for Relief in a Dissolution of Marriage with Children*, continued

b.  We own real estate located at: \_\_\_\_\_  
*Street address*  
 in the City of \_\_\_\_\_, County of \_\_\_\_\_, and  
 State of \_\_\_\_\_. This land is described in the deed or contract as follows:

**(2) The real estate shall be:**

*Check one*

- a.  Sold and the profit or debt divided \_\_\_\_\_% to Petitioner and \_\_\_\_\_% to Respondent.
- b.  Awarded to Petitioner, subject to all liens and mortgages.
- c.  Awarded to Respondent, subject to all liens and mortgages.
- d.  Other *Explain* \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**(3) Additional real estate**

*Check this box if you are attaching separate sheets for additional parcels of real estate.*

Changing title to real estate is a complicated and important step in the divorce process. If you will be changing title to real estate, you should talk to an attorney.

**K. Division of debts**

*Check one*

- (1)  There are no debts.
- (2)  I have listed all the debts I know about and ask that they be divided as follows:  
*Attach additional sheets if necessary.*

a. Petitioner will pay the following debts:

i. Business or person to whom a debt is owed	ii. Account number, if any <i>Last 4 numbers only</i>	iii. Total amount still owed
(a)		\$
(b)		\$
(c)		\$
(d)		\$
(e)		\$

*Check this box if you are attaching a separate sheet listing additional information about Petitioner's debts.*

Rule 17.200—Form 227: *Request for Relief in a Dissolution of Marriage with Children*, continued

b. Respondent will pay the following debts:

i. Business or person to whom a debt is owed	ii. Account number, if any <i>Last 4 numbers only</i>	iii. Total amount still owed
(a)		\$
(b)		\$
(c)		\$
(d)		\$
(e)		\$

Check this box if you are attaching a separate sheet listing additional information about Respondent's debts.

c. For any debt we do not know about, the spouse who made the debt will pay that debt.

You may want to close any credit cards and joint bank accounts in the names of both spouses. Closing accounts may limit the funds a former spouse has access to and may limit your liability for your former spouse's debts.

**L. Cash payment**

I ask that

Check one

- (1)  Neither Petitioner nor Respondent pay any money to the other.
- (2)  Petitioner pay Respondent \$ \_\_\_\_\_ to equalize the division of property and debts by \_\_\_\_\_, 20\_\_\_\_.  
*Month Day Year*
- (3)  Respondent pay Petitioner \$ \_\_\_\_\_ to equalize the division of property and debts by \_\_\_\_\_, 20\_\_\_\_.  
*Month Day Year*

**M. Spousal support (alimony)**

Check one

I ask that

- (1)  Neither Petitioner nor Respondent pay spousal support (alimony) to the other.
- (2)  Spousal support (alimony) be paid as follows: \_\_\_\_\_

**N. Name change**

Check one

I ask that my last name

- (1)  Not be changed.
- (2)  Be changed to: \_\_\_\_\_  
*Print your former or birth name* *Name can only be changed to name on birth certificate or name used immediately prior to the marriage.*



Rule 17.200—Form 227: *Request for Relief in a Dissolution of Marriage with Children*, continued

**O. Court fees**

*Check one*

**I ask that**

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

**P. Attorney's fees**

*Check one*

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

**Q. Necessary documents**

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

**R. Other request for relief** \_\_\_\_\_

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

**3. Statements of Understanding and Fact**

*Check all that apply*

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

*Continued on next page*

Rule 17.200—Form 227: Request for Relief in a Dissolution of Marriage with Children, continued

**4. Attorney Help**

Check one

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

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

\_\_\_\_\_  
*Name of attorney or organization, if any*      *Attorney's P.I.N. # – Ask the attorney*

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

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

**5. Certification of Service by Mailing or Delivery**

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

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

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

\_\_\_\_\_  
*Name of person to whom I delivered or mailed it*

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

**6. Oath and Signature**

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

\_\_\_\_\_, 20\_\_\_\_  
*Signed on: Month Day Year*      *Your signature\**

\_\_\_\_\_  
*Mailing address*      *City*      *State*      *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_      \_\_\_\_\_  
*Phone number*      *Email address*      *Additional email address, if applicable*

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



**Rule 17.200—Form 228 Settlement Agreement for a Dissolution of Marriage with Children**

Use this form only if you and your spouse both agree to the terms of a Settlement Agreement.

**Do not use this form if:**

- You and your spouse have no children under the age of 18.
- You and your spouse have no children 18 years of age or older who still need support.
- There are no children under age 18 who were adopted or born during this marriage.

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

-  If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure form (211) if you have not already done so.
-  If filing in paper, you may use form 211 to provide any protected information in full.

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

In the Iowa District Court for \_\_\_\_\_ County  
*County where your case is filed*

**Upon the Petition of**

\_\_\_\_\_  
**Petitioner** *Full name: first, middle, last*

and concerning

\_\_\_\_\_  
**Respondent** *Full name: first, middle, last*

Equity case no. \_\_\_\_\_

**Settlement Agreement for a  
Dissolution of Marriage with Children**

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

A. Petitioner's birth year and present residence: \_\_\_\_\_  
*Birth year*

\_\_\_\_\_  
*Petitioner's present street address*      *City*      *State*      *ZIP code*

\_\_\_\_\_  
*County*      *( )*      *Phone number*      *Email address*

B. Respondent's birth year and present residence: \_\_\_\_\_  
*Birth year*

\_\_\_\_\_  
*Respondent's present street address*      *City*      *State*      *ZIP code*

\_\_\_\_\_  
*County*      *( )*      *Phone number*      *Email address*

Rule 17.200—Form 228: *Settlement Agreement for a Dissolution of Marriage with Children*, continued

## 2. Agreements

We agree to the following:

### A. Children *Check all that are true*

- (1)  We agree to the custody and visitation set out in the Agreed Parenting Plan (229).
- (2)  We do not agree about custody and visitation. We each filed a Proposed Parenting Plan (230). *A parenting plan, either form 229 or form 230, must be provided to the court with the Settlement Agreement.*
- (3)  Petitioner has taken the children in the middle course. *Attach certificate.*
- (4)  Respondent has taken the children in the middle course. *Attach certificate.*

### B. Breakdown of marriage

The marriage is broken down and cannot be saved.

### C. Counseling

Counseling will not save the marriage.

### D. Waiting period before decree *Check all that apply*

- (1)  More than 90 days have passed since Respondent accepted service or was served with an Original Notice.
- (2)  Fewer than 90 days have passed since Respondent accepted service or was served with an Original Notice, but we want the court to take action right away without a separate hearing because:

This paper explains how we would like to settle all issues in our divorce.

### E. Financial affidavits *Check one*

- (1)  Petitioner or Respondent has filed a Financial Affidavit (224).  
*If you check (1), check each that is applicable.*
- a.  Petitioner has filed a Financial Affidavit. Petitioner certifies that Petitioner has fully disclosed all income and the identity and value of all assets and debts.
- b.  Respondent has filed a Financial Affidavit. Respondent certifies that Respondent has fully disclosed all income and the identity and value of all assets and debts.
- (2)  We are asking that the court not require us to file Financial Affidavits because:

### F. Child Support *Check all that are true*

**Note:** The amount of child support is determined using the Iowa Child Support Guidelines. The Iowa Department of Human Service provides a child support estimator on its website. Go to: <https://childsupport.ia.gov/>.

- (1)  Petitioner shall pay child support to Respondent in the amount of \$ \_\_\_\_\_ per month.
- (2)  Petitioner shall pay child support to a third party in the amount of \$ \_\_\_\_\_ per month.

Rule 17.200—Form 228: *Settlement Agreement for a Dissolution of Marriage with Children*, continued

\_\_\_\_\_  
*Third party's full name: first, middle, last*

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

\_\_\_\_\_  
*County*

- (3)  Respondent shall pay child support to Petitioner in the amount of \$ \_\_\_\_\_ per month.
- (4)  Respondent shall pay child support to a third party in the amount of \$ \_\_\_\_\_ per month.

\_\_\_\_\_  
*Third party's full name: first, middle, last*

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

\_\_\_\_\_  
*County*

- (5) Child support payments shall begin on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_,

*Month*                      *Year*

for the following children:

First, middle, & last initials of each child	Birth year
a.	
b.	
c.	

First, middle, & last initials of each child	Birth year
d.	
e.	
f.	

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

- (6)  Check here if you want child support to be higher or lower than the Child Support Guidelines amount. *If you check (6), write the amount you want and explain why in b.*
  - a. Amount requested: \$ \_\_\_\_\_ per month
  - b. Child support should be different from the Guidelines amount because:

**G. Tax exemption**

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

First, middle, & last initials of each child	Birth year	Parent who should now claim child for tax deduction	Every Year	Even Years	Odd Years
a.			○	○	○
b.			○	○	○
c.			○	○	○

Rule 17.200—Form 228: *Settlement Agreement for a Dissolution of Marriage with Children*, continued

d.			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e.			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f.			<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

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

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

(2) The deduction will start in tax year \_\_\_\_\_.  
*Year*

**H. Health care expenses**

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

*Petitioner    Respondent*

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

**I. Division of personal property**

*Check one*

(1)  We have divided our personal property. Petitioner will keep the personal property in Petitioner's possession. Respondent will keep the personal property in Respondent's possession.

*If you check (1), skip to J.*

(2)  Our personal property has not been divided, but we agree it will be divided as follows: *Attach additional sheets if necessary.*

a. Petitioner will get the following as Petitioner's separate personal property:

b. Respondent will get the following as Respondent's separate personal property:

**Note on retirement accounts and pensions:** If the divorce Decree gives you or your spouse part of the other person's retirement account or pension, a separate order called a Qualified Domestic Relations Order (QDRO) must be entered. QDROs are complicated; you should ask an attorney for help with a QDRO.

Rule 17.200—Form 228: *Settlement Agreement for a Dissolution of Marriage with Children*, continued

**J. Division of real estate**

*For each parcel of real estate you own, provide the following information. Attach a separate sheet for each additional parcel.*

(1) Ownership of real estate

*Check one*

- a.  We do not own any real estate. *If you check a, skip to K.*
- b.  We own real estate located at: \_\_\_\_\_,  
*Street address*

in the City of \_\_\_\_\_, County of \_\_\_\_\_, and

State of \_\_\_\_\_. This land is described in the deed or contract as follows:

(2) The real estate shall be:

*Check one*

- a.  Sold and the profit or debt divided \_\_\_\_\_% to Petitioner and \_\_\_\_\_% to Respondent.
- b.  Awarded to Petitioner, subject to all liens and mortgages.
- c.  Awarded to Respondent, subject to all liens and mortgages.
- d.  Other *Explain* \_\_\_\_\_  
\_\_\_\_\_

(3) Additional real estate

*Check this box if you are attaching separate sheets for additional parcels of real estate.*

**Note:** Changing title to real estate is a complicated and important step in the divorce process. If you will be changing title to real estate, you should talk to an attorney.

**K. Division of debts**

*Check all that apply*

- (1)  There are no debts.
- (2)  We have listed all the debts that we know about and ask that they be divided as follows:  
*Attach additional sheets if necessary.*

a. Petitioner will pay the following debts:

i. Business or person to whom a debt is owed	ii. Account number, if any <i>Last 4 numbers only</i>	iii. Total amount still owed
(a)		\$
(b)		\$

Rule 17.200—Form 228: *Settlement Agreement for a Dissolution of Marriage with Children*, continued

(c)		\$
(d)		\$
(e)		\$

Check this box if you are attaching a separate sheet listing additional information about Petitioner's debts.

b. Respondent will pay the following debts:

i. Business or person to whom a debt is owed	ii. Account number, if any <i>Last 4 numbers only</i>	iii. Total amount still owed
(a)		\$
(b)		\$
(c)		\$
(d)		\$
(e)		\$

Check this box if you are attaching a separate sheet listing additional information about Respondent's debts.

c. For any debt we do not know about, the spouse who made the debt will pay that debt.

**Note:** You may want to close any credit cards and joint bank accounts in the names of both spouses. Closing accounts may limit the funds a former spouse has access to and may limit your liability for your former spouse's debts.

**L. Cash payment**

**We ask that**

*Check one*

- (1)  Neither Petitioner nor Respondent pay any money to the other.
- (2)  Petitioner pay Respondent \$ \_\_\_\_\_ to equalize the division of property and debts by \_\_\_\_\_, 20\_\_\_\_.  
*Month Day Year*
- (3)  Respondent pay Petitioner \$ \_\_\_\_\_ to equalize the division of property and debts by \_\_\_\_\_, 20\_\_\_\_.  
*Month Day Year*

***Continued on next page***



Rule 17.200—Form 228: *Settlement Agreement for a Dissolution of Marriage with Children*, continued

**M. Spousal support (alimony)**

*Check one*

**We ask that:**

- (1)  Neither Petitioner nor Respondent pay spousal support (alimony) to the other.
- (2)  Petitioner pay spousal support (alimony) to Respondent as follows:

---



---

- (3)  Respondent pay spousal support (alimony) to Petitioner as follows:

---



---

**N. Name change**

*Check one*

**We ask that**

- (1) Petitioner's name

- a.  Not be changed.
- b.  Be changed to:

---

*Print Petitioner's former or birth name*

*Name can only be changed to name on birth certificate or name used immediately prior to the marriage.*

- (2) Respondent's name

- a.  Not be changed.
- b.  Be changed to:

---

*Print Respondent's former or birth name*

*Name can only be changed to name on birth certificate or name used immediately prior to the marriage.*

**O. Court fees**

*Check one*

**We ask that**

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

**P. Attorney's fees**

- (1) Petitioner's attorney's fees

*Check one*

- a.  Petitioner has no attorney's fees.
- b.  Petitioner will pay Petitioner's attorney's fees.
- c.  Respondent will pay \$ \_\_\_\_\_ for Petitioner's attorney's fees.

Rule 17.200—Form 228: *Settlement Agreement for a Dissolution of Marriage with Children*, continued

(2) Respondent's attorney's fees

*Check one*

- a.  Respondent has no attorney's fees.
- b.  Respondent will pay Respondent's attorney's fees.
- c.  Petitioner will pay \$ \_\_\_\_\_ for Respondent's attorney's fees.

**Q. Necessary documents**

We will sign and promptly deliver to each other any papers that may be needed to carry out this Settlement Agreement.

**R. Other agreements**

*Attach additional sheets if necessary.*

*Continued on next page*

Rule 17.200—Form 228: *Settlement Agreement for a Dissolution of Marriage with Children*, continued

**3. Attorney Help**

*Check one*

**A. Petitioner**

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

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

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

**B. Respondent**

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

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

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

**4. Oaths and Signatures**

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 the court to approve this Agreement and make it a part of the final Decree.

**A. Petitioner's Oath and Signature**

I, \_\_\_\_\_, certify under penalty of perjury and pursuant to the  
*Print your name*

laws of the State of Iowa that I have read this Settlement Agreement and it accurately states how I would like the court to address the issues in my 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 Settlement Agreement be presented to a judge for approval and filing with the court.

	20		
<i>Month</i>	<i>Day</i>	<i>Year</i>	<i>Petitioner's signature*</i>

<i>Mailing address</i>	<i>City</i>	<i>State</i>	<i>ZIP code</i>
------------------------	-------------	--------------	-----------------

( ) _____	_____	_____
<i>Phone number</i>	<i>Email address</i>	<i>Additional email address – if available</i>

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

***Continued on next page***

Rule 17.200—Form 228: *Settlement Agreement for a Dissolution of Marriage with Children*, continued

B. Respondent's Oath and Signature

I, \_\_\_\_\_, certify under penalty of perjury and pursuant to the  
*Print your name*

laws of the State of Iowa that I have read this Settlement Agreement and it accurately states how I would like the court to address the issues in my 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 Settlement Agreement be presented to a judge for approval and filing with the court.

\_\_\_\_\_, 20\_\_\_\_\_  
*Month Day Year Respondent's signature\**

\_\_\_\_\_  
*Mailing address City State ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number Email address Additional email address - if available*

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

**Rule 17.200—Form 229: *Agreed Parenting Plan***

Use **this form** if both spouses agree to everything in the plan regarding child custody and visitation.

**Do not use this form** if you and your spouse **do not** agree to all child custody and visitation arrangements. Instead, use form 230 to present a Proposed Parenting Plan to the court for the child custody and visitation arrangements you want.

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

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where you are filing this Parenting Plan*

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

**1. Information for the Court**

A. The parties agree to this plan.

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

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

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

**C. Information about the children**

*Check all that are true*

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

*Continued on next page*

Rule 17.200—Form 229: *Agreed Parenting Plan*, continued

- (3)  There are children of Petitioner or Respondent not listed in B. *Explain*
- *If there are children born before the marriage, who are not the children of Petitioner or of Respondent, check (3) and explain.*
  - *If there are children of Petitioner and Respondent, but the parental rights have been terminated, check (3) and explain.*

## 2. Plan

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

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

### B. Legal custody should be

*Check one*

- (1)  Joint legal custody to both parents
- (2)  To Petitioner
- (3)  To Respondent
- (4)  To other person \_\_\_\_\_  
*Full name of other person: first, middle, last*

### C. Physical care should be

*Check one*

- (1)  To Petitioner *If you check (1), use D for Respondent's visitation.*
- (2)  To Respondent *If you check (2), use D for Petitioner's visitation.*
- (3)  Joint physical care to both parents *If you check (3), use D(12) to explain the joint physical care schedule.*
- (4)  To other person \_\_\_\_\_  
*Full name of other person: first, middle, last*

### D. Visitation

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

- (1) Visitation for
- Check one*
- a.  Petitioner
- b.  Respondent

Rule 17.200—Form 229: *Agreed Parenting Plan*, continued

(2) Visitation permission

Check a, b, or c.

a.  Visitation should not be allowed because:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b.  Visitation should be supervised because:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

c.  Regular unsupervised visitation schedule as the parents agree:

Check all that apply

i.  Reasonable visitation as the parents agree.

ii.  Mid-week visitation on these days:

M Tu W Th F From \_\_\_\_\_ a.m. to \_\_\_\_\_ a.m.  
     \_\_\_\_\_ p.m. to \_\_\_\_\_ p.m.

iii.  Every weekend  
 From \_\_\_\_\_ at \_\_\_\_\_ a.m. to \_\_\_\_\_ at \_\_\_\_\_ a.m.  
 \_\_\_\_\_ p.m. to \_\_\_\_\_ at \_\_\_\_\_ p.m.  
*Day of week Time Day of week Time*

iv.  Every other weekend  
 From \_\_\_\_\_ at \_\_\_\_\_ a.m. to \_\_\_\_\_ at \_\_\_\_\_ a.m.  
 \_\_\_\_\_ p.m. to \_\_\_\_\_ at \_\_\_\_\_ p.m.  
*Day of week Time Day of week Time*

v.  Other Describe

vi. Visitation will start on \_\_\_\_\_, 20\_\_\_\_  
*Month Day Year*

(3) Detailed holiday schedule

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

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

*P = Petitioner R = Respondent*

Holiday	Time	Every year		Even years		Odd years	
		P	R	P	R	P	R
New Year's Eve	: <input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New Year's Day	: <input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Martin Luther King, Jr. Day	: <input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rule 17.200—Form 229: *Agreed Parenting Plan*, continued

President's Day	:	<input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Memorial Day	:	<input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independence Day <i>July 4th</i>	:	<input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Labor Day	:	<input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veterans' Day <i>November 11th</i>	:	<input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thanksgiving Day	:	<input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Christmas Eve	:	<input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Christmas Day	:	<input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Mother's Day	:	<input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Father's Day	:	<input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Petitioner's Birthday	:	<input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Respondent's Birthday	:	<input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Halloween <i>October 31st</i>	:	<input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other: <i>Describe</i>	:	<input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Other: <i>Describe</i>	:	<input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

**(4) Special rules for holidays**

*Check one*

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

*Continued on next page*



Rule 17.200—Form 229: *Agreed Parenting Plan*, continued**(5) Summer***Check one*

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

**(6) Winter school holiday***Check one*

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

**(7) Spring school break***Check one*

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

**(8) The children's birthdays***Check one*

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

Rule 17.200—Form 229: *Agreed Parenting Plan*, continued

**(9) Pick up and drop off**

*Check all that apply*

- a.  The parents will agree about pick up and drop off for each visit.
- b.  The parent with visitation will pick up the children at the other parent's residence at the beginning of visitation and the parent with physical care will pick up the children at the end of visitation.
- c.  Only certain people can help the parents with transportation. If persons other than Petitioner and Respondent will help them provide transportation of the children, only the following persons are permitted to help: \_\_\_\_\_
- d.  Other arrangements for visitation *For example, Petitioner and Respondent will meet at a location between their residences. Explain* \_\_\_\_\_

**(10) The parent without the children may contact the children by**

*Check all that apply*

- a.  Calling the children

*Check one*

- i.  At reasonable hours
- ii.  Any day from \_\_\_\_\_ 8 a.m. to \_\_\_\_\_ 8 a.m.  
 \_\_\_\_\_ 8 p.m. to \_\_\_\_\_ 8 p.m.  
 Phone number (\_\_\_\_\_) \_\_\_\_\_  
*Phone number where children can be contacted*

- b.  Emailing the children at this address: \_\_\_\_\_  
*Email where children can be contacted*
- c.  Other *Explain* \_\_\_\_\_

**(11) Changes to the schedule**

*Check all that apply*

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

*Continued on next page*

Rule 17.200—Form 229: *Agreed Parenting Plan*, continued**(12) Joint physical care plan***Use only if both Petitioner and Respondent are given joint physical care.*

- a. How Petitioner and Respondent will make decisions about the children: *For example, decisions on school, medical care, religion, and other decisions parents make for their children.*
- b. How the children's time will be divided between Petitioner and Respondent: *You may use sections 3, 4, 5, 6, 7, and 8 for holidays, school breaks, and birthdays.*
- c. How the children's expenses will be paid: *For example, expenses such as clothes, activities, and school fees.* \_\_\_\_\_
- d. How Petitioner and Respondent will deal with major changes or disagreements about the children (including changes due to the children's age and development):
- e. Other issues:

**(13) Resolving disagreements***Check one*

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

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

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

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

***Continued on next page***

Rule 17.200—Form 229: *Agreed Parenting Plan*, continued

**3. Attorney Help**

*Check one*

**A. Petitioner**

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

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

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
( )	( )		
<i>Attorney's phone number</i>	<i>Attorney's fax number – optional</i>	<i>Attorney's email address – optional</i>	

**B. Respondent**

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

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

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
( )	( )		
<i>Attorney's phone number</i>	<i>Attorney's fax number – optional</i>	<i>Attorney's email address – optional</i>	

**4. Oaths and Signatures**

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

**A. Petitioner's Oath and Signature**

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

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

Month	Day	20	Year	Petitioner's signature*
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Mailing address	City	State	ZIP code
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( )		
<i>Phone number</i>	<i>Email address</i>	<i>Additional email address – if available</i>

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

***Continued on next page***

Rule 17.200—Form 229: *Agreed Parenting Plan*, continued

B. Respondent's Oath and Signature

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

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

\_\_\_\_\_, 20\_\_\_\_\_  
*Month Day Year Respondent's signature\**

\_\_\_\_\_  
*Mailing address City State ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number Email address Additional email address - if available*

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

**Rule 17.200—Form 230: Proposed Parenting Plan**

Use this form if you and your spouse do not agree to all child custody and visitation arrangements

Do not use this form if both spouses agree to everything in this plan. Instead, use form 229 to tell the court what you both want your plan to be.

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

In the Iowa District Court for \_\_\_\_\_ County

*County where you are filing this Parenting Plan*

**Upon the Petition of**

Equity case no. \_\_\_\_\_

**Petitioner** *Full name: first, middle, last*

**Proposed Parenting Plan**

and concerning

**Respondent** *Full name: first, middle, last*

I am

*Check one*

- A.  Petitioner
- B.  Respondent

**1. Information for the Court**

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

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

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

**B. Information about the children**

- (1)  The children listed in A are the only children born to or adopted by these parents.
- (2)  One or more of the children is in a juvenile court case. *If you check (2), attach a copy of the order that allows the district court to order child custody and visitation.*
- (3)  There are children of Petitioner or Respondent not listed in B. *Explain*
  - *If there are children born before the marriage, who are not the children of Petitioner or of Respondent, check (3) and explain.*

Rule 17.200—Form 230: *Proposed Parenting Plan*, continued

- *If there are children of Petitioner and Respondent, but the parental rights have been terminated, check (3) and explain.*

**C. Special concerns about the children**

*Check all that are true*

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

**D. Information about the parents**

*Check all that are true*

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

**E. Special concerns about the parents**

*Check all that are true*

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

Rule 17.200—Form 230: *Proposed Parenting Plan*, continued

**2. Plan**

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

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

**B. Legal custody should be**

*Check one*

- (1)  Joint legal custody to both parents
- (2)  To Petitioner
- (3)  To Respondent
- (4)  To other person \_\_\_\_\_  
*Full name of other person: first, middle, last*

**C. Physical care should be**

*Check one*

- (1)  To Petitioner *If you check (1), use D for Respondent's visitation.*
- (2)  To Respondent *If you check (2), use D for Petitioner's visitation.*
- (3)  Joint physical care to both parents *If you check (3), use D(12) to explain the joint physical care schedule.*
- (4)  To other person \_\_\_\_\_  
*Full name of other person: first, middle, last*

**D. Visitation**

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

(1) Visitation for

*Check one*

- a.  Petitioner
- b.  Respondent

(2) Visitation permission

*Check a, b, or c.*

- a.  Visitation should not be allowed because:

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- b.  Visitation should be supervised because:

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Rule 17.200—Form 230: *Proposed Parenting Plan*, continued

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

c.  Regular unsupervised visitation schedule as the parents agree:

*Check all that apply*

i.  Reasonable visitation as the parents agree.

ii.  Mid-week visitation on these days:

M Tu W Th F From \_\_\_\_\_ a.m. to \_\_\_\_\_ p.m.

iii.  Every weekend  a.m.  a.m.  
 From \_\_\_\_\_ at \_\_\_\_\_  p.m. to \_\_\_\_\_ at \_\_\_\_\_  p.m.  
*Day of week Time Day of week Time*

iv.  Every other weekend  a.m.  a.m.  
 From \_\_\_\_\_ at \_\_\_\_\_  p.m. to \_\_\_\_\_ at \_\_\_\_\_  p.m.  
*Day of week Time Day of week Time*

v.  Other *Describe*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

vi. Visitation will start on \_\_\_\_\_, 20\_\_\_\_  
*Month Day Year*

(3) Detailed holiday schedule

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

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

*P = Petitioner R = Respondent*

Holiday	Time	Every year		Even years		Odd years	
		P	R	P	R	P	R
New Year's Eve	: <input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
New Year's Day	: <input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Martin Luther King, Jr. Day	: <input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
President's Day	: <input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Memorial Day	: <input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Independence Day <i>July 4th</i>	: <input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Labor Day	: <input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Veterans' Day <i>November 11th</i>	: <input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Thanksgiving Day	: <input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Christmas Eve	: <input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Christmas Day	: <input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Rule 17.200—Form 230: *Proposed Parenting Plan*, continued

Mother's Day	:	<input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
Father's Day	:	<input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
Petitioner's Birthday	:	<input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
Respondent's Birthday	:	<input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
Halloween <i>October 31st</i>	:	<input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
Other: <i>Describe</i>	:	<input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>
Other: <i>Describe</i>	:	<input type="radio"/> a.m. <input type="radio"/> p.m.	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>	<input type="radio"/> <input type="radio"/>

(4) Special rules for holidays

*Check one*

- a.  If a holiday falls on a Friday or a Monday, the parent with the holiday will have the whole weekend.
- b.  If a holiday falls on a Monday or a Friday, the alternating weekend schedule in 3.a.iii. will continue.
- c.  If a holiday falls on a Monday or a Friday, the alternating weekend schedule in D(2)c.iv. will continue. *This means the parent who has the children on the holiday weekend may have the children two weekends in a row.*
- d.  Other *Explain* \_\_\_\_\_

(5) Summer

*Check one*

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

***Continued on next page***

Rule 17.200—Form 230: *Proposed Parenting Plan*, continued

## (6) Winter school holiday

*Check one*

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

## (7) Spring school break

*Check one*

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

## (8) The children's birthdays

*Check one*

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

## (9) Pick up and drop off

*Check all that apply*

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

Rule 17.200—Form 230: *Proposed Parenting Plan*, continued

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

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

*Check all that apply*

- a.  Calling the children

*Check one*

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

Phone number (\_\_\_\_\_) \_\_\_\_\_  
*Phone number where children can be contacted*

- b.  Emailing the children at this address: \_\_\_\_\_  
*Email where children can be contacted*

- c.  Other *Explain* \_\_\_\_\_

(11) Changes to the schedule

*Check all that apply*

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

(12) Joint physical care plan

*Use only if both Petitioner and Respondent are given joint physical care.*

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

- b. How the children's time will be divided between Petitioner and Respondent: *You may use sections 3, 4, 5, 6, 7, and 8 for holidays, school breaks, and birthdays.*



Rule 17.200—Form 230: *Proposed Parenting Plan*, continued

**3. Attorney Help**

*Check one*

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

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

\_\_\_\_\_  
*Name of attorney or organization, if any*      *Attorney's P.I.N. # – Ask the attorney*

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

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

**4. Certification of Service by Mailing or Delivery**

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

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

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

\_\_\_\_\_  
*Name of person to whom I delivered or mailed it*

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

**5. Oath and Signature**

This Proposed Parenting Plan addresses all custody and visitation issues in our divorce. I want the court to approve this Proposed Parenting Plan and make it a part of the final Decree.

I, \_\_\_\_\_, certify under penalty of perjury and pursuant to the  
*Print your name*

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

\_\_\_\_\_, 20\_\_\_\_\_  
*Month*      *Day*      *Year*      *Your signature\**

\_\_\_\_\_  
*Mailing address*      *City*      *State*      *ZIP code*

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

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

**Rules 17.201 to 17.299** Reserved.

**Rule 17.300 Forms for modifying child support.** The following forms are for use in actions to modify a current child support order from an Iowa court.


Form 301:	Application to Modify Child Support
Form 302:	Cover Sheet for an Application to Modify Child Support
Form 303:	Confidential Information Form
Form 304:	Original Notice for Personal Service
Form 304a:	Original Notice for Personal Service
Form 305:	Acceptance of Service
Form 306:	Directions for Service of Original Notice
Forms 307 and 308:	Reserved
Form 309:	Application and Affidavit to Defer Payment of Costs
Form 310:	Affidavit of Service of Original Notice and Application to Modify Child Support
Form 311:	Protected Information Disclosure
Forms 312 to 314:	Reserved
Form 315:	Answer to Application to Modify Child Support
Form 316:	General Answer to Application to Modify Child Support
Forms 317 to 321:	Reserved
Form 322:	Motion in a Child Support Modification
Form 323:	Response to a Motion in a Child Support Modification
Form 324:	Child Support Modification Financial Statement
Form 325:	Affidavit of Mailing Notice
Form 326:	Notice of Intent to File Written Application for Default Decree
Form 327:	Request for Relief in a Child Support Modification
Form 328:	Settlement Agreement on an Application to Modify Child Support
Forms 329 to 400:	Reserved


[Court Order December 19, 2013; March 6, 2014]

**Rule 17.300—Form 301: Application to Modify Child Support**

Read the *Guide to Representing Yourself in a Child Support Modification Case in Iowa* on the Iowa Judicial Branch website before using this form.

- You cannot use this form to change child custody, physical care, or visitation arrangements.
- You cannot use this form if there is no current Iowa court order or decree setting child support.
- Use this form only if you want to increase, decrease, or stop child support.
- "Applicant" is the person who files the first paper (an Application) to start a case to modify (change) child support. Applicant could have been either Petitioner or Respondent in the original case.

 If filing electronically, you must provide any protected information in full on form 311.

 If filing in paper, you may use form 311 to provide any protected information in full.

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

In the Iowa District Court for \_\_\_\_\_ County  
*County of current child support order*

**Upon the Petition of**

**Petitioner**

*Full name of Petitioner as it is in the original case*

and concerning

**Respondent**

*Full name of Respondent as it is in the original case*

Equity case no. \_\_\_\_\_  
*(As stated in the current support order)*

**Application to Modify Child Support**

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

**A. Applicant's (the party seeking to modify child support) information:**

_____		_____	
<i>Full name: first, middle, last</i>		<i>Birth year</i>	
_____	_____	_____	_____
<i>Applicant's present street address</i>	<i>City</i>	<i>State</i>	<i>ZIP code</i>
_____	(_____) _____	_____	
<i>County</i>	<i>Phone number</i>	<i>Email address</i>	

**B. Other parent's information:**

_____		_____	
<i>Full name: first, middle, last</i>		<i>Birth year</i>	
_____	_____	_____	_____
<i>Other parent's present street address</i>	<i>City</i>	<i>State</i>	<i>ZIP code</i>
_____	(_____) _____	_____	
<i>County</i>	<i>Phone number</i>	<i>Email address</i>	

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



Rule 17.300—Form 301: *Application to Modify Child Support*, continued**C. Other person (non-parent) who receives child support** *Check one*

- (1)  There is no other person (non-parent) who receives child support in this case.
- (2)  There is another person (non-parent) who receives child support in this case.

If someone other than a parent gets child support in this case, check box (2) and fill in below the person's name, year of birth, present residence, and contact information.

\_\_\_\_\_

*Full name: first, middle, last*

\_\_\_\_\_

*Birth year*

\_\_\_\_\_

*Present street address*

\_\_\_\_\_

*City*

\_\_\_\_\_

*State*

\_\_\_\_\_

*ZIP code*

\_\_\_\_\_

*County*

(\_\_\_\_\_) \_\_\_\_\_

*Phone number*

\_\_\_\_\_

*Email address*

**2. General Information about this Case****A. Current child support order**

- (1) Date the current child support order was entered: \_\_\_\_\_, 20\_\_\_\_
- Month Day Year*
- (2) County and state where the order was entered: \_\_\_\_\_
- County State*
- (3) Case number on the current child support order: \_\_\_\_\_
- Case number*
- (4) Person who pays child support in this case: \_\_\_\_\_
- Name: first, last*
- (5) Person who receives child support in this case: \_\_\_\_\_
- Name: first, last*
- (6) Current amount of child support paid: \$ \_\_\_\_\_ per \_\_\_\_\_.
- Amount Frequency*

**B. Copy of current child support order** *Check one*

- (1)  A copy of the current child support order is attached.
- (2)  A copy of the current child support order is not attached.

**C. Child Support Recovery Unit (CSRU)** *Check one*

- (1)  The Child Support Recovery Unit (CSRU) is involved in this case. *If CSRU is involved in this case, see the Important Notice to Applicant on page six of this form.*
- (2)  The Child Support Recovery Unit (CSRU) is not involved in this case.

**D. Collection Services Center (CSC)** *Check one*

- (1)  The Collection Services Center (CSC) is involved in this case.
- The CSC number is: \_\_\_\_\_
- (2)  The Collection Services Center (CSC) is not involved in this case.

Rule 17.300—Form 301: *Application to Modify Child Support*, continued

**E. Other child support orders** *Check one*

- (1)  There are no other child support orders for the child or children involved in this case.
- (2)  There are other child support orders for the child or children involved in this case.

They are:

<i>Case Number</i>	<i>County</i>	<i>State</i>
--------------------	---------------	--------------

<i>Case Number</i>	<i>County</i>	<i>State</i>
--------------------	---------------	--------------

*Check this box if you are attaching a separate sheet listing additional child support orders.*

**F. The following children are covered by the current child support order:**

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

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

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

**G. The child support amount should be changed because** *Check all that are true*

- (1)  There is a juvenile court order that changed where the child or children are living. The person paying support has custody of the children.  
*If you check (1), write the county where the juvenile court order was entered and the case number.*

\_\_\_\_\_ *County*

\_\_\_\_\_ *Case Number*

- (2)  One or more of the children live with the parent who is paying support. There is no court order that sets up custody.
- (3)  One or more of the children no longer qualify for child support.
- (4)  My (Applicant's) income has gone down.
- (5)  Respondent's (other parent's) income has gone up.
- (6)  Other reason *Explain*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**H. Child support amount should be** *Check all that apply*

- (1)  Raised *Explain* \_\_\_\_\_
- (2)  Lowered *Explain* \_\_\_\_\_
- (3)  Stopped *Explain* \_\_\_\_\_

Rule 17.300—Form 301: *Application to Modify Child Support*, continued

**I. Tax deduction for the children**

*Check (1) or (2)*

- (1)  There is no court order at this time on tax deductions for the children.
- (2)  There is a court order at this time on tax deductions for the children.

*If you check (2), check a or b:*

- a.  A court order currently says who gets the tax deduction for the child or children and it should stay the same.
- b.  A court order currently says who gets the tax deduction for the child or children and it should be changed. *Explain*

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**J. Health care expenses for the children**

*Check (1) or (2)*

- (1)  There is no court order at this time on who pays health care expenses.
- (2)  There is a court order at this time on who pays health care expenses.

*If you check (2), check a or b:*

- a.  A court order currently says who pays for health care expenses for the child or children and it should stay the same.
- b.  A court order currently says who pays for health care expenses and it should be changed. *Explain*

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**K. The other party is**

*Check each that is true*

- (1)  In the military service
- (2)  In prison or jail at \_\_\_\_\_ in \_\_\_\_\_.

*Name of facility*

*State*

**L. Protective or no contact order**

*Check (1) or (2)*

- (1)  There is no "protective order" or "no-contact order" between any of the parties and me (Applicant).
- (2)  There is a "protective order" or "no-contact order."

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

- a. County and state where the order came from: \_\_\_\_\_ *County* \_\_\_\_\_ *State*
- b. Court case number: \_\_\_\_\_

Rule 17.300—Form 301: *Application to Modify Child Support*, continued

M. Other information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Applicant's Request**

**A. Applicant asks the court to:**

*Check all that apply. The court will only consider items that are checked.*

- (1)  Raise the current child support payment.
- (2)  Lower the current child support payment.
- (3)  End the current child support payment.
- (4)  Set child support for the parent who does not have the children.
- (5)  Change who gets the tax deduction for the child or children.
- (6)  Change who pays for health care expenses for the child or children.
- (7)  Order that the other party pay the court fees.
- (8)  Order that the other party pay my attorney fees.
- (9)  Other request: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

*Continued on next page*

Rule 17.300—Form 301: *Application to Modify Child Support*, continued**4. Attorney Help***Check one*A.  An attorney did not help me prepare or fill in this paper.B.  An attorney helped me prepare or fill in this paper.*If you check B, you must fill in the following information:*\_\_\_\_\_  
*Name of attorney or organization, if any*      *Attorney's P.I.N. # – Ask the attorney*\_\_\_\_\_  
*Business address of attorney or organization*      *City*      *State*      *ZIP code*(\_\_\_\_\_) \_\_\_\_\_      (\_\_\_\_\_) \_\_\_\_\_      \_\_\_\_\_  
*Attorney's phone number*      *Attorney's fax number – optional*      *Attorney's email address – optional***5. Service Instructions if Filing in Paper***Check A or B only if Applicant is filing in paper, not electronically*A.  Applicant will accept service of documents at the attorney's address listed above; orB.  Applicant will accept service of documents in this case at the mailing address below.**6. Oath and Signature**I, \_\_\_\_\_, have read this Application, and I certify under penalty  
*Print your name*

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

\_\_\_\_\_, 20\_\_\_\_\_  
*Signed on: Month Day Year*      *Your signature\**\_\_\_\_\_  
*Mailing address*      *City*      *State*      *ZIP code*(\_\_\_\_\_) \_\_\_\_\_      \_\_\_\_\_  
*Phone number*      *Email address*      *Additional email address, if applicable*\* *Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.***Important Notice to Applicant**

- See next page for instructions for filing an Application.
- You must serve this Application and an Original Notice on the other parties.
- If the Child Support Recovery Unit (CSRU) is involved in this case, you must also serve both forms on CSRU.
- See the *Guide to Representing Yourself in a Child Support Modification Case in Iowa* for information on serving papers.

Instructions for Rule 17.300—Form 301: *Application to Modify Child Support*, continued

### Do not file these instructions

## Instructions for Filing an Application to Modify Child Support

The Iowa Judicial Branch is converting the court system to electronic filing county by county. The electronic filing system is also known as EDMS. To determine if this case is in a county using electronic filing, [check the map](#) available on the Iowa Judicial Branch website under eFiling, or call the clerk of court office in your county. If your county accepts electronic filing, **you must file electronically**, even if your original case was in paper, unless you get permission from the court to file in paper. Contact the clerk of court in your county if you are unable to file electronically.

### Filing your Application electronically

- If you are filing your Application in a county that uses electronic filing, you must register to electronically file. For help with registration, see the eFiler's User Guide [How to Register Pro Se \(Self Represented\) for eFiling](#).
- After you have registered, [log in to the electronic filing system](#) to electronically file your Application.
- For help electronically filing your Application, see [How to eFile a New Case](#).
- With your Application, you must also file an Original Notice (304) and a Protected Information Disclosure (311).
- You will receive a Notice of Electronic Filing (NEF) when the clerk of court has approved the eFiling of your Application and other documents.
- If there was a problem with your filing, EDMS will send you a Retraction Notice. You can then log in to My Filings, correct the error, and resubmit your filing. For help, see [How to Resubmit a Returned Filing](#).
- Log in to your eFile account and download and print your Application and Original Notice so that you can serve it on (deliver it to) the other party.
- For help finding and downloading your Application and Original Notice, please see [My Filings Reference Guide](#).

### Filing your Application in paper

- If the county where you will be filing your Application does not yet accept electronic filing, you must proceed in paper. If the county does accept electronic filing, you must proceed electronically, unless you have received permission from the court to file in paper.
- With your Application (301), you must also file an Application Cover Sheet (302), an Original Notice (304a), and a Confidential Information Form (303).
- Forms 301 and 304a: Make **two** photocopies if you can deliver copies of these forms to the other party in-person or by mail. Make **three** photocopies if you are going to ask the county sheriff or a civil process server to deliver these forms to the other party.  
*Note about making photocopies:* You should make your photocopies before you go to the courthouse to file your papers. It is expensive to make photocopies at the clerk of court office. It is cheaper to make the copies at a business that makes photocopies or at a public library.
- If the Child Support Recovery Unit (CSRU) is involved in your child support modification case, you must also provide each form you file to the CSRU office that serves the county where your child support case is filed.
- Forms 302 and 303: You do **not** have to make photocopies of these forms.

Instructions for Rule 17.300—Form 301: *Application to Modify Child Support*, continued


- Take the original forms you filled in and the photocopies to the clerk of court office in your county. Tell the clerk at the counter you are filing an Application to Modify Child Support.
- Give the clerk at the counter these forms:
  - 301 Application to Modify Child Support
  - 302 Coversheet for an Application to Modify Child Support
  - 303 Confidential Information Form (*Do not make copies of this form.*)
  - 304a Original Notice
- Pay the filing fee. If you cannot afford to pay the filing fee, prepare and file form 309.
- The clerk at the counter can tell you the amount of the filing fee. The Iowa legislature sets these fees and periodically raises them, so check with the clerk's office to confirm the current filing fee.
- The clerk of court will sign the Original Notice (304a). You will have to serve this form on (deliver it to) the other party.
- The clerk at the counter will time-stamp each of the copies (original and photocopies).

**Do not file these instructions**





**Rule 17.300—Form 303: Confidential Information Form**

 **This form is to be used by paper filers only.**

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

Iowa Code section 602.6111 requires the parties to a case to provide the clerk of court with certain personal identification information. Each party's completed form will be kept confidential by the clerk of court.

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

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where Application is filed*

**Upon the Petition of**

Equity case no. \_\_\_\_\_

**Petitioner**

*Full name of Petitioner as it is in the Application*

**Confidential Information Form**

and concerning

**Respondent**

*Full name of Respondent as it is in the Application*

**1. Applicant's Information**

\_\_\_\_\_  
*Full name: First, Middle, Last*      \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Birth date*      \_\_\_\_-\_\_\_\_-\_\_\_\_  
*Social Security number*

**2. Other Party's Information**

\_\_\_\_\_  
*Full name: First, Middle, Last*      \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Birth date*      \_\_\_\_-\_\_\_\_-\_\_\_\_  
*Social Security number*

**3. Children's Information**

A. Child 1:

\_\_\_\_\_  
*Full name: First, Middle, Last*      \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Birth date*      \_\_\_\_-\_\_\_\_-\_\_\_\_  
*Social Security number*

B. Child 2:

\_\_\_\_\_  
*Full name: First, Middle, Last*      \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Birth date*      \_\_\_\_-\_\_\_\_-\_\_\_\_  
*Social Security number*

C. Child 3:

\_\_\_\_\_  
*Full name: First, Middle, Last*      \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Birth date*      \_\_\_\_-\_\_\_\_-\_\_\_\_  
*Social Security number*

D. Child 4:

\_\_\_\_\_  
*Full name: First, Middle, Last*      \_\_\_\_/\_\_\_\_/\_\_\_\_  
*Birth date*      \_\_\_\_-\_\_\_\_-\_\_\_\_  
*Social Security number*

***Continued on next page***

Rule 17.300—Form 303 *Confidential Information Form*, continued

**E. Child 5:**

\_\_\_\_\_ / \_\_\_\_ / \_\_\_\_\_      \_\_\_\_\_ - \_\_\_\_ - \_\_\_\_\_  
*Full name: First, Middle, Last*      *Birth date*      *Social Security number*

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

**4. Signature of Provider of Information**

The party or parties submit this 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. If a party's address or employment changes, the party must promptly file an update of this information with the clerk of court or the Child Support Recovery Unit.

Information provided by: \_\_\_\_\_  
*Print your full name: first, middle, last*

\_\_\_\_\_, 20\_\_\_\_  
*Your signature*      *Month*      *Day*      *Year*


**Important Notice**


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

**Rule 17.300—Form 304: Original Notice for Personal Service**

**Applicant must serve the Application on the other party within 90 days** after filing the Application. Failure to meet this deadline may result in the court dismissing the Application.

Read the *Guide to Representing Yourself in a Child Support Modification Case in Iowa* on the Iowa Judicial Branch website for additional important instructions.

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

 *If filing in paper, Applicant must use form 304a.*

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

**In the Iowa District Court for \_\_\_\_\_ County**

*County where Application is filed*

**Upon the Petition of**

**Petitioner**

*Full name of Petitioner as it is in the Application*

and concerning

**Respondent**

*Full name of Respondent as it is in the Application*

**Original Notice for  
Personal Service**

To: \_\_\_\_\_  
*Petitioner or Respondent*

\_\_\_\_\_  
*Other person receiving child support in this case, if any.*

*If the Child Support Recovery Unit is involved in this case,  
list "Child Support Recovery Unit" on the second line.*

- Applicant (the party bringing this case) has a lawsuit asking for a change in child support.
- A copy of the Application to Modify Child Support (form 301) is attached to this Notice.
- Applicant is not represented by an attorney.
- Applicant's contact information during this modification case:

\_\_\_\_\_  
*Applicant's name*

\_\_\_\_\_  
*Mailing address*                      *City*                      *State*                      *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*                      *Email address*

**For party receiving this Original Notice: Important instructions on next page**

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

Rule 17.300—Form 304: *Original Notice for Personal Service*, continued

### Instructions to Party Receiving the Original Notice

- A. You **must** file an Answer or a Motion with the clerk of court in the above county within **20 days** after you receive this Original Notice. If you do not file an Answer or Motion within **20 days** after receiving this Original Notice, the **court may enter a judgment against you** giving Applicant what he or she asked for in the Application.
- B. For help in this case, and for forms that you must use if you choose to represent yourself without an attorney, visit the Iowa Judicial Branch website at <http://www.iowacourts.gov/> and click on “Court Rules & Forms” or on “For the Public.”
- C. If you received Application form 301, you may use Answer form 315.
- D. This case has been filed in a county that uses electronic filing. You must register to eFile through the Iowa Judicial Branch website at <https://www.iowacourts.state.ia.us/Efile> and obtain a log in and password for filing and viewing documents in your case and for receiving service and notices from the court.
  - For general rules and information on electronic filing, refer to the Iowa Court Rules Chapter 16 Pertaining to the Use of the Electronic Document Management System, available on the Iowa Judicial Branch website.
  - For court rules on the Protection of Personal Privacy in court filings, refer to Division VI of the Iowa Court Rules Chapter 16.
  - If you are unable to proceed electronically, you must receive permission from the court to file in paper. Contact the clerk of court in the county where the Application was filed for more information on being excused from electronic filing.
- E. If you electronically file your Answer or Motion, it will be served automatically on Applicant. A Notice of Electronic Filing (NEF) will tell you if the court has excused Applicant from electronic filing. If the court has excused Applicant from electronic filing, you must mail a copy of your Answer or Motion to Applicant.


### Important Notice


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

**Rule 17.300—Form 304a: Original Notice for Personal Service**

**Applicant must serve the Application on the other party within 90 days** after filing the Application. Failure to meet this deadline may result in the court dismissing the Application.

Read the *Guide to Representing Yourself in a Child Support Modification Case in Iowa* on the Iowa Judicial Branch website for additional important instructions.

 *If filing electronically, Applicant must complete form 304.*

 *If filing in paper, Applicant must use this form (304a).*

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

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where Application is filed*

**Upon the Petition of**

**Petitioner**

*Full name of Petitioner as it is in the Application*

and concerning

**Respondent**

*Full name of Respondent as it is in the Application*

**Original Notice for Personal Service**

To: \_\_\_\_\_  
*Petitioner or Respondent*

\_\_\_\_\_  
*Other person receiving child support in this case, if any.*

\_\_\_\_\_  
*If the Child Support Recovery Unit is involved in this case, list "Child Support Recovery Unit" on the second line.*

- Applicant (the party bringing this case) has a lawsuit asking for a change in child support.
- A copy of the Application to Modify Child Support (form 301) is attached to this Notice.
- Applicant is not represented by an attorney.
- Applicant's contact information during this modification case:

\_\_\_\_\_  
*Applicant's name*

\_\_\_\_\_  
*Mailing address*      \_\_\_\_\_ *City*      \_\_\_\_\_ *State*      \_\_\_\_\_ *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*      \_\_\_\_\_ *Email address*

**Important instructions on next page**

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

Rule 17.300—Form 304a: *Original Notice for Personal Service*, continued

### Instructions to Party Receiving this Original Notice

- You **must** file an Answer or a Motion with the clerk of court in the above county within **20 days** after you receive this Application. If you do not file an Answer or Motion within **20 days** after receiving this Application, the **court may enter a judgment against you** giving Applicant what is asked for in the Application.
- If you received Application form **301**, you may use Answer form **315**.
- After you file your Answer or Motion, you must serve a copy of it on Applicant.

(SEAL)

\_\_\_\_\_  
*Clerk of Court*

\_\_\_\_\_ County Courthouse

\_\_\_\_\_, Iowa \_\_\_\_\_  
*City* *ZIP code*

### Important Notice

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



**Rule 17.300—Form 306: Directions for Service of Original Notice**

**Applicant** must complete this form if the sheriff or a process server will deliver the Application and Original Notice to the other party.

*Do not use this form if the other party has already received the Application and Original Notice.*

*Do not file this form with the clerk of court in paper or electronically.*

Give this form to the sheriff or other process server with your Application (301) and Original Notice (304 if electronically filing or 304a if filing in paper).

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

\_\_\_\_\_  
*County where Application is filed*

\_\_\_\_\_  
*Equity case number*

**1. Name and Location of Sheriff or Other Process Server**

*Check one and fill in the blanks*

A.  **Sheriff** *In county where the other party will be served*

\_\_\_\_\_  
*County*

\_\_\_\_\_  
*Street address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP code*

B.  **Other process server**

\_\_\_\_\_  
*Name of other process server serving the Notice*

\_\_\_\_\_  
*Street address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP code*

**2. Person to be Served**

\_\_\_\_\_  
*Other party's name*

(\_\_\_\_\_)\_\_\_\_\_  
*Phone number*

\_\_\_\_\_  
*Address where the other party can be served*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP code*

**3. Person Requesting Service**

\_\_\_\_\_  
*Your (Applicant's) name*

(\_\_\_\_\_)\_\_\_\_\_  
*Phone number*

\_\_\_\_\_  
*Your (Applicant's) present mailing address*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP code*

**4. Special Instructions for Service** *Provide information that will help the sheriff or process server.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Continued on next page*



Rule 17.300—Form 306: *Directions for Service of Original Notice*, continued

**5. Costs of Service**

*Check one*

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

*If you cannot afford the costs, file form 309.*

B.  Costs for Sheriff deferred by court order: \_\_\_\_\_

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

**6. Notification**

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

\_\_\_\_\_, 20\_\_\_\_\_  
*Date signed: Month Day Year Your signature*

**Rule 17.300—Form 309: *Application and Affidavit to Defer Payment of Costs***

**Applicant uses this form** only if Applicant cannot afford to pay the fees to file and serve the Application.

- Use this form if it would cause you to suffer a hardship if you had to pay the filing fee and cost of serving papers.
- You may need to provide proof of your income and assets and your expenses.
- Costs and fees paid to someone other than the court or sheriff **cannot be waived**.

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

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where Application is filed*

**Upon the Petition of**

**Petitioner**

*Full name of Petitioner as it is in the Application*

and concerning

**Respondent**

*Full name of Respondent as it is in the Application*

Equity case no. \_\_\_\_\_

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

**1. Request**

A. My name is \_\_\_\_\_.

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

*Check all that apply*

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

C. Household

There are \_\_\_\_\_ people living in my household.  
*Number*

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

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

E. My income comes from:

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

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Rule 17.300—Form 309: *Application and Affidavit to Defer Payment of Costs*, continued

**F. My household has the following monthly expenses:**

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

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

*Continued on next page*

Rule 17.300—Form 309: *Application and Affidavit to Defer Payment of Costs*, continued

**2. Attorney Help**

*Check one*

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

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

\_\_\_\_\_  
*Name of attorney or organization, if any*      *Attorney's P.I.N. # – Ask the attorney*

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

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

**3. Certification of Service by Mailing or Delivery**

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

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

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

\_\_\_\_\_  
*Name of person to whom I delivered or mailed it*

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

**4. Oath and Signature**

I, \_\_\_\_\_, certify under penalty of perjury and pursuant to the laws of  
*Print your name*

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

\_\_\_\_\_, 20\_\_\_\_  
*Signed on: Month*      *Day*      *Year*      *Your signature\**

\_\_\_\_\_  
*Mailing address*      *City*      *State*      *ZIP code*

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

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

**Rule 17.300—Form 310: Affidavit of Service of Original Notice and Application to Modify Child Support**

**Applicant:** Use this form only if someone other than Applicant (you), or a person who is not a sheriff or a process server, delivered a copy of the Application to the other party.

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

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

In the Iowa District Court for \_\_\_\_\_ County  
*County where Application is filed*

**Upon the Petition of**

\_\_\_\_\_  
**Petitioner** *Full name: first, middle, last*

and concerning

\_\_\_\_\_  
**Respondent** *Full name: first, middle, last*

Equity case no. \_\_\_\_\_

**Affidavit of Service of Original Notice and Application to Modify Child Support**

**1. Affidavit**

I, \_\_\_\_\_, delivered a copy of the Original Notice and  
*Name of person – Cannot be Applicant, sheriff, or process server*

Application to Modify Child Support for this case to:

*Check one*

a.m.

\_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_  
*Name of Other Parent                      Month                      Day                      Year                      Time*

p.m.

by handing the other party copies of the attached papers.

**2. Oath and Signature**

*To be completed by the person who gave the Application to the other party.*

I, \_\_\_\_\_, have read this Affidavit of Service, and I certify  
*Print your name*

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

\_\_\_\_\_, 20\_\_\_\_  
*Signed on: Month                      Day                      Year                      Your signature\**

\_\_\_\_\_  
*Mailing address                      City                      State                      ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number                      Email address                      Additional email address – if applicable*

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

**Rule 17.300—Form 311: *Protected Information Disclosure***

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

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

**If filing electronically:**

- **Applicant** must complete this form (311) and file it with the Application (301) and Original Notice (304).
- **The other party** must complete this form if adding or correcting protected information.

**Paper filers** also may use form 311 to assist in complying with Iowa Rule of Civil Procedure 1.422.

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

**In the Iowa District Court for \_\_\_\_\_ County**

*County where Application is filed*

**Upon the Petition of**

**Petitioner**

*Full name of Petitioner as it is in the Application*

and concerning

**Respondent**

*Full name of Respondent as it is in the Application*

Equity case no. \_\_\_\_\_

**Protected Information Disclosure**

**For electronic filers:**

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

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

**1. Petitioner**

*Provide the complete version of protected information here, and the redacted version should be included in documents you file.*

Name \_\_\_\_\_  
*First Middle Last*

Protected Information Type	Complete Information (See Rules 16.602 and 16.604)	Redacted Information (See Rule 16.605)
A. Social security number	- - XXX-XX-XXXX	Last four digits only
B. Financial account numbers	Full account number	Partial account number only
C. Date of birth	/ / mm/dd/yyyy	Year only
D. Individual taxpayer identification numbers	- - XXX-XX-XXXX	Last four digits only







Rule 17.300—Form 311: *Protected Information Disclosure*, continued

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

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

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

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

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

*Continued on next page*

Rule 17.300—Form 311: *Protected Information Disclosure*, continued

**5. Information provided by:**

	/s/	
<i>Handwritten signature of party or attorney if filing in paper</i>		<i>Electronic signature of party or attorney if filing electronically</i>

\_\_\_\_\_  
*Law firm, if applicable*

<i>Mailing address</i>	<i>City</i>	<i>State</i>	<i>ZIP code</i>

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*

<i>Email address</i>	<i>Additional email address, if applicable</i>

		20	
<i>Month</i>	<i>Day</i>		<i>Year</i>
<i>Date information provided</i>			

**Rule 17.300—Form 315: Answer to Application to Modify Child Support**

The party served with an Application to Modify Child Support must file an Answer within **20 days** after receiving the Application and Original Notice, or the **court may enter a judgment against that party** giving Applicant what he or she asked for in the Application.

Use this Answer form 315 if you received Application form 301, otherwise use form 316.

Read the *Guide to Representing Yourself in a Child Support Modification Case in Iowa* on the Iowa Judicial Branch website before using this form.

- If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure (311) if you have not already done so.*
- If filing in paper, you may use form 311 to provide any protected information in full..*

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

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where Application is filed*

<p><b>Upon the Application of</b></p> <p>_____</p> <p><b>Petitioner</b> <i>Full name of Petitioner as it is in the Application</i></p> <p>and concerning</p> <p>_____</p> <p><b>Respondent</b> <i>Full name of Respondent as it is in the Application</i></p>	<p>Equity case no. _____</p> <p style="text-align: center;"><b>Answer to Application to Modify Child Support</b></p>
---	--

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

**A. Applicant's (the party seeking to modify child support) information** *Check one*  
*If paragraph 1A of the Petition (form 301) is not correct, check (2) and fill in the blanks.*

- (1)  Applicant's name, birth year, present residence, and contact information are correct in the Application.
- (2)  Applicant's name, birth year, present residence, and contact information are not correct in the Application.

The correct information is:

<i>Full name</i>	<i>Birth year</i>
<i>Present street address</i>	<i>City</i>
<i>County</i>	<i>State</i>
<i>( )</i>	<i>ZIP code</i>
<i>Phone number</i>	<i>Email address</i>

Rule 17.300—Form 315: *Answer to Application to Modify Child Support*, continued**B. Your (other parent's) information** *Check one**If paragraph 1B of the Petition (form 301) is not correct, check (2) and fill in the blanks.*

- (1)  Your (other parent's) name, birth year, present residence, and contact information are correct in the Application.
- (2)  Your name, birth year, present residence, and contact information are not correct in the Application.

The correct information is:

_____		_____	
<i>Full name</i>		<i>Birth year</i>	
_____	_____	_____	_____
<i>Present street address</i>	<i>City</i>	<i>State</i>	<i>ZIP code</i>
_____	(_____) _____	_____	
<i>County</i>	<i>Phone number</i>	<i>Email address</i>	

**C. Other person (non-parent) who receives child support** *Check one*

- (1)  There is no non-parent who gets child support in this case.
- (2)  There is a non-parent who gets child support in this case.

*If you check (2) check a or b.*

- a.  The information about the other person who receives child support is correct in the Application.
- *If you check a skip to 2.*
  - *If paragraph 1C of the Application (form 301) is not correct, check b and fill in the blanks.*
- b.  The information about the other person who receives child support is not correct in the Application. The correct information is:

_____		_____	
<i>Full name: first, middle, last</i>		<i>Birth year</i>	
_____	_____	_____	_____
<i>Present street address</i>	<i>City</i>	<i>State</i>	<i>ZIP code</i>
_____	(_____) _____	_____	
<i>County</i>	<i>Phone number</i>	<i>Email address</i>	

**2. General Information about this Case****A. Current child support order***If paragraph 2A of the Application (form 301) is not correct, check b and fill in the blanks.*

- (1) Date order entered *Check one*
- a.  The Application provides the correct date of the child support order.
- b.  The Application does not provide the correct date of the child support order. The correct date is:

_____	_____	_____
<i>Month</i>	<i>Day</i>	<i>Year</i>

Rule 17.300—Form 315: *Answer to Application to Modify Child Support*, continued

(2) County and state where the order is entered *Check one*

- a.  The Application provides the correct county and state of the current child support order.
- b.  The Application does not provide the correct county and state of the current child support order. The correct county and state is:

\_\_\_\_\_

*County*

\_\_\_\_\_

*State*

(3) Case number of the current child support order *Check one*

- a.  The Application provides the correct case number of the current child support order.
- b.  The Application does not provide the correct case number of the current child support order. The correct case number is:

\_\_\_\_\_

*Case number*

(4) Person who pays child support *Check one*

- a.  The Application provides the correct name of the person who pays child support in this case.
- b.  The Application does not provide the correct name of the person who pays child support in this case. The correct name is:

\_\_\_\_\_

*Name: first, last*

(5) Person who receives child support *Check one*

- a.  The Application provides the correct name of the person who receives child support in this case.
- b.  The Application does not provide the correct name of the person who receives child support in this case. The correct name is:

\_\_\_\_\_

*Name: first, last*

(6) Current amount of child support paid

- a.  The Application provides the correct name of the person who receives child support in this case.
- b.  The Application does not provide the correct name of the person who receives child support in this case. The correct amount is:

\$ \_\_\_\_\_ per \_\_\_\_\_.

*Amount* *Frequency*

**B. Copy of current child support order** *Check one*

- (1)  A copy of the current child support order was attached to the Application.
- (2)  A copy of the current child support order was not attached to the Application.

Rule 17.300—Form 315: *Answer to Application to Modify Child Support*, continued

**C. Child Support Recovery Unit (CSRU)** *Check one*

- (1)  The Child Support Recovery Unit (CSRU) is involved in this case.
- (2)  The Child Support Recovery Unit (CSRU) is not involved in this case.

**D. Collection Services Center (CSC)** *Check one*

- (1)  The Collection Services Center (CSC) is involved in this case.

The CSC number is: \_\_\_\_\_

- (2)  The Collection Services Center (CSC) is not involved in this case.

**E. Other child support orders** *Check one*

- (1)  There are no other child support orders for the child or children involved in this case.
- (2)  There are other child support orders for the child or children involved in this case.

They are:

\_\_\_\_\_ *Case Number*                      \_\_\_\_\_ *County*                      \_\_\_\_\_ *State*

\_\_\_\_\_ *Case Number*                      \_\_\_\_\_ *County*                      \_\_\_\_\_ *State*

*Check this box if you are attaching a separate sheet listing additional child support orders.*

**F. Children covered by current child support order** *Check one*

- (1)  The Application correctly identifies the children covered by the current child support order.
- (2)  The Application does not correctly identify the children covered by the current child support order. The following children are covered by the current child support order:

First, middle, & last initials of each child	Birth year
(a)	
(b)	
(c)	

First, middle, & last initials of each child	Birth year
(d)	
(e)	
(f)	

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

Rule 17.300—Form 315: Answer to Application to Modify Child Support, continued

**G. Amount of child support**

(1) Juvenile court order *If you check a, check i or ii*

- a.  It is correct that there is a juvenile court order that changed where the child or children were living.  
The person paying support has custody of the children.
- i.  The county and case number are correct in the Application.
- ii.  The county and case number are not correct in the Application.

*If you check ii, provide the correct information below*

The correct information is:

\_\_\_\_\_

*County* *Case number*

- b.  There is no juvenile court order that gives care of the child to the party paying support.

(2) Who children live with *Check a or b*

- a.  It is correct that one or more of the children now live with the person paying support.
- b.  None of the children now live with the person who is ordered to pay support.

(3) Qualifying for child support *Check a or b*

- a.  It is correct that one or more of the children no longer qualify for child support.
- b.  There has been no change in the number of children who qualify for child support.

(4) Applicant's income *Check a or b*

- a.  I agree that Applicant's income has gone down.
- b.  I do not agree that Applicant's income has gone down.

(5) My income *Check a or b*

- a.  I agree that my income has gone up.
- b.  I do not agree that my income has gone up.

(6) My response to Applicant's "other reason" for requesting a change in child support:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**H. Child support amount should be** *Check all that apply*

- (1)  Raised *Explain* \_\_\_\_\_
- (2)  Lowered *Explain* \_\_\_\_\_
- (3)  Stopped *Explain* \_\_\_\_\_
- (4)  Not be changed *Explain* \_\_\_\_\_

Rule 17.300—Form 315: *Answer to Application to Modify Child Support*, continued

**I. Tax deduction for the children** *Check (1) or (2)*

(1)  There is no court order at this time on tax deductions for the children.

(2)  There is a court order at this time on tax deductions.

*If you check (2), check a or b:*

a.  A court order currently says who gets the tax deduction for the child or children and it should stay the same.

b.  A court order currently says who gets the tax deduction for the child or children and it should be changed. *Explain*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**J. Health care expenses for the children** *Check (1) or (2)*

(1)  There is no court order at this time on who pays health care expenses.

(2)  There is a court order at this time on who pays health care expenses.

*If you check (2), check a or b:*

a.  A court order currently says who pays for health care expenses for the child or children and it should stay the same.

b.  A court order currently says who pays for health care expenses and it should be changed. *Explain*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**K. I (the other party) am** *Check each that is true*

(1)  In the military service

(2)  In prison or jail at \_\_\_\_\_ in \_\_\_\_\_  
*Name of facility State*

**L. Protective or no contact order** *Check (1) or (2)*

(1)  There is neither a "protective order" nor a "no contact order" between me and Applicant.

(2)  There is a "protective order" or "no contact order" between me and Applicant.

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

a. County and state where the order came from: \_\_\_\_\_  
*County State*

b. Court case number: \_\_\_\_\_



Rule 17.300—Form 315: *Answer to Application to Modify Child Support*, continued

**3. I (the other parent) deny anything in the Application that I have not agreed is correct.**

**4. My (the other parent's) Request**

**A. I ask the court to:**

*Check all that apply. The court will only consider items that are checked.*

- (1)  Dismiss the Application to Modify Child Support and leave child support as is.
- (2)  Raise the current child support payment.
- (2)  Lower the current child support payment.
- (3)  Stop payment of child support completely.
- (4)  Set child support for the parent who does not have the children.
- (5)  Change who gets the tax deduction for the child or children.
- (6)  Change who pays for health care expenses for the child or children.
- (7)  Order that Applicant pay the court fees.
- (8)  Order that Applicant pay my attorney fees.
- (9)  Other request: \_\_\_\_\_

*Continued on next page*



Rule 17.300—Form 315: *Answer to Application to Modify Child Support*, continued

#### **Important Notice**


- See next page for instructions for filing an Answer.
- You must serve this Answer on the other parties.
- If the Child Support Recovery Unit (CSRU) is involved in this case, you must also serve the Answer on CSRU.
- See the *Guide to Representing Yourself in a Child Support Modification Case in Iowa* for information on serving papers.

Instructions for Rule 17.300—Form 315: *Answer to Application to Modify Child Support*

***Do not file these instructions***

**Instructions for Filing an Answer to an Application to Modify Child Support**

The Iowa Judicial Branch is converting the court system to electronic filing county by county. The electronic filing system is also known as EDMS. To determine if this case is in a county using electronic filing, [check the map](#) available on the Iowa Judicial Branch website under eFiling, or call the clerk of court office in your county. If your county accepts electronic filing, **you must file electronically unless you get permission from the court to file in paper.** Contact the clerk of court in your county if you are unable to file electronically.

 **Filing your Answer electronically**

- If the Application was filed in a county that uses electronic filing, you must register to electronically file. For help with registration, *see* the eFiler's User Guide [How to Register Pro Se \(Self Represented\) for eFiling](#) on the Iowa Judicial Branch website.
- Scan the signed Answer form and save it as a .pdf. (Save it in a place that will be accessible to you when you electronically file.)
- Log in to EDMS on the Iowa Judicial Branch website and file your Answer. The login page can be accessed from two different paths: you may [directly log in to EDMS](#); or from the judicial branch website menu, you may select "eFiling > eFile (EDMS) Login."
- For help, *see* [How to eFile to an Existing Case](#).
- You will receive a Notice of Electronic Filing (NEF) when the clerk of court has approved the eFiling of your Answer and other documents. You can then open the Answer and print a copy for your records.
- If there was a problem with your filing, EDMS will send you a Retraction Notice. You can then log in to My Filings, correct the error, and resubmit your Answer. For help, *see* [How to Resubmit a Returned Filing](#).
- The NEF will indicate if your Applicant is exempt from electronic filing requirements, in which case, you must mail or serve in paper a copy of the document on Applicant if he or she does not have an attorney.

 **Filing your Answer in paper**

- Make two photocopies of the original.
- If the Child Support Recovery Unit (CSRU) is involved in your child support modification case, you must also provide each form you file to the CSRU office that serves the county where your child support case is filed.
- Take your original Answer form and the photocopies to the clerk of court's office in the county where the Application was filed. The county is listed at the top of the Application (form 301).
- The clerk will time-stamp your forms and copies.
- The clerk will take the original and give the copies back to you.
- Keep one of the copies for your records.
- Serve one of the copies of your Answer on Applicant.
- You can hand one of the copies of the Answer form to Applicant, **or** mail a copy to Applicant spouse at the address shown on the Application.
- If Applicant has an attorney, you should serve the Answer by mailing a copy to the attorney at the attorney's address on the Application if box 5A on the Application is checked.


***Do not file these instructions***


**Rule 17.300—Form 316: General Answer to Application to Modify Child Support**

The party served with an Application to Modify Child Support must file an Answer within **20 days** after receiving the Application and Original Notice, or the **court may enter a judgment against that party** giving Applicant what he or she asked for in the Application.

If the Application you received is on form 301, use form 315 for your Answer.

Read the *Guide to Representing Yourself in a Child Support Modification Case in Iowa* on the Iowa Judicial Branch website before using this form.

 *If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure (311).*

 *If filing in paper, you may use form 311 to provide any protected information in full.*

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

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where Application is filed*

**Upon the Petition of**

**Petitioner**

*Full name of Petitioner as it is in the Application*

and concerning

**Respondent**

*Full name of Respondent as it is in the Application*

Equity case no. \_\_\_\_\_

**General Answer to Application to Modify Child Support**

**1. Answer**

**A. I admit that the following paragraphs in the Application are true:**

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

\_\_\_\_\_  
\_\_\_\_\_

**B. I deny that the following paragraphs in the Application are true:**

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

\_\_\_\_\_  
\_\_\_\_\_

**C. I do not know whether the following paragraphs in the Application are true:**

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

\_\_\_\_\_  
\_\_\_\_\_

Rule 17.300—Form 316: *General Answer to Application to Modify Child Support*, continued

D. I deny anything in the Application that is not admitted in this Answer.

E. Other information: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**I ask the court to:** *Write here what you would like the court to do. For example, tell the court if you want the amount of child support you pay or receive to stay the same. Be brief. Do not write long descriptions.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**3. Attorney Help** *Check one*

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

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

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

\_\_\_\_\_  
*Name of attorney or organization, if any*      *Attorney's P.I.N. # – Ask the attorney*

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

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

**4. Service Instructions**

If the party answering the Application is filing in paper *Check one*

A.  I will accept service of documents at the attorney's address listed above; or

B.  I will accept service of documents in this case at the mailing address below.

*Continued on next page*

Rule 17.300—Form 316: *General Answer to Application to Modify Child Support*, continued

### 5. Certification of Service by Mailing or Delivery

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

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

I mailed or gave a copy of this Answer to Applicant or Applicant's attorney at this address:

\_\_\_\_\_  
*Name of person to whom I delivered or mailed it*

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

### 6. Oath and Signature

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

\_\_\_\_\_, 20\_\_\_\_  
*Signed on: Month* *Day* *Year* *Your signature\**

\_\_\_\_\_  
*Mailing address* *City* *State* *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number* *Email address* *Additional email address - if available*


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

#### Important Notice

- See next page for instructions for filing an Answer.
- You must serve this Answer on the other parties.
- If the Child Support Recovery Unit (CSRU) is involved in this case, you must also serve the Answer on CSRU.
- See the *Guide to Representing Yourself in a Child Support Modification Case in Iowa* for information on serving papers.

**Rule 17.300—Form 316: *General Answer to Application to Modify Child Support******Do not file these instructions*****Instructions for Filing an Answer to an Application to Modify Child Support**

The Iowa Judicial Branch is converting the court system to electronic filing county by county. The electronic filing system is also known as EDMS. To determine if this case is in a county using electronic filing, [check the map](#) available on the Iowa Judicial Branch website under eFiling, or call the clerk of court office in your county. If your county accepts electronic filing, **you must file electronically** unless you get permission from the court to file in paper. Contact the clerk of court in your county if you are unable to file electronically.

 **Filing your Answer electronically**

- If the Application was filed in a county that uses electronic filing, you must register to electronically file. For help with registration, see the eFiler's User Guide [How to Register Pro Se \(Self Represented\) for eFiling on the Iowa Judicial Branch website](#).
- Scan the signed Answer form and save it as a .pdf. (Save it in a place that will be accessible to you when you electronically file.)
- Log in to EDMS on the Iowa Judicial Branch website and file your Answer. The login page can be accessed from two different paths: you may [directly log in to EDMS](#); or from the judicial branch website menu, you may select "eFiling > eFile (EDMS) Login."
- For help, see [How to eFile to an Existing Case](#).
- You will receive a Notice of Electronic Filing (NEF) when the clerk of court has approved the eFiling of your Answer and other documents. You can then open the Answer and print a copy for your records.
- If there was a problem with your filing, EDMS will send you a Retraction Notice. You can then log in to My Filings, correct the error, and resubmit your Answer. For help, see [How to Resubmit a Returned Filing](#).
- The NEF will indicate if your Applicant is exempt from electronic filing requirements, in which case, you must mail or serve in paper a copy of the document on Applicant if he or she does not have an attorney.

 **Filing your Answer in paper**

- Make two photocopies of the original.
- If the Child Support Recovery Unit (CSRU) is involved in your child support modification case, you must also provide each form you file to the CSRU office that serves the county where your child support case is filed.
- Take your original Answer form and the photocopies to the clerk of court's office in the county where the Application was filed. The county is listed at the top of the Application (form 301).
- The clerk will time-stamp your forms and copies.
- The clerk will take the original and give the copies back to you.
- Keep one of the copies for your records.
- Serve one of the copies of your Answer on Applicant.
- You can hand one of the copies of the Answer form to Applicant, **or** mail a copy to Applicant spouse at the address shown on the Application.
- If Applicant has an attorney, you should serve the Answer by mailing a copy to the attorney at the attorney's address.

***Do not file these instructions***



**Rule 17.300—Form 322: Motion in a Child Support Modification**

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

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

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where the Application is filed*

<p><b>Upon the Petition of</b></p> <p>_____</p> <p><b>Petitioner</b> <i>Full name of Petitioner as it is in the Application</i></p> <p>and concerning</p> <p>_____</p> <p><b>Respondent</b> <i>Full name of Respondent as it is in the Application</i></p>	<p>Equity case no. _____</p> <p><b>Motion in a Child Support Modification</b></p>
--	---

I am

*Check each that applies*

- A.  Petitioner
- B.  Respondent
- C.  Applicant

**1. Request**

**A. I ask the court to**

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

- (1)  Change the hearing date that has been set for \_\_\_\_\_, 20\_\_\_\_.  
*Month Day Year*
- (2)  Set a hearing date for modification of child support.
- (3)  Other request *Explain* \_\_\_\_\_

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

*Continued on next page*

Rule 17.300—Form 322: *Motion in a Child Support Modification*, continued

**2. Attorney Help**

*Check one*

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

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

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

\_\_\_\_\_  
*Name of attorney or organization, if any*      *Attorney's P.I.N. # – Ask the attorney*

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

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

**3. Certification of Service by Mailing or Delivery**

*Section 3 to be completed only if filing in paper or if the Applicant or the other party is exempt from electronic filing.*

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

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

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

\_\_\_\_\_  
*Name of person to whom I delivered or mailed it*

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

**4. Oath and Signature**

I, \_\_\_\_\_, certify under penalty of perjury and pursuant to the  
*Print your name*

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

\_\_\_\_\_, 20\_\_\_\_  
*Signed on: Month*      *Day*      *Year*      *Your signature\**

\_\_\_\_\_  
*Mailing address*      *City*      *State*      *ZIP code*

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

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

**Rule 17.300—Form 323: Response to a Motion in a Child Support Modification**

Use this form if your spouse has filed a Motion (most likely form 322) and you disagree with what your spouse is asking the court to do in that Motion.

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

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where the Application is filed*

<p><b>Upon the Petition of</b></p> <p>_____</p> <p><b>Petitioner</b> <i>Full name of Petitioner as it is in the Application</i></p> <p>and concerning</p> <p>_____</p> <p><b>Respondent</b> <i>Full name of Respondent as it is in the Application</i></p>	<p>Equity case no. _____</p> <p><b>Response to a Motion in a Child Support Modification</b></p>
--	---

I am

*Check each that applies*

- A.  Petitioner
- B.  Respondent
- C.  Applicant

**1. Motion**

The other party filed a Motion on \_\_\_\_\_, 20\_\_\_\_.  
*Month Day Year*

**2. Response**

*Check A or B.*

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Continued on next page*

Rule 17.300—Form 323: *Response to a Motion in a Child Support Modification*, continued

**3. Attorney Help**

*Check one*

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

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

\_\_\_\_\_  
*Name of attorney or organization, if any*      *Attorney's P.I.N. # – Ask the attorney*

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

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

**4. Certification of Service by Mailing or Delivery**

*Section 4 to be completed only if filing in paper or if Applicant or the other party is exempt from electronic filing.*

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

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

I mailed or gave a copy of this Response to Applicant or the other party, or Applicant's or the other party's attorney at the address below:

\_\_\_\_\_  
*Name of person to whom I delivered or mailed it*

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

**5. Oath and Signature**

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

\_\_\_\_\_, 20\_\_\_\_  
*Signed on: Month*      *Day*      *Year*      *Your signature\**

\_\_\_\_\_  
*Mailing address*      *City*      *State*      *ZIP code*



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

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

**Rule 17.300—Form 324: *Child Support Modification Financial Statement***

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

**Each party** must complete one of these forms.

-  *If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure (311) if you have not already done so.*
-  *If filing in paper, you may use form 311 to provide any protected information in full if you have not already done so.*

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

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where the Application is filed*

**Upon the Petition of**

**Petitioner**

*Full name of Petitioner as it is in the Application*

and concerning

**Respondent**

*Full name of Respondent as it is in the Application*

Equity case no. \_\_\_\_\_

**Child Support  
 Modification Financial  
 Statement**

I am

*Check each that applies*

- A.  Petitioner
- B.  Respondent
- C.  Applicant

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

**1. My Income**

*\*How often is income paid?*

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

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

Rule 17.300—Form 324: *Child Support Modification Financial Statement*, continued

(4) Other income <i>Describe source:</i>		\$		\$
(5) Other income <i>Describe source:</i>		\$		\$
<b>Total gross and net income from employment and other sources</b>		\$ <b>Gross income total</b>		\$ <b>Net income total</b>
<b>B. Deductions allowed for child support calculations</b>				
Tax status	Yes	No		
I am currently married to the other parent <i>Check Yes or No</i>				
I have custody of the children in this case <i>Check Yes or No</i>				
(1) Number of exemptions				
Yourself <i>Guidelines allow one exemption for parent</i>	1			
Children				
(2) Income tax withheld <i>Federal</i>				\$
<i>State</i>				\$
(3) FICA <i>Social Security &amp; Medicare</i>				\$
(4) Mandatory pension contribution				\$
(5) Mandatory occupational license fees				\$
(6) Union dues				\$
(7) Prior court-ordered child support <i>Paid to:</i>				\$
<i>Paid to:</i>				\$
<i>Paid to:</i>				\$
(8) Prior court-ordered medical support <i>Paid to:</i>				\$
<i>Paid to:</i>				\$
<i>Paid to:</i>				\$

Rule 17.300—Form 324: *Child Support Modification Financial Statement*, continued

(9) Prior court-ordered spousal support (alimony) <i>Paid to:</i>				\$
(10) Actual child care expenses due to employment <i>custodial parent only</i>				\$
<b>Total deductions</b>				\$

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

**2. Social Security Disability (SSD):**

**A. SSD benefits paid to you**

(1) Amount paid for your expenses \$ \_\_\_\_\_ per month

(2) Benefit paid for each child in your home \$ \_\_\_\_\_ per month

a. Number of children receiving benefits \_\_\_\_\_ children

b. List the children in your home who receive SSD benefits *Use initials only*

First, middle, & last initials of each child	Birth year
i.	
ii.	
iii.	

First, middle, & last initials of each child	Birth year
iv.	
v.	
vi.	

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

**B. Benefits paid to other person children are living with**

(1) Benefit paid for each child in other person's home \$ \_\_\_\_\_ per month

(2) Number of children receiving benefits \_\_\_\_\_ children

(3) List the children who receive SSD benefits but live with someone other than you.  
*Use initials only.*

First, middle, & last initials of each child	Birth year
i.	
ii.	
iii.	

First, middle, & last initials of each child	Birth year
iv.	
v.	
vi.	

Check this box if you have attached a sheet listing additional children who do not live in your home and receive Social Security Disability (SSD).

Rule 17.300—Form 324: *Child Support Modification Financial Statement*, continued**3. Qualified additional dependent deduction**

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

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

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

**4. Extraordinary visitation** *For noncustodial parent only*

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

*Continued on next page*



Rule 17.300—Form 324: *Child Support Modification Financial Statement*, continued

**5. Assets** *Things you own.*

**A. Real estate**

<b>Property Address</b>	<b>Purchase Price</b>	<b>Debt</b> <i>Total amount you still owe on it</i>
(1)	\$	\$
(2)	\$	\$

Check this box if you have attached a sheet with additional information on other real estate.

**B. Vehicles**

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

<b>Make</b> <i>Make (e.g. Ford)</i>	<b>Year</b>	<b>Market value</b> <i>What it would sell for</i>
(1)		\$
(2)		\$
(3)		\$

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

**C. Securities, stocks, & bonds**

Current value of:

(1)  Stocks \$ \_\_\_\_\_

(2)  Bonds \$ \_\_\_\_\_

**D. Life insurance** *\*Owner: P = Petitioner R = Respondent J = Joint (Both)*

<b>Life insurance</b> <i>Company name</i>	<b>Owner*</b> <i>P,R,J</i>	<b>Cash value</b> <i>Not death benefit</i>	<b>Loan from cash value</b> <i>Total amount still owed on loan</i>	<b>Cash value</b> <i>Minus loan owed</i>
(1)		\$	\$	\$
(2)		\$	\$	\$
(3)		\$	\$	\$

Check this box if you have attached a sheet with additional information on life insurance.

Rule 17.300—Form 324: *Child Support Modification Financial Statement*, continued

**E. Bank accounts**

<b>Checking and savings accounts</b> <i>Bank or Credit Union name</i> <i>If you do not use bank accounts,</i> <i>write "Cash"</i>	<b>Account type</b> <i>Checking or Savings</i>	<b>Net value</b> <i>Cash value minus loan /</i> <i>overdraft owed</i>
(1)		\$
(2)		\$
(3)		\$

Check this box if you have attached a sheet with additional information on other checking and savings accounts.

**F. Other assets**

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

*\*Owner: P = Petitioner R = Respondent J = Joint (Both)*

<b>Other assets</b> <i>Describe</i>	<b>Owner*</b> <i>P,R,J</i>	<b>Market value</b> <i>What it would</i> <i>sell for</i>	<b>Debt</b> <i>Total amount you</i> <i>still owe on it</i> <b>and to whom owed</b>	<b>Net value</b> <i>Market value</i> <i>minus debt owed</i>
(1)		\$	\$ to:	\$
(2)		\$	\$ to:	\$
(3)		\$	\$ to:	\$

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

**6. Expenses**

**A. My expenses**

*List your living expenses*

*\*How often paid?: W = Weekly B = Bi-weekly (every other week) M = Monthly*

*T = Two times a month A = Annually*

<b>Type of expense</b>	<b>Paid to</b>	<b>How often paid?*</b> <i>W,B,M,T,A</i>	<b>Monthly payment</b>
(1) House payment or rent			\$
(2) Food <i>At home &amp; restaurants</i>			\$
(3) Transportation (gas, bus fare) <i>Not car loan payments – see (12).</i>			\$
(4) Clothing			\$

Rule 17.300—Form 324: *Child Support Modification Financial Statement*, continued

(5) Medical, dental <i>Not health insurance payments – see (10).</i>			\$
(6) Utilities ( <i>gas, electric</i> )			\$
(7) Phone			\$
(8) Cable / satellite television / internet			\$
(9) Car insurance payment			\$
(10) Health insurance payment			\$
(11) Credit card payments			\$
(12) Car loan payments			\$
(13) Other loan payments			\$
(14) Other expense <i>Identify:</i>			\$
(15) Other expense <i>Identify:</i>			\$
(16) Other expense <i>Identify:</i>			\$
(17) Totals from attached sheets, if any <input type="checkbox"/> <i>Check this box if you have attached a sheet with additional information on your expenses.</i>			\$
<b>Total expenses</b>			\$

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

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

<b>Payable to</b>	<b>Item or service</b>	<b>Amount</b>	<b>How often paid?*</b> <i>W,B,M,T,A</i>	<b>Balance Due</b>
A.				\$
B.				\$
C.				\$
D.				\$
E. Totals from attached sheets, if any				\$

Rule 17.300—Form 324: *Child Support Modification Financial Statement*, continued

<input type="checkbox"/> Check this box if you have attached a sheet with additional information on other debts, and enter the total.			
<b>Total other debts</b> <i>Including amounts shown on attached sheet, if any.</i>			\$

**8. Current spouse’s income**

- List your **current** spouse’s information.
- This information will not be used to determine child support obligations.

*\*How often is income received?*

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

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

**9. 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*      *Attorney’s fax number – optional*      *Attorney’s email address – optional*

Rule 17.300—Form 324: *Child Support Modification Financial Statement*, continued

**10. Certification of Service by Mailing or Delivery**

*Section 10 to be completed only if filing in paper or if Applicant the other party is exempt from electronic filing. This document, if filed electronically, will automatically be served on registered parties.*

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

I mailed or gave a copy of this Child Support Modification Financial Statement to Applicant or the other party or Applicant's or the other party's attorney at the address below:

\_\_\_\_\_  
*Name of person to whom I delivered or mailed it*

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

**11. Oath and Signature**

I, \_\_\_\_\_, certify under penalty of perjury and pursuant to the  
*Print your name*

laws of the State of Iowa that I have read this Child Support Modification Financial Statement and that the information I have provided in this Statement is true and correct.

\_\_\_\_\_, 20\_\_\_\_  
*Signed on: Month Day Year Your signature\**

\_\_\_\_\_  
*Mailing address City State ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number Email address Additional email address - if available*

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

**Rule 17.300—Form 325: Affidavit of Mailing Notice**

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

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where the Application is filed*

**Upon the Petition of**

**Petitioner**

*Full name of Petitioner as it is in the original case*

and concerning

**Respondent**

*Full name of Respondent as it is on the Application*

Equity case no. \_\_\_\_\_

**Affidavit of Mailing Notice**

**1. Attorney Help**

*Check one*

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

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

\_\_\_\_\_  
*Name of attorney or organization, if any*      *Attorney's P.I.N. # – Ask the attorney*

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

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

**Important Notice**

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

***Oath and Signature on next page***

Rule 17.300—Form 325: *Affidavit of Mailing Notice*, continued

**2. Oath and Signature**

I, \_\_\_\_\_, certify under penalty of perjury and pursuant to the  
*Print your name*

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

*Check one*

Notice of Intent to File a Written Application for Default Decree for modification of child support, or

Other document (*describe*): \_\_\_\_\_.

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

\_\_\_\_\_  
*Other party's street address City State ZIP code*

\_\_\_\_\_, 20\_\_\_\_  
*Signed on: Month Day Year Applicant's signature\**

\_\_\_\_\_  
*Mailing address City State ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number Email address Additional email address - if available*

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

**Rule 17.300—Form 326: Notice of Intent to File Written Application for Default Decree**

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

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where your case is filed*

**Upon the Petition of**

**Petitioner**

*Full name of Petitioner as it is in the original case*

and concerning

**Respondent**

*Full name of Respondent as it is in the Application*

Equity case no. \_\_\_\_\_

**Notice of Intent to File Written Application for Default Decree**

**To party receiving this Notice:**

\_\_\_\_\_  
*First name Middle name Last name*

Date of Notice: \_\_\_\_\_, 20\_\_\_\_  
*Month Day Year*

**Important notice to party receiving this Notice:**

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

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

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


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

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number Email address*

**Instructions for party filing this Notice**

 **Filing your Notice electronically**

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

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

1. Deliver a copy of this form to the party receiving this Notice by mail or in person.
2. Complete form 325 and file the original at the clerk of court's office.
3. File the original of this form (326) at the clerk of court's office.
4. Keep a copy for your records.





**Rule 17.300—Form 327: Request for Relief in a Child Support Modification**

Use this form only if you have filed or answered an Application to Modify Child Support (301) and:

- The other party did not file an Answer (315), or
- The other party will not work with you to prepare a Settlement Agreement (328).

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

 If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure (311) if you have not already done so.

 If filing in paper, you may use form 311 to provide any protected information in full if you have not already done so.

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

In the Iowa District Court for \_\_\_\_\_ County  
*County where Application is filed*

<p><b>Upon the Petition of</b></p> <p>_____</p> <p><b>Petitioner</b> <i>Full name of Petitioner as it is in the Application</i></p> <p>and concerning</p> <p>_____</p> <p><b>Respondent</b> <i>Full name of Respondent as it is in the Application</i></p>	<p>Equity case no. _____</p> <p style="text-align: center;"><b>Request for Relief in a Child Support Modification</b></p>
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**1. Personal Information** Fill in all information that you know. If you have been assaulted by your spouse and you fear for your safety, you may leave your street address, phone number, and email blank.

**A. I am**

*Check each that applies*

- (1)  Petitioner
- (2)  Respondent
- (3)  Applicant

**B. Your information:** \_\_\_\_\_  
*Birth year*

\_\_\_\_\_  
*Your present street address*      \_\_\_\_\_ *City*      \_\_\_\_\_ *State*      \_\_\_\_\_ *ZIP code*

\_\_\_\_\_  
*County*      (\_\_\_\_\_) \_\_\_\_\_ *Phone number*      \_\_\_\_\_ *Email address*

**C. Other parent's information:** \_\_\_\_\_  
*Birth year*

\_\_\_\_\_  
*Other parent's present street address*      \_\_\_\_\_ *City*      \_\_\_\_\_ *State*      \_\_\_\_\_ *ZIP code*

\_\_\_\_\_  
(\_\_\_\_\_) \_\_\_\_\_

Rule 17.300—Form 327: *Request for Relief in a Child Support Modification*, continued

D. Other person (non-parent) who receives child support: \_\_\_\_\_  
*Birth year*

\_\_\_\_\_  
*Full name: first, middle, last*

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

\_\_\_\_\_  
*County*      \_\_\_\_\_ *( ) Phone number*      \_\_\_\_\_ *Email address*

**2. Request for Relief**

**A. Child support**

*Check each that is true, and fill in the blanks for the items you check.*

(1)  Child support should be **raised** from \$ \_\_\_\_\_ per month to \$ \_\_\_\_\_  
 per month, beginning \_\_\_\_\_, 20\_\_\_\_ for:  
*Month Day Year*

First, middle, & last initials of each child	Birth year
a.	
b.	
c.	

First, middle, & last initials of each child	Birth year
d.	
e.	
f.	

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

(2)  Child support should be **lowered** from \$ \_\_\_\_\_ per month to \$ \_\_\_\_\_  
 per month beginning \_\_\_\_\_, 20\_\_\_\_ for:  
*Month Day Year*

First, middle, & last initials of each child	Birth year
a.	
b.	
c.	

First, middle, & last initials of each child	Birth year
d.	
e.	
f.	

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

(3)  Check here if you want child support to be higher or lower than the Child Support Guidelines amount. *If you check this, write the amount you want and explain why below.*

a. Amount requested: \$ \_\_\_\_\_ per month

Rule 17.300—Form 327: Request for Relief in a Child Support Modification, continued

b. Child support should be different than the Guidelines amount because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(4)  Child support should be **stopped** beginning on the

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_ for:  
*Day Month Year*

First, middle, & last initials of each child	Birth year	First, middle, & last initials of each child	Birth year
a.		d.	
b.		e.	
c.		f.	

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

**B. Tax deduction for the children**

Check (1) or (2)

(1)  There is no court order at this time on tax deductions.

(2)  There is a court order at this time on tax deductions.

If you check (2), check a or b:

a.  A court order currently says who gets the tax deduction for the child or children and it should stay the same.

b.  A court order currently says who gets the tax deduction for the child or children and it should be changed as set forth in the table below. *Explain*

\_\_\_\_\_  
\_\_\_\_\_

First, middle, & last initials of each child	Birth year	Person who should now claim child for tax deduction
i.		
ii.		
iii.		
iv.		
v.		

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

Rule 17.300—Form 327: *Request for Relief in a Child Support Modification*, continued

**C. Health insurance or cash medical support**

*Check (1) or (2)*

- (1)  There is no court order at this time on who pays health insurance or cash medical support.
- (2)  There is a court order at this time on who pays health insurance or cash medical support.

*If you check (2), check a or b*

- a.  A court order currently says who pays for health care expenses for the child or children and it should stay the same.
- b.  A court order currently says who pays for health care expenses and it should be changed as set forth in the table below. *Explain*

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First, middle, & last initials of each child	Birth year	Parent who should now provide health insurance or cash medical support
i.		
ii.		
iii.		
iv.		
v.		

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

- (3) I should pay % \_\_\_\_\_ of the out-of-pocket health care expenses.
- (4) The other parent should pay % \_\_\_\_\_ of the out-of-pocket health care expenses.
- (5) I should pay % \_\_\_\_\_ in cash medical support.
- (6) The other parent should pay % \_\_\_\_\_ in cash medical support.

**D. Court Fees**

*Check one*

- (1)  All court fees should be paid by me.
- (2)  All court fees should be paid by the other parent.
- (3)  The other parent and I should pay one-half of the **remaining** court fees.
- (4)  The other parent and I should pay one-half of the **total** court fees.

Rule 17.300—Form 327: *Request for Relief in a Child Support Modification*, continued

**E. Attorney's Fees**

*Check one*

(1) My attorney's fees

- a.  I have no attorney's fees.
- b.  I will pay my own attorney's fees.
- c.  I ask that the other party pay \$ \_\_\_\_\_ for my attorney's fees.

**3. Necessary Documents**

I ask that the court require each of us to sign and deliver to each other any papers that may be needed to carry out the terms of the Decree Modifying Child Support.

**4. Other Request for Relief** *Attach additional sheets if necessary*

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**5. Statements of Understanding and Fact**

*Check each that applies*

- a.  I have made a full disclosure of my income to the court.
- b.  This Request for Relief addresses all issues in the Application to Modify Child Support.
- c.  I want the court to approve this Request for Relief and make it part of the final Decree Modifying Child Support.

*Continued on next page*

Rule 17.300—Form 327: Request for Relief in a Child Support Modification, continued

**6. Attorney Help**

Check one

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

(2)  An attorney helped me prepare or fill in this paper.

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

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

**7. Certification of Service by Mailing or Delivery**

Section 7 to be completed only if filing in paper or if Applicant or the other party is exempt from electronic filing.

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

I, \_\_\_\_\_, certify that on \_\_\_\_\_, 20\_\_\_\_  
Print your name Month Day Year

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

\_\_\_\_\_  
Name of person to whom I delivered or mailed it

_____ Party's or attorney's mailing address	_____ City	_____ State	_____ ZIP code
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**8. Oath and Signature**

I, \_\_\_\_\_, have read this Request, and I certify under penalty  
Print your name

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

\_\_\_\_\_, 20\_\_\_\_  
Signed on: Month Day Year Your signature\*

_____ Mailing address	_____ City	_____ State	_____ ZIP code
(_____) _____ Phone number	_____ Email address	_____ Additional email address – if available	



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

**Rule 17.300—Form 328: Settlement Agreement on an Application to Modify Child Support**

**Use this form only if:**

- You and the other party both agree to the terms of a Settlement Agreement.
- There is a current Iowa child support order in effect.
- You would like to increase, decrease, or stop child support
- There is on file an Application to Modify Child Support.

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

-  *If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure (311) if you have not already done so.*
-  *If filing in paper, you may use form 311 to provide any protected information in full.*

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

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where Application was filed*

**Upon the Petition of**

**Petitioner**

*Full name of Petitioner as it is in the Application*

and concerning

**Respondent**

*Full name of Respondent as it is in the Application*

Equity case no. \_\_\_\_\_

**Settlement Agreement on an Application to Modify Child Support**

**1. Applicant's Information** *Fill in all information that you know. If you have been assaulted by your spouse and you fear for your safety, you may leave your street address, phone number, and email blank.*

**A. Applicant's information:**

\_\_\_\_\_  
*Birth year*

\_\_\_\_\_  
*Applicant's present street address*      \_\_\_\_\_  
*City*      \_\_\_\_\_  
*State*      \_\_\_\_\_  
*ZIP code*

\_\_\_\_\_  
*County*      \_\_\_\_\_  
*Phone number*      \_\_\_\_\_  
*Email address*

**B. Other parent's information:**

\_\_\_\_\_  
*Birth year*

\_\_\_\_\_  
*Other parent's present street address*      \_\_\_\_\_  
*City*      \_\_\_\_\_  
*State*      \_\_\_\_\_  
*ZIP code*

\_\_\_\_\_  
*County*      \_\_\_\_\_  
*Phone number*      \_\_\_\_\_  
*Email address*





Rule 17.300—Form 328: *Settlement Agreement on an Application to Modify Child Support*, continued

(4)  Child support should be **stopped** beginning on the

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ for:  
*Day Month Year*

First, middle, & last initials of each child	Birth year
a.	
b.	
c.	

First, middle, & last initials of each child	Birth year
d.	
e.	
f.	

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

**B. Tax deduction for the children**

Check (1) or (2).

(1)  There is no court order at this time on tax deductions.

(2)  There is a court order at this time on tax deductions.

If you check (2), check a or b:

- a.  A court order currently says who gets the tax deduction for the child or children and it should stay the same.
- b.  A court order currently says who gets the tax deduction for the child or children and it should be changed as set forth in the table below. *Explain*

First, middle, & last initials of each child	Birth year	Person who should now claim child for tax deduction.
i.		
ii.		
iii.		
iv.		
v.		

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

**C. Health insurance or cash medical support**

Check (1) or (2)

(1)  There is no court order at this time on who pays health insurance or cash medical support.

(2)  There is a court order at this time on who pays health insurance or cash medical support.

If you check (2), check a or b

Rule 17.300—Form 328: *Settlement Agreement on an Application to Modify Child Support*, continued

- a.  A court order currently says who pays for health care expenses for the child or children and it should stay the same.
- b.  A court order currently says who pays for health care expenses and it should be changed as set forth in the table below. *Explain*

First, middle, & last initials of each child	Birth year	Person who should now provide health insurance or cash medical support
i.		
ii.		
iii.		
iv.		
v.		

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

- (3) Applicant should pay % \_\_\_\_\_ of the out-of-pocket health care expenses.
- (4) The other parent should pay % \_\_\_\_\_ of the out-of-pocket health care expenses.
- (5) Applicant should pay % \_\_\_\_\_ in cash medical support.
- (6) The other parent should pay % \_\_\_\_\_ in cash medical support.

**D. Court Fees**

*Check one*

- (1)  All court fees should be paid by Applicant.
- (2)  All court fees should be paid by the other parent.
- (3)  The other parent and Applicant should pay one-half of the **remaining** court fees.
- (4)  The other parent and Applicant should pay one-half of the **total** court fees.

*Continued on next page*

Rule 17.300—Form 328: *Settlement Agreement on an Application to Modify Child Support*, continued

**E. Attorney's Fees**

*Check one*

(1) Applicant's attorney's fees

- a.  Applicant has no attorney's fees.
- b.  Applicant will pay Applicant's own attorney's fees.
- c.  Applicant asks that the other party pay \$ \_\_\_\_\_ for Applicant's attorney's fees.

(2) The other party's attorney's fees

- a.  The other party has no attorney's fees.
- b.  The other party will pay his or her own attorney's fees.
- c.  The other party asks that Applicant pay \$ \_\_\_\_\_ for the other party's attorney's fees.

**3. Necessary Documents**

We 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 Modifying Child Support.

**4. Other Agreements** *Attach additional sheets if necessary*

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**5. Attorney Help**

**A. Applicant**

*Check one*

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

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

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

**B. The other party**

*Check one*

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

Rule 17.300—Form 328: *Settlement Agreement on an Application to Modify Child Support*, continued

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

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

## 6. Oaths and Signatures

This Settlement Agreement addresses all issues in our modification of child support. We have made a full disclosure of our income to the court. We want the court to approve this Agreement and make it a part of the final Decree Modifying Child Support.

### A. Applicant's Oath and Signature

I, \_\_\_\_\_, certify under penalty of perjury and pursuant to the  
*Print your name*

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

\_\_\_\_\_, 20\_\_\_\_\_  
*Month Day Year Applicant's signature\**

\_\_\_\_\_  
*Mailing address City State ZIP code*

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

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

### B. The other party's Oath and Signature

I, \_\_\_\_\_, certify under penalty of perjury and pursuant to the  
*Print your name*

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

\_\_\_\_\_, 20\_\_\_\_\_  
*Month Day Year Other party's signature\**

\_\_\_\_\_  
*Mailing address City State ZIP code*

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

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

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

Form 401:	Petition for Custody and Visitation (Parents not Married)
Form 402:	Petition Cover Sheet for Custody and Visitation
Form 403:	Confidential Information Form
Form 404:	Original Notice for Personal Service
Form 404a:	Original Notice for Personal Service
Form 405:	Acceptance of Service
Form 406:	Directions for Service of Original Notice
Form 407:	Motion and Affidavit to Serve by Publication
Form 408:	Original Notice by Publication
Form 408a:	Proof of Service by Publication
Form 409:	Application and Affidavit to Defer Payment of Costs
Form 410:	Affidavit of Service of Original Notice and Petition for Custody and Visitation
Form 411:	Protected Information Disclosure
Form 412:	Joint Statement to Disestablish Legal Parent
Form 413:	Motion to Disestablish Legal Parent
Form 414:	Reserved
Form 415:	Answer to Petition for Custody and Visitation
Form 416:	General Answer to a Petition for Custody and Visitation
Forms 417 to 420:	Reserved
Form 421:	Affidavit for Temporary Custody and Visitation
Form 422:	Motion in a Custody and Visitation Case
Form 423:	Response to a Motion in a Custody and Visitation Case
Form 424:	Custody and Visitation Financial Statement
Form 425:	Affidavit of Mailing Notice
Form 426:	Notice of Intent to File Written Application for Default Decree
Form 427:	Request for Relief in a Dissolution of Marriage with Children
Form 428:	Settlement Agreement for Custody and Visitation
Form 429:	Agreed Parenting Plan
Form 430:	Proposed Parenting Plan
Forms 431 to 500:	Reserved


[Court Order July 19, 2019, effective September 1, 2019]


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

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

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

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

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

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

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

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where you are filing this Petition*

**Upon the Petition of**

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

and concerning

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

*For clerk's use only*

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

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

A. Petitioner's (your) birth year and present residence: \_\_\_\_\_  
*Birth year*

\_\_\_\_\_  
*Petitioner's present street address*      *City*      *State*      *ZIP code*

\_\_\_\_\_  
*County*      (\_\_\_\_\_)      \_\_\_\_\_  
*Phone number*      *Email address*

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

\_\_\_\_\_  
*Respondent's present street address*      *City*      *State*      *ZIP code*

\_\_\_\_\_  
*County*      (\_\_\_\_\_)      \_\_\_\_\_  
*Phone number*      *Email address*

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

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

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

\_\_\_\_\_  
*Full name: first, middle, last*

\_\_\_\_\_  
*Petitioner's present street address*      \_\_\_\_\_ *City*      \_\_\_\_\_ *State*      \_\_\_\_\_ *ZIP code*

\_\_\_\_\_  
*County*      (\_\_\_\_\_) \_\_\_\_\_ *Phone number*      \_\_\_\_\_ *Email address*

**2. General Information about the Parties and the Children**

**A. Children**

*Check all that are true*

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

**B. Identification of children**

	Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
<b>First, middle, &amp; last initials</b>						
<b>Birth year</b>						

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

**C. Legal parents**

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

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

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

**D. Children's living arrangements**

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

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

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

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

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

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

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

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



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

**E. Respondent's status**

*Check each that is true*

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

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

**F. Protective or no contact order**

*Check one*

- (1)  There is neither a "protective order" nor a "no contact order" between Petitioner (you) and Respondent (the other parent).
- (2)  There is a "protective order" or a "no contact order" between Petitioner and Respondent.  
*If you check (2), fill in the following information:*

- a. County and state where the order came from: \_\_\_\_\_  
*County State*

- b. Court case number: \_\_\_\_\_

**3. Other Cases about the Children**

*Check A or B*

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

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

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

**A. Juvenile court**

*Check a or b*

- a.  There is no juvenile court case.
- b.  There is a juvenile court case.

*If you check b, fill in the following information:*

- i. County and state of the juvenile court case: \_\_\_\_\_  
*County State*

- ii. Juvenile court case number: \_\_\_\_\_

*Check one*

- (a)  Concurrent jurisdiction has been granted.
- (b)  Concurrent jurisdiction has not been granted.

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

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

B. Custody order

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

Check a or b

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

If you check b, fill in the following information:

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

C. Child support order

Check a or b

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

If you check b, fill in the following information:

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

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

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**5. Petitioner's Request**

Petitioner asks the court to:

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

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

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

**6. Attorney Help**

*Check one*

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

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

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

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

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

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

**7. Service Instructions**

If Petitioner is filing in paper,

*Check one*

A.  Petitioner will accept service of documents at the attorney's address listed above; or

B.  Petitioner will accept service of documents in this case at the mailing address below.

**8. Oath and Signature**

I, \_\_\_\_\_ have read this Petition, and I certify under penalty  
*Print your name*

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

Signed on: \_\_\_\_\_, 20\_\_\_\_  
*Month*      *Day*      *Year*      *Your signature \**

\_\_\_\_\_  
*Mailing address*      *City*      *State*      *ZIP code*

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

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

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

**Instructions for Rule 17.400—Form 401: *Petition for Custody and Visitation (Parents not Married)*****Do not file these instructions****Instructions for Filing a Petition for Custody and Visitation**

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

 **Filing your Petition electronically**

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

 **Filing your Petition in paper**

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

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

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

**Do not file these instructions**



**Rule 17.400—Form 403: Confidential Information Form**

**This form is to be used by paper filers only.**

**Each party** must complete one of these forms if filing in paper.

Iowa Code section 602.6111 requires the parties to a case to provide the clerk of court with certain personal identification information. The clerk of court will keep each party's completed form confidential.

*If you do not understand how to use this form, or if you should use this form, talk to an attorney.*

In the Iowa District Court for \_\_\_\_\_ County  
*County where your case is filed*

**Upon the Petition of**

Equity case no. \_\_\_\_\_

**Confidential Information Form**

**Petitioner** *Full name: first, middle, last*  
*The parent who files the Petition*

and concerning

**Respondent** *Full name: first, middle, last*  
*The other parent*

**1. Petitioner's Information**

\_\_\_\_\_  
*Full name: first, middle, last*        /  /          -  -    
*Birth date*      *Social Security number*

**2. Respondent's Information**

\_\_\_\_\_  
*Full name: first, middle, last*        /  /          -  -    
*Birth date*      *Social Security number*

**3. Children's Information**

Child	Full name <i>first, middle, last</i>	Birth date <i>mm/dd/yyyy</i>	Social Security number <i>xxx-xx-xxxx</i>
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			

*Check this box if you have attached a separate sheet listing additional children.*

*Continued on next page*

Rule 17.400—Form 403: *Confidential Information Form*, continued

**4. Signature of Provider of Information**

Information provided by: \_\_\_\_\_  
*Print your full name: first, middle, last*

\_\_\_\_\_, 20\_\_\_\_  
*Your signature                      Month                      Day                      Year*

**Important Notice:**  
Do not give copies of this form to anyone except the clerk of court.





Rule 17.400—Form 404: *Original Notice for Personal Service*, continued

### Instructions to Respondent

- A. You **must** file an Answer or a Motion with the clerk of court in the above county within **20 days** after you receive this Original Notice. If you do not file an Answer or Motion within **20 days** after receiving this Original Notice, the **court may enter a judgment against you** giving Petitioner what he or she asks for in the Petition.
- B. For help in your custody and visitation case, and for forms that you must use if you choose to represent yourself without an attorney, visit the Iowa Judicial Branch website at <http://www.iowacourts.gov/> and click on “For the Public.”
- C. If you received Petition form 401, you may use Answer form 415.
- D. You must register to eFile through the Iowa Judicial Branch website at <https://www.iowacourts.state.ia.us/Efile> and obtain a log in and password for filing and viewing documents in your case and for receiving service and notices from the court.
- For general rules and information on electronic filing, refer to the Iowa Court Rules Chapter 16, Iowa Rules of Electronic Procedure, available on the Iowa Judicial Branch website.
  - For court rules on Personal Privacy Protection in court filings, refer to Division VI of the Iowa Court Rules Chapter 16.
  - If you are unable to proceed electronically, you must receive permission from the court to file documents in paper.  
Contact the clerk of court in the county where the petition was filed for more information on being excused from electronic filing.
- E. If you electronically file your Answer or Motion, it will be served automatically on Petitioner or on Petitioner’s attorney(s). A Notice of Electronic Filing will tell you if the court has excused Petitioner from electronic filing. If the court has excused Petitioner from electronic filing, you must mail a copy of your Answer or Motion to Petitioner.

### Important Notice to Respondent

You should talk to an attorney at once to protect your interests.



**Rule 17.400—Form 405: Acceptance of Service**

*Petitioner must complete this section:*

<p><b>In the Iowa District Court for _____ County</b>  <i>County where Petition is filed</i></p>	
<p><b>Upon the Petition of</b>  <hr/> <b>Petitioner</b> <i>Full name: first, middle, last</i>                    and concerning  <hr/> <b>Respondent</b> <i>Full name: first, middle, last</i></p>	<p>Equity case no. _____    <p style="text-align: center;"><b>Acceptance of Service</b></p></p>
<p><i>Petitioner must file this form with the clerk of court soon after Respondent signs it.</i></p>	

*Respondent must complete this section:*

<p><b>Respondent's Acceptance of Service, Oath, and Signature</b></p> <p><i>If Respondent completes this Acceptance of Service, Respondent must return this form to Petitioner soon after signing it. Petitioner will file it with the clerk of court.</i></p> <p>I, _____, am Respondent in this case. I received a copy  <i>Print your name</i></p> <p>of the Original Notice and the Petition for this case. I have read this Acceptance of Service. I certify under penalty of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Acceptance of Service is true and correct.</p> <p>Signed: _____, 20____  <i>Month Day Year Respondent's signature</i></p> <p>_____  <i>Respondent's mailing address City State ZIP code</i></p> <p>(_____) _____  <i>Phone number Email address</i></p>	
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**Important Notice to Respondent**

**By signing this form, you are not agreeing to what Petitioner wants. You are only agreeing that you received a copy of the Original Notice and Petition.**

**Rule 17.400—Form 406: *Directions for Service of Original Notice***

**Petitioner:** Complete this form if the sheriff or a process server will deliver the Petition and Original Notice to Respondent.

- Do not use this form if Respondent has already received the Petition and Original Notice and signed an Acceptance of Service (form 405).
- Do not file this form with the clerk of court in paper or electronically.
- Give this form to the sheriff or other process server with your Petition (form 401) and Original Notice (form 404 if electronically filing or form 404a if filing in paper).

*If you do not understand how to use this form, or if you should use this form, talk to an attorney.*

\_\_\_\_\_ County where Petition is filed

\_\_\_\_\_ Equity case number

**1. Name and Location of Sheriff or Other Process Server**

*Check one and fill in the blanks*

A.  **Sheriff** *In county where Respondent will be served*

\_\_\_\_\_ County

\_\_\_\_\_ Street address

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ ZIP code

B.  **Other process server**

\_\_\_\_\_ Name of other person serving the Notice

\_\_\_\_\_ Street address

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ ZIP code

**2. Person to be Served**

\_\_\_\_\_ The other parent's name

(\_\_\_\_\_) \_\_\_\_\_ Phone number

\_\_\_\_\_ Address where the other parent can be served

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ ZIP code

**3. Person Requesting Service**

\_\_\_\_\_ Your name

(\_\_\_\_\_) \_\_\_\_\_ Phone number

\_\_\_\_\_ Your present mailing address

\_\_\_\_\_ City

\_\_\_\_\_ State

\_\_\_\_\_ ZIP code

**4. Special Instructions for Service** *Provide information that will help the sheriff or process server in delivering papers to Respondent.*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Rule 17.400—Form 406: *Directions for Service of Original Notice*, continued

**5. Costs of Service**

*Check one*

A.  **Petitioner will pay the costs of the Sheriff or other process server.**

*If you cannot afford the costs, file form 409.*

B.  **Costs for Sheriff deferred by court order:** \_\_\_\_\_

*Clerk of court: Sign only if costs deferred by court order*

**6. Notification**

**After completion of service, the sheriff or other process server will notify the person requesting service.**

\_\_\_\_\_, 20\_\_\_\_\_  
*Date Signed: Month Day Year Your signature*



Rule 17.400—Form 407: *Motion and Affidavit to Serve by Publication*, continued

D. Petitioner has taken these steps to find Respondent:

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E. Petitioner will publish notice in this newspaper: \_\_\_\_\_  
*Name of newspaper*

F. Petitioner asks the court to allow Petitioner to serve Respondent by publication because Respondent cannot be personally served.

*Continued on next page*





**Rule 17.400—Form 408: Original Notice by Publication**

**Petitioner:** Complete this form only if a judge has signed an order giving permission to publish this Notice in a newspaper.

After you take this Notice to the newspaper, promptly mail a copy of this Notice and the Petition to Respondent’s last known mailing address.

**Note to Petitioner:** Fill in third date of publication in section 2 below.

*If you do not understand how to use this form, or if you should use this form, talk to an attorney.*

**Newspaper: Publish only the information below this line.**

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**In the Iowa District Court for \_\_\_\_\_ County**  
*County where the Petition is filed*

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**Upon the Petition of**  
\_\_\_\_\_  
**Petitioner** *Full name: first, middle, last*

and concerning

\_\_\_\_\_  
**Respondent** *Full name: first, middle, last*

Equity case no. \_\_\_\_\_

**Original Notice by Publication**

**1. Information for Respondent Named Above**

- Petitioner (the other parent) has filed a custody and visitation lawsuit naming you as Respondent.
- Petitioner's contact information during the custody and visitation case:

\_\_\_\_\_  
*Petitioner's name: First, middle, last*

\_\_\_\_\_  
*Petitioner's present street address*      \_\_\_\_\_ *City*      \_\_\_\_\_ *State*      \_\_\_\_\_ *ZIP code*

\_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
*County*      *Phone number*      *Email address*

**2. Respondent’s Deadline for Filing a Response**

You must file an Answer or a Motion with the clerk of court in the above county within **20 days** after receiving this notice.

\_\_\_\_\_, 20\_\_\_\_\_  
*Month*      *Day*      *Year*

Rule 17.400—Form 408: *Original Notice by Publication*, continued

### 3. Instructions to Respondent Named Above

You must file an Answer or a Motion with the clerk of court in the above county within **20 days** after the date provided above. If you do not respond, the **court may enter a judgment against you** giving Petitioner what he or she asked for in the Petition. You must register to eFile through the Iowa Judicial Branch website at <https://www.iowacourts.state.ia.us/Efile/> and obtain a log in and password to file and view documents in your case and to receive service and notices from the court. For general rules and information on electronic filing, refer to the Iowa Court Rules Chapter 16, Iowa Rules of Electronic Procedure, available on the Iowa Judicial Branch website. For court rules on the Personal Privacy Protection in court filings, refer to Division VI of the Iowa Court Rules, Chapter 16.

#### Important Notice to Respondent

- You should talk to an attorney at once to protect your interests.
- If you choose not to have an attorney represent you in this matter, go to the Iowa Judicial Branch website for [self-represented litigant information](#) and [family law forms](#).

If you need assistance to participate in court due to a disability, call the disability coordinator (information at <http://www.iowacourts.gov>). Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). **Disability coordinators cannot provide legal advice.**

**Rule 17.400—Form 408a: Proof of Service by Publication**

**Petitioner:** Use this form only if you filed Form 407 and the court approved your request to serve Respondent by publication.

- Get proof from the newspaper that published your Original Notice by Publication (408) once each week for three weeks in a row.
- Scan in that proof along with this Form 408a.

*If you do not understand how to use this form, or if you should use this form, talk to an attorney.*

In the Iowa District Court for \_\_\_\_\_ County  
*County where you filed the Petition*

**Upon the Petition of**

Equity case no. \_\_\_\_\_

**Proof of Service by Publication**

**Petitioner** *Full name: first, middle, last*

and concerning

**Respondent** *Full name: first, middle, last*

**1. Information and Requests**

A. Petitioner published notice in this newspaper: \_\_\_\_\_  
*Name of newspaper*

B. Petitioner published notice on these three dates:

\_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_  
*Month Day Year Month Day Year Month Day Year*

C. Petitioner mailed a copy of the Original Notice by Publication (Form 408) and the Petition (Form 401) to the Respondent's last known address

\_\_\_\_\_  
*Respondent's Last Known Street Address City State ZIP code*

on this date:

\_\_\_\_\_, 20\_\_\_\_  
*Month Day Year*

D. Petitioner asks the Court to accept this proof of service by publication (*see attached proof by the newspaper*) and deem the Respondent served.

Rule 17.400—Form 408a: *Proof of Service by Publication*, continued

**2. Attorney Help**

*Check one*

A.  An attorney did not help me prepare or fill in this paper.

B.  An attorney helped me prepare or fill in this paper.

*If you check B, you must fill in the following information:*

\_\_\_\_\_  
*Name of attorney or organization, if any*      *Attorney's PIN – Ask the attorney*

\_\_\_\_\_  
*Business address of attorney or organization*      *City*      *State*      *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
*Attorney's phone number*      *Attorney's fax number – optional*      *Attorney's email address – optional*

**3. Oath and Signature**

I, \_\_\_\_\_, have read this Motion and Affidavit, and I certify  
*Print your name*

under penalty of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Motion and Affidavit is true and correct.

Signed on: \_\_\_\_\_, 20\_\_\_\_  
*Month*      *Day*      *Year*      *Your signature\**

\_\_\_\_\_  
*Mailing address*      *City*      *State*      *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*      *Email address*      *Additional email address – if available*

\* *Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*

**Rule 17.400—Form 409: Application and Affidavit to Defer Payment of Costs**

**Petitioner:** Use this form only if you cannot afford to pay the fees to file and serve the Petition.

- Use this form if it would cause you to suffer a hardship if you had to pay the filing fee and cost of serving papers.
- You may need to provide proof of your income and assets and your expenses.
- Costs and fees paid to someone other than the court or sheriff **cannot be waived**. For example, you may have to pay to publish a legal notice in the newspaper or to hire an expert to testify.

*If you do not understand how to use this form, or if you should use this form, talk to an attorney.*

In the Iowa District Court for \_\_\_\_\_ County  
*County where the petition is filed*

**Upon the Petition of**

\_\_\_\_\_  
**Petitioner** *Full name: first, middle, last*

and concerning

\_\_\_\_\_  
**Respondent** *Full name: first, middle, last*

Equity case no. \_\_\_\_\_

**Application and Affidavit to Defer Payment of Costs**

**1. Request and Information**

A. I am Petitioner.

B. For my Application and Affidavit, I state that:

*Check all that apply*

- (1)  I am unable to pay the filing fee or service costs or other court costs.
- (2)  I ask the court for permission to proceed without prepayment of costs and fees.
- (3)  I am filing this Application and Affidavit in good faith.
- (4)  I believe I am entitled to what I am asking for in this case.

C. Household

There are \_\_\_\_\_ people living in my household.  
*Number*

D. My household income is \$ \_\_\_\_\_ per month.

*Put the total amount of all income and benefits before deductions for all members of your household.*

E. My income comes from:

*List the sources of your income. Examples: salary, wages, or benefits such as unemployment, Title 19, FIP.*

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*Continued on next page*

Rule 17.400—Form 409: *Application and Affidavit to Defer Payment of Costs*, continued

**F. My household has the following monthly expenses:**

- (1) Rent or mortgage    \$ \_\_\_\_\_
- (2) Utilities                \$ \_\_\_\_\_
- (3) Phone                    \$ \_\_\_\_\_
- (4) Food                     \$ \_\_\_\_\_
- (5) Transportation        \$ \_\_\_\_\_

**G. I have \$ \_\_\_\_\_ in cash, checking, and savings.**

*Continued on next page*

Rule 17.400—Form 409: *Application and Affidavit to Defer Payment of Costs*, continued**2. Attorney Help***Check one*A.  An attorney did not help me prepare or fill in this paper.B.  An attorney helped me prepare or fill in this paper.*If you check B, you must fill in the following information:*

_____		_____	
<i>Name of attorney or organization, if any</i>		<i>Attorney's PIN – Ask the attorney</i>	
_____		_____	_____
<i>Business address of attorney or organization</i>		<i>City</i>	<i>State ZIP code</i>
(_____) _____	(_____) _____	_____	
<i>Attorney's phone number</i>	<i>Attorney's fax number – optional</i>	<i>Attorney's email address – optional</i>	

**3. Certification of Service by Mailing or Delivery***Section 3 to be completed only if filing in paper or if the other party is exempt from electronic filing.**This document, if filed electronically, will automatically be served on registered parties.*I, \_\_\_\_\_, certify that on \_\_\_\_\_, 20\_\_\_\_  
*Print your name Month Day Year*

I mailed or gave a copy of this Application and Affidavit to the other party or the other party's attorney at this address:

_____			
<i>Name of person to whom I delivered or mailed it</i>			
_____		_____	_____
<i>Party's or attorney's mailing address</i>		<i>City</i>	<i>State ZIP code</i>

**4. Oath and Signature**I, \_\_\_\_\_, certify under penalty of perjury and pursuant to the laws of  
*Print your name*

the State of Iowa that I have read this Application and Affidavit and that the information I have provided in this Application and Affidavit is true and correct.

Signed on: \_\_\_\_\_, 20\_\_\_\_  
*Month Day Year Your signature\**

_____		_____	_____
<i>Mailing address</i>		<i>City</i>	<i>State ZIP code</i>
(_____) _____	_____	_____	
<i>Phone number</i>	<i>Email address</i>	<i>Additional email address – if available</i>	

*\* Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*



**Rule 17.400—Form 410: Affidavit of Service of Original Notice and Petition for Custody and Visitation**

**Petitioner:** Use this form only if Respondent did not sign an Acceptance of Service (form 405) or a person who is not a sheriff or a process server delivered a copy of the Petition and Original Notice to Respondent (the other parent).

- The person, other than Petitioner, who gave the Petition and Original Notice to Respondent, fills in this form.
- Petitioner, or the person who gave the Petition and Original Notice to Respondent, must file this form with the clerk of court.

*If you do not understand how to use this form, or if you should use this form, talk to an attorney.*

In the Iowa District Court for \_\_\_\_\_ County  
*County where the Petition is filed*

**Upon the Petition of**

\_\_\_\_\_  
**Petitioner** *Full name: first, middle, last*

and concerning

\_\_\_\_\_  
**Respondent** *Full name: first, middle, last*

Equity case no. \_\_\_\_\_

**Affidavit of Service of Original Notice and Petition for Custody and Visitation**

**1. Affidavit**

I, \_\_\_\_\_, delivered a copy of the Original Notice and  
*Name of person – Cannot be Petitioner, sheriff, or process server*

Petition for Custody and Visitation for this case to:

*Check one*

a.m.

\_\_\_\_\_ on \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_\_  
*Name of Respondent Month Day Year Time*

p.m.

by handing Respondent copies of the attached papers.

**2. Oath and Signature**

*To be completed by the person who gave the Petition and Original Notice to Respondent.*

I, \_\_\_\_\_, have read this Affidavit of Service, and I certify  
*Print your name*

under penalty of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Affidavit of Service is true and correct.

Signed on: \_\_\_\_\_, 20\_\_\_\_  
*Month Day Year Your signature\**

\_\_\_\_\_  
*Mailing address City State ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number Email address Additional email address – if available*

*\* If you are filing electronically, scan the form after signing it and then file electronically.*

**Rule 17.400—Form 411: Protected Information Disclosure**

It is the responsibility of counsel, if any, and the parties to ensure that protected information is omitted or redacted from documents or exhibits filed with the court. The clerk of court will not review filings to determine whether the required omissions or redactions have been made. For electronic filers, see Division VI of the Iowa Rules of Electronic Filing in chapter 16 of the Iowa Court Rules. For paper filers, see Iowa Rule of Civil Procedure 1.422.

Use this form to identify the full version of any protected information redacted in other documents you have filed.

**If filing electronically:**

- **Petitioner** must complete this form (411) and file it with the Petition (form 401) and Original Notice (form 404).
- **Respondent** must complete this form if adding or correcting protected information.

**Paper filers** also may use form 411 to assist in complying with Iowa Rule of Civil Procedure 1.422.

*If you do not understand how to use this form, or if you should use this form, talk to an attorney.*

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where the case is filed*

**Upon the Petition of**

**Petitioner** *Full name: first, middle, last*

and concerning

**Respondent** *Full name: first, middle, last*

Equity case no. \_\_\_\_\_

**Protected Information Disclosure**

**For electronic filers:**

When protected information, as defined in Iowa Court Rule 16.602, is required by law to be included or is material to the case and must be included in nonconfidential documents, a party shall include the protected information on this form.

For an explanation of a filer's responsibility and the procedures to use for protecting personal information, refer to Iowa Court Rules: Chapter 16, Rules of Electronic Procedure, Division VI, Personal Privacy Protection. Rule 16.602 provides the list of protected information. Rule 16.604 provides a list of information that may be redacted.

**1. Petitioner** *The parent who filed for custody and visitation.*

*Provide the complete version of protected information and the redacted version included in documents you file.*

Name \_\_\_\_\_  
*First Middle Last*

Protected information type	Complete information (See Rules 16.602 and 16.604)	Redacted information (See Rule 16.605)
A. Social security number	- - XXX-XX-XXXX	<i>Last four digits only</i>
B. Date of birth	/ / mm/dd/yyyy	<i>Year only</i>
C. Individual taxpayer identification numbers	- - XXX-XX-XXXX	<i>Last four digits only</i>

Rule 17.400—Form 411: *Protected Information Disclosure*, continued

D. Personal identification numbers (if no social security number)	<i>Full number</i>	<i>Partial only</i>
E. Other unique identifying numbers	<i>Full number</i>	<i>Partial only</i>
F. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
G. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
H. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
I. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>

Check this box if you are attaching a separate sheet listing additional information for Petitioner.

**2. Respondent** *The other parent who did not file for custody and visitation.*

*Provide the complete version of protected information and the redacted version included in documents you file. If Petitioner is filling out this form, provide as much information about Respondent as you can.*

Name \_\_\_\_\_  
*First Middle Last*

<b>Protected information type</b>	<b>Complete information</b> (See Rules 16.602 and 16.604)	<b>Redacted information</b> (See Rule 16.605)
A. Social security number	- - <i>XXX-XX-XXXX</i>	<i>Last four digits only</i>
B. Date of birth	/ / <i>mm/dd/yyyy</i>	<i>Year only</i>
C. Individual taxpayer identification numbers	- - <i>XXX-XX-XXXX</i>	<i>Last four digits only</i>
D. Personal identification numbers (if no social security number)	<i>Full number</i>	<i>Partial only</i>
E. Other unique identifying numbers	<i>Full number</i>	<i>Partial only</i>
F. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
G. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
H. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
I. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>

Check this box if you are attaching a separate sheet listing additional information for Respondent.

Rule 17.400—Form 411: *Protected Information Disclosure*, continued

**3. Other Parties**

*Provide the complete version of protected information and the redacted version included in documents you file. Provide as much information about other parties as you can.*

Name \_\_\_\_\_  
*First Middle Last*

<b>Protected information type</b>	<b>Complete information</b> (See Rules 16.602 and 16.604)	<b>Redacted information</b> (See Rule 16.605)
A. Social security number	- - <i>XXX-XX-XXXX</i>	<i>Last four digits only</i>
B. Date of birth	/ / <i>mm/dd/yyyy</i>	<i>Year only</i>
C. Individual taxpayer identification numbers	- - <i>XXX-XX-XXXX</i>	<i>Last four digits only</i>
D. Personal identification numbers (if no social security number)	<i>Full number</i>	<i>Partial only</i>
E. Other unique identifying numbers	<i>Full number</i>	<i>Partial only</i>
F. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
G. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
H. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>
I. <i>Additional protected information</i>	<i>Full information</i>	<i>Partial information</i>

*Check this box if you are attaching a separate sheet listing additional information for other parties.*

**4. Children**

*Provide the complete version of protected information and the redacted version included in documents you file.*

A.

<b>Protected information type</b>	<b>Complete information</b> (See Rules 16.602 and 16.604)	<b>Redacted information</b> (See Rule 16.605)
(1) Child's full name	<i>First, middle, last name</i>	<i>Child's initials</i>
(2) Social security number	- - <i>XXX-XX-XXXX</i>	<i>Last four digits only</i>
(3) Date of birth	/ / <i>mm/dd/yyyy</i>	<i>Year only</i>

Rule 17.400—Form 411: *Protected Information Disclosure*, continued

<b>B. Protected information type</b>	<b>Complete information</b> (See Rules 16.602 and 16.604)	<b>Redacted information</b> (See Rule 16.605)
(1) Child's full name	<i>First, middle, last name</i>	<i>Child's initials</i>
(2) Social security number	- - <i>XXX-XX-XXXX</i>	<i>Last four digits only</i>
(3) Date of birth	/ / <i>mm/dd/yyyy</i>	<i>Year only</i>

<b>C. Protected information type</b>	<b>Complete information</b> (See Rules 16.602 and 16.604)	<b>Redacted information</b> (See Rule 16.605)
(1) Child's full name	<i>First, middle, last name</i>	<i>Child's initials</i>
(2) Social security number	- - <i>XXX-XX-XXXX</i>	<i>Last four digits only</i>
(3) Date of birth	/ / <i>mm/dd/yyyy</i>	<i>Year only</i>

<b>D. Protected information type</b>	<b>Complete information</b> (See Rules 16.602 and 16.604)	<b>Redacted information</b> (See Rule 16.605)
(1) Child's full name	<i>First, middle, last name</i>	<i>Child's initials</i>
(2) Social security number	- - <i>XXX-XX-XXXX</i>	<i>Last four digits only</i>
(3) Date of birth	/ / <i>mm/dd/yyyy</i>	<i>Year only</i>

<b>E. Protected information type</b>	<b>Complete information</b> (See Rules 16.602 and 16.604)	<b>Redacted information</b> (See Rule 16.605)
(1) Child's full name	<i>First, middle, last name</i>	<i>Child's initials</i>
(2) Social security number	- - <i>XXX-XX-XXXX</i>	<i>Last four digits only</i>
(3) Date of birth	/ / <i>mm/dd/yyyy</i>	<i>Year only</i>

*Check this box if you are attaching a separate sheet listing additional children.*

***Continued on next page***

Rule 17.400—Form 411: *Protected Information Disclosure*, continued

**5. Information provided by:**

	/s/	
<i>Handwritten signature of Petitioner or attorney if filing in paper</i>		<i>Electronic signature of Petitioner or attorney if filing electronically</i>

\_\_\_\_\_  
*Law firm, if applicable*

<i>Mailing address</i>	<i>City</i>	<i>State</i>	<i>ZIP code</i>

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*

<i>Email address</i>	<i>Additional email address, if applicable</i>

		20	
<i>Month</i>	<i>Day</i>		<i>Year</i>
<i>Date signed</i>			

**Rule 17.400—Form 412: *Joint Statement to Disestablish Legal Parent***

- The parties use this form if both parties want the court to find that one of the parties is not a **legal parent** of the child.
- This form tells the court that both parties agree that one party is not a **biological parent** and should be *disestablished* as (should no longer be) a legal parent of the child.
- For purposes of this form, **legal parent** is a person who is recognized by law as a parent to the child because of a birth certificate, affidavit, child support order, or other legal document.

*If you do not understand how to use this form, or if you should use this form, talk to an attorney.*

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**In the Iowa District Court for \_\_\_\_\_ County**  
*County where your case is filed*

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<p><b>Upon the Petition of</b></p> <hr/> <p><b>Petitioner</b> <i>Full name: first, middle, last</i></p> <p>and concerning</p> <hr/> <p><b>Respondent</b> <i>Full name: first, middle, last</i></p>	<p>Equity case no. _____</p> <p style="text-align: center;"><b>Joint Statement to Disestablish Legal Parent</b></p>
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**1. Legal Parent**

\_\_\_\_\_ is a legal parent but not a biological parent of the  
*Petitioner's or Respondent's name*

following child or children:

*List each child's initials and birth year*

Initials only: First, middle, & last initials of each child	Birth <u>year</u>
(1)	
(2)	
(3)	

Initials only: First, middle, & last initials of each child	Birth <u>year</u>
(4)	
(5)	
(6)	

*Check this box if you have attached a sheet listing additional children for whom Petitioner or Respondent is not a biological parent.*

***Continued on next page***

Rule 17.400—Form 412: *Joint Statement to Disestablish Legal Parent*, continued**2. Biological Parent**

The biological parents, if known, of the children are as follows:

Initials only: First, middle, & last initials of each child	Biological parents
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	

**3. Genetic Tests**

- A. We agree to cooperate with getting any genetic test that the court orders.
- B. We understand that we may have to pay for any genetic test that the court orders.
- C. Testing:

*Check (1) or (2)*

- (1)  Genetic tests have not been done.
- (2)  Genetic tests\* have been done and show \_\_\_\_\_ is not the biological parent. *Petitioner's or Respondent's name*

**\*Note on genetic tests:** Genetic testing must be done by an accredited laboratory with verified documentation of the chain of custody, and the laboratory must send the evaluation report directly to the clerk of court. See Iowa Code sections 600B.41 and 600B.41A.

**4. Child Support Recovery Unit (CSRU)***Check one*

- A.  CSRU is providing services.  
*Note: You must give a copy of this Motion to CSRU if it is providing services.*
- B.  CSRU is not providing services.

*Continued on next page*



Rule 17.400—Form 412: *Joint Statement to Disestablish Legal Parent*, continued

**5. Best Interests of the Children**

It is in the best interests of the child(ren) that \_\_\_\_\_  
*Petitioner's or Respondent's name*  
 is found not to be a legal parent of the child(ren).

**6. Request**

We ask the court to:

- A. Appoint a guardian ad litem (an attorney) for the child or children. We understand that we may have to pay the costs of the guardian ad litem.
- B. Order genetic tests if needed and order that Petitioner, Respondent, and children go for testing. We understand that we may have to pay for any genetic test that the court orders.
- C. Find that \_\_\_\_\_, if excluded by genetic testing, is not a  
*Petitioner's or Respondent's name*  
 biological parent of the child or children listed in section 1 above, and that the court disestablish that person as a legal parent of the child or children.

**7. Attorney Help**

a. **Petitioner** *Check one*

- i. An attorney did not help me prepare or fill in this paper.
- ii. An attorney helped me prepare or fill in this paper.

*If you check (2), you must fill in the following information:*

Name of attorney or organization, if any	Attorney's PIN – Ask the attorney
Business address of attorney or organization	City
( )	State
( )	ZIP code
Attorney's phone number	Attorney's fax number – optional
	Attorney's email address

b. **Respondent** *Check one*

- i. An attorney did not help me prepare or fill in this paper.
- ii. An attorney helped me prepare or fill in this paper.

*If you check (2), you must fill in the following information:*

Name of attorney or organization, if any	Attorney's PIN – Ask the attorney
Business address of attorney or organization	City
( )	State
( )	ZIP code
Attorney's phone number	Attorney's fax number – optional
	Attorney's email address

***Continued on next page***

Rule 17.400—Form 412: *Joint Statement to Disestablish Legal Parent*, continued**8. Oaths and Signatures****A. Petitioner's Oath and Signature**

I, \_\_\_\_\_, have read this Joint Statement, and I certify under penalty of  
*Print your name*  
 perjury and pursuant to the laws of the State of Iowa that the information I have provided  
 in this Joint Statement is true and correct.

\_\_\_\_\_, 20\_\_\_\_\_  
*Month Day Year*      *Petitioner's signature\**

\_\_\_\_\_  
*Mailing address*      *City*      *State*      *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*      *Email address*      *Additional email address - if available*

\* *Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*

**B. Respondent's Oath and Signature**

I, \_\_\_\_\_, have read this Joint Statement, and I certify under penalty of  
*Print your name*  
 perjury and pursuant to the laws of the State of Iowa that the information I have provided  
 in this Joint Statement is true and correct.

\_\_\_\_\_, 20\_\_\_\_\_  
*Month Day Year*      *Respondent's signature\**

\_\_\_\_\_  
*Mailing address*      *City*      *State*      *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*      *Email address*      *Additional email address - if available*

\* *Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*

**Rule 17.400—Form 413: Motion to Disestablish Legal Parent**

- A party uses this form if one of the parties wants the court to find and conclude that one of the parties is not a biological parent of the child and should be *disestablished* as (should no longer be) a legal parent of the child.
- For purposes of this form, **legal parent** is a person who is recognized by law as a parent to the child because of a birth certificate, affidavit, child support order, or other legal document.

*If you do not understand how to use this form, or if you should use this form, talk to an attorney.*

In the Iowa District Court for \_\_\_\_\_ County  
*County where your case is filed*

**Upon the Petition of**

\_\_\_\_\_  
**Petitioner** *Full name first, middle, last*

and concerning

\_\_\_\_\_  
**Respondent** *Full name first, middle, last*

Equity case no. \_\_\_\_\_

**Motion to Disestablish Legal Parent**

I am *Check one*

- A.  Petitioner  
 B.  Respondent

**1. Legal Parent**

\_\_\_\_\_ is a legal parent but may not be a biological parent  
*Petitioner's or Respondent's name*

of the following child or children:

*List each child's initials and birth year*

Initials only: First, middle, & last initials of each child	Birth <u>year</u>
(1)	
(2)	
(3)	

Initials only: First, middle, & last initials of each child	Birth <u>year</u>
(4)	
(5)	
(6)	

- Check this box if you have attached a sheet listing additional children for whom Petitioner or Respondent is not the biological parent.*

***Continued on next page***

Rule 17.400—Form 413: *Motion to Disestablish Legal Parent*, continued**2. Biological Parent**

The biological parents, if known, of the children are as follows:

Initials only: First, middle, & last initials of each child	Biological parents
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	

**3. Genetic Tests**

- A. I agree to cooperate with getting any genetic test that the court orders.
- B. I understand that I may have to pay for any genetic test that the court orders.
- C. Testing:

*Check (1) or (2).*

- (1)  Genetic tests have not been done.
- (2)  Genetic tests\* have been done and show \_\_\_\_\_ is not the  
*Petitioner's or Respondent's name*  
biological parent.

**\*Note on genetic tests:** Genetic testing must be done by an accredited laboratory with verified documentation of the chain of custody, and the laboratory must send the evaluation report directly to the clerk of court. See Iowa Code sections 600B.41 and 600B.41A.

**4. Child Support Recovery Unit (CSRU)***Check one*

- A.  CSRU is providing services.  
*Note: You must give a copy of this Motion to CSRU if it is providing services.*
- B.  CSRU is not providing services.

*Continued on next page*

Rule 17.400—Form 413: *Motion to Disestablish Legal Parent*, continued

**5. Best Interests of the Children**

It is in the best interests of the child(ren) that \_\_\_\_\_  
*Petitioner's or Respondent's name*  
is found **not** to be a legal parent of the child(ren).

**6. Request**

I ask the court to:

- A. Appoint a guardian ad litem (an attorney) for the child or children. I understand that I may have to pay the costs of the guardian ad litem.
- B. Order genetic tests if needed and order that Petitioner, Respondent, and children go for testing. I understand that I may have to pay for any genetic test that the court orders.
- C. Find that \_\_\_\_\_, if excluded by genetic testing, is not a  
*Petitioner's or Respondent's name*  
biological parent of the child or children listed in section 1 above, and that the court disestablish that person as a legal parent of the child or children.

**7. Attorney Help**

*Check one*

- A.  An attorney did not help me prepare or fill in this paper.
- B.  An attorney helped me prepare or fill in this paper.

*If you check B, you must fill in the following information:*

<i>Name of attorney or organization, if any</i>	<i>Attorney's PIN – Ask the attorney</i>
<i>Business address of attorney or organization</i>	<i>City</i>
<i>State</i>	<i>ZIP code</i>
<i>( )</i>	<i>( )</i>
<i>Attorney's phone number</i>	<i>Attorney's fax number – optional</i>
<i>Attorney's email address – optional</i>	
<i>Party's or attorney's mailing address</i>	<i>City</i>
<i>State</i>	<i>ZIP code</i>

***Continued on next page***

Rule 17.400—Form 413: *Motion to Disestablish Legal Parent*, continued**8. Certification of Service by Mailing or Delivery***Section 6 to be completed only if filing in paper or if the other party is exempt from electronic filing.**This document, if filed electronically, will automatically be served on registered parties.*I, \_\_\_\_\_, certify that on \_\_\_\_\_, 20\_\_\_\_  
*Print your name Month Day Year*

I mailed or gave a copy of this Motion to the other party or the other party's attorney at this address:

\_\_\_\_\_  
*Name of person to whom I delivered or mailed it***9. Oath and Signature**I, \_\_\_\_\_, certify under penalty of perjury and pursuant to the  
*Print your name*

laws of the State of Iowa that I have read this Motion and that the information I have provided in this Motion is true and correct.

Signed on: \_\_\_\_\_, 20\_\_\_\_  
*Month Day Year Your signature\**\_\_\_\_\_  
*Mailing address City State ZIP code*(\_\_\_\_\_) \_\_\_\_\_  
*Phone number Email address Additional email address - if available**\* Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*







Rule 17.400—Form 415: *Answer to Petition for Custody and Visitation*, continued

**B. Identification of children**

*Check one*

*If paragraph 2B of the Petition (form 401) is not correct, check (2) and provide the correct information about the children’s identification.*

- (1)  The children are identified correctly in the Petition.
- (2)  The children are not identified correctly in the Petition. The correct information is:

	Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
First, middle, & last initial						
Birth year						

*Check this box if you are attaching a separate sheet listing additional children.*

**C. Legal parents**

*Check one*

*If paragraph 2C of the Petition (form 401) is not correct, check (2) and provide the correct information about the legal parents of the children.*

- (1)  The legal parents of the children are identified correctly in the Petition.
- (2)  The legal parents of the children are not identified correctly in the Petition. The correct information is:

*For each child of the parties, state if legal parents have been established and how. If established by genetic testing or paternity affidavit, check the box marked “Other” and explain in section 4 below.*

	Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
Legal parents established?						
Yes	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
No	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Unknown	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
If established, state how:						
Prior court order	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
On birth certificate	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other (explain in section 4)	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Continued on next page*

Rule 17.400—Form 415: *Answer to Petition for Custody and Visitation*, continued

**D. Children's living arrangements**

*Check one*

*If paragraph 2D of the Petition (form 401) is not correct, check (2) and provide the correct information about the children's residence.*

- (1)  The information about where the children have lived is listed correctly in the Petition.
- (2)  The information about where the children have lived is not listed correctly.  
The correct information is: *List children by initials only*

	<b>Child (1)</b>	<b>Child (2)</b>	<b>Child (3)</b>	<b>Child (4)</b>	<b>Child (5)</b>	<b>Child (6)</b>
i.	<b>Children's initials</b>					
	<b>Lived with</b>	<i>Adult Name</i>		<i>City</i>	<i>State</i>	
	<b>Dates</b>	<i>From mm/dd/yyyy</i>		<i>To mm/dd/yyyy</i>		

	<b>Child (1)</b>	<b>Child (2)</b>	<b>Child (3)</b>	<b>Child (4)</b>	<b>Child (5)</b>	<b>Child (6)</b>
ii.	<b>Children's initials</b>					
	<b>Lived with</b>	<i>Adult Name</i>		<i>City</i>	<i>State</i>	
	<b>Dates</b>	<i>From mm/dd/yyyy</i>		<i>To mm/dd/yyyy</i>		

	<b>Child (1)</b>	<b>Child (2)</b>	<b>Child (3)</b>	<b>Child (4)</b>	<b>Child (5)</b>	<b>Child (6)</b>
iii.	<b>Children's initials</b>					
	<b>Lived with</b>	<i>Adult Name</i>		<i>City</i>	<i>State</i>	
	<b>Dates</b>	<i>From mm/dd/yyyy</i>		<i>To mm/dd/yyyy</i>		

	<b>Child (1)</b>	<b>Child (2)</b>	<b>Child (3)</b>	<b>Child (4)</b>	<b>Child (5)</b>	<b>Child (6)</b>
iv.	<b>Children's initials</b>					
	<b>Lived with</b>	<i>Adult Name</i>		<i>City</i>	<i>State</i>	
	<b>Dates</b>	<i>From mm/dd/yyyy</i>		<i>To mm/dd/yyyy</i>		

	<b>Child (1)</b>	<b>Child (2)</b>	<b>Child (3)</b>	<b>Child (4)</b>	<b>Child (5)</b>	<b>Child (6)</b>
v.	<b>Children's initials</b>					
	<b>Lived with</b>	<i>Adult Name</i>		<i>City</i>	<i>State</i>	
	<b>Dates</b>	<i>From mm/dd/yyyy</i>		<i>To mm/dd/yyyy</i>		

*Check this box if you have attached a separate sheet listing additional children or addresses.*

**Note: If the children have been in Iowa for less than six months, the court may not be able to issue an order about custody or visitation. The rules are complicated, and you may need to talk to an attorney.**

Rule 17.400—Form 415: *Answer to Petition for Custody and Visitation*, continued

### E. Respondent's status

*Check one*

*If paragraph 2E of the Petition (form 401) is not correct, check (2) and provide the correct information about Respondent's status.*

- (1)  The information about Respondent's status is listed correctly in the Petition.
- (2)  The information about Respondent's status is not listed correctly. The correct information is:

- Respondent (you are Respondent) is in the military service.

**There are special rules that may prevent this custody and visitation case from going forward if you are in the military. You should talk to an attorney.**

- Respondent is in prison or jail at \_\_\_\_\_ in \_\_\_\_\_.
- Name of facility* *State*

**If you are in prison or jail, you may be entitled to a "guardian ad litem," a person, usually an attorney, appointed to protect the interests of a parent in some cases.**

### F. Protective or no contact order

*Check one*

*If paragraph 2F of the Petition (form 401) is not correct, check (2) and provide the correct information about Respondent's status.*

- (1)  The information about a "protective order" or "no contact order" is listed correctly in the Petition.
- (2)  The information about a "protective order" or "no contact order" is not listed correctly. The correct information is:

- There is neither a "protective order" nor a "no contact order" between Respondent (you) and Petitioner (the other parent).

- There is a "protective order" or a "no contact order" between Respondent and Petitioner.

*If there is a "protective order" or a "no contact order," fill in the following information:*

- a. County and state where the order came from: \_\_\_\_\_
- County* *State*

- b. Court case number: \_\_\_\_\_

### 3. Other Cases about the Children

*Check A or B*

- A.  All of the information in section 3 in the Petition on other cases about the children is correct.

*If you check A, skip to 4.*

- B.  Some or all of the information in section 3 in the Petition on other cases about the children is not correct. The correct information is:

*If you check B, fill in the correct information below.*

- (1) Juvenile court

*Check a or b.*

- a.  There is no juvenile court case.

Rule 17.400—Form 415: *Answer to Petition for Custody and Visitation*, continued

b.  There is a juvenile court case. The correct information is:

*If you check b, fill in the following information:*

i. County and state of the juvenile court case: \_\_\_\_\_  
County State

ii. Court case number: \_\_\_\_\_

*Check one*

(a)  Concurrent jurisdiction has been granted.

(b)  Concurrent jurisdiction has not been granted.

**Note: If the juvenile court has not given concurrent jurisdiction (permission), then child custody cannot be decided in this case. You should talk to an attorney.**

(2) Custody order

*Check a or b.*

a.  There is no custody order.

b.  There is a custody order.

*If you check b, fill in the following information:*

i. County and state where the custody order came from: \_\_\_\_\_  
County State

ii. Court case number: \_\_\_\_\_

(3) Child support order

*Check a or b.*

a.  There is no child support order.

b.  There is a child support order.

*If you check b, fill in the following information:*

i. County and state where the child support order came from: \_\_\_\_\_  
County State

ii. Court case number: \_\_\_\_\_

iii. List the children the support case covers (initials only):

\_\_\_\_\_

**4. Other Information**

Respondent denies anything in the Petition that Respondent has not agreed is correct.

In addition, Respondent provides the following information: *All of the basic information you need to tell the court is on this form. Provide other information only if you need to explain something.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rule 17.400—Form 415: *Answer to Petition for Custody and Visitation*, continued

**5. Respondent’s Request**

Respondent asks the court to:

*Check all that apply. The court will only consider items that are checked. If you do not know what you want, talk to an attorney.*

- A.  Decide custody and visitation.
- B.  Establish legal parent.
- C.  Order child support and medical support.
- D.  Order that Petitioner pay the court fees.
- E.  Order that Petitioner pay for Respondent’s attorney’s fees
- F.  Other request:

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**6. Attorney Help**

*Check one*

- A.  An attorney did not help me prepare or fill in this paper.
- B.  An attorney helped me prepare or fill in this paper.

*If you check B, you must fill in the following information:*

\_\_\_\_\_ *Name of attorney or organization, if any*                      \_\_\_\_\_ *Attorney’s PIN – Ask attorney*

\_\_\_\_\_ *Business address of attorney or organization*      \_\_\_\_\_ *City*      \_\_\_\_\_ *State*      \_\_\_\_\_ *ZIP code*

(\_\_\_\_) \_\_\_\_\_ *Attorney’s phone no.*      (\_\_\_\_) \_\_\_\_\_ *Attorney’s fax no. – optional*      \_\_\_\_\_ *Attorney’s email address – optional*

**7. Service Instructions**

If Respondent is filing in paper

*Check one*

- A.  Respondent will accept service of documents at the attorney’s address listed above;  
or
- B.  Respondent will accept service of documents in this case at the mailing address  
below.

***Continued on next page***

Rule 17.400—Form 415: *Answer to Petition for Custody and Visitation*, continued**8. Certification of Service by Mailing or Delivery**

*Section 8 to be completed only if filing in paper or if the other party is exempt from electronic filing.  
This document, if filed electronically, will automatically be served on registered parties.*

I, \_\_\_\_\_, certify that on \_\_\_\_\_, 20\_\_\_\_  
*Print your name Month Day Year*

I mailed or gave a copy of this Answer to the other party or the other party's attorney at this address:

\_\_\_\_\_  
*Name of person to whom I delivered or mailed it*

\_\_\_\_\_  
*Party's or attorney's mailing address City State ZIP code*

**9. Oath and Signature**

I, \_\_\_\_\_, have read this Answer, and I certify under penalty  
*Print your name*

of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Answer is true and correct.

Signed on: \_\_\_\_\_, 20\_\_\_\_  
*Month Day Year Your signature\**

\_\_\_\_\_  
*Mailing address City State ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number Email address Additional email address - if available*

\* *Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically*

***Important Instructions for filing this form on next page.***

**Instructions for Rule 17.400—Form 415: *Answer to Petition for Custody and Visitation*****Do not file these instructions****Instructions for Filing an Answer to a Petition for Custody and Visitation**

The Iowa Judicial Branch uses an electronic court system known as the eFile System. **You must file electronically unless you get permission from the court to file in paper.** Contact the clerk of court in your county if you are unable to file electronically.

 **Filing your Answer electronically**

- You must register to file electronically. For help, see the [eFile User Guide](#) and the instructions on the [eFile Instructions page](#) on the Iowa Judicial Branch website.
- Scan the signed Answer form and save it as a .pdf. (Save it in a place that will be accessible to you when you file electronically.)
- Log in to the eFile System on the Iowa Judicial Branch website and file your Answer.
- The login page can be accessed from two different paths: you may [directly log in to eFile](#); or from the judicial branch website menu, you may select "eFile Login."
- You will receive a Notice of Electronic Filing when the clerk of court has approved the filing of your Answer and other documents. You can then open the Answer and print a copy for your records.
- If there was a problem with your filing, you will receive a Notification of Electronic Filing in your eFile account. Log into My Filings, correct the error, and resubmit your filing. For help, see [Resubmitting a Returned Filing](#).
- The Notice of Electronic Filing will indicate if the other parent is exempt from electronic filing requirements, in which case, you must mail or serve in paper a copy of the document on the other parent if he or she does not have an attorney.

 **Filing your Answer in paper**

- Make two photocopies of the original.
- Take your original Answer form and the photocopies to the clerk of court's office in the county where the Petition was filed. The county is listed at the top of the Petition (form 401).
- The clerk will time-stamp your forms and copies.
- The clerk will take the original and give the copies back to you.
- Keep one of the copies for your records.
- Serve one of the copies of your Answer on the other parent (Petitioner).
- You can hand one of the copies of the Answer form to the other parent, **or** mail a copy to the other parent at the address shown on the Petition.
- If the other parent has an attorney, you should serve the Answer by mailing a copy to the attorney at the attorney's address on the Petition if box 7A on the Petition is checked.


**Do not file these instructions**


**Rule 17.400—Form 416: General Answer to a Petition for Custody and Visitation**

**Respondent:** You must file an Answer in the county where the Petition was filed within **20 days** after receiving the Petition and Original Notice, or the **court may enter a judgment against you** giving the Petitioner what he or she asked for in the Petition.

If the Petition you received is on form 401, use form 415 for your Answer.

Read the *Guide to Representing Yourself in an Iowa Custody and Visitation Case (Parents not Married)* on the Iowa Judicial Branch website before using this form.

 *If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure (form 411).*

 *If filing in paper, you may use form 411 to provide any protected information in full.*

*If you do not understand how to use this form, or if you should use this form, talk to an attorney.*

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where the Petition was filed*

**Upon the Petition of**

Equity case no. \_\_\_\_\_

**Petitioner**

*The other parent's full name: first, middle, last*

**General Answer to a Petition for  
Custody and Visitation**

**and concerning**

**Respondent**

*Your full name: first, middle, last*

**1. Respondent's Answer** *You are Respondent.*

**A. Respondent admits that the following paragraphs in the Petition are true:**

*List the numbers of the paragraphs in the Petition that you think are true. If you decide later that the paragraphs you list here are not true, it may be too late to change your answer.*

\_\_\_\_\_  
\_\_\_\_\_

**B. Respondent denies that the following paragraphs in the Petition are true:**

*List the numbers of the paragraphs in the Petition that you think are false.*

\_\_\_\_\_  
\_\_\_\_\_

**C. Respondent does not know whether the following paragraphs in the Petition are true:**

*List the numbers of the paragraphs in the Petition that you are not sure about. If you cannot say a paragraph or a part of a paragraph is true or not true, it may be because you do not know something, such as a date, place, or when something happened.*

\_\_\_\_\_  
\_\_\_\_\_



Rule 17.400—Form 416: *General Answer to a Petition for Custody and Visitation*, continued

**D. Children’s living arrangements**

Places where the children have lived during the last five years and the parent(s) or adult(s) who acted as parents:

	<b>Child (1)</b>	<b>Child (2)</b>	<b>Child (3)</b>	<b>Child (4)</b>	<b>Child (5)</b>	<b>Child (6)</b>
(1) <b>Children’s initials</b>						
<b>Lived with</b>	<i>Adult Name</i>			<i>City</i>		<i>State</i>
<b>Dates</b>	<i>From mm/dd/yyyy</i>		<i>To mm/dd/yyyy</i>			

	<b>Child (1)</b>	<b>Child (2)</b>	<b>Child (3)</b>	<b>Child (4)</b>	<b>Child (5)</b>	<b>Child (6)</b>
(2) <b>Children’s initials</b>						
<b>Lived with</b>	<i>Adult Name</i>			<i>City</i>		<i>State</i>
<b>Dates</b>	<i>From mm/dd/yyyy</i>		<i>To mm/dd/yyyy</i>			

	<b>Child (1)</b>	<b>Child (2)</b>	<b>Child (3)</b>	<b>Child (4)</b>	<b>Child (5)</b>	<b>Child (6)</b>
(3) <b>Children’s initials</b>						
<b>Lived with</b>	<i>Adult Name</i>			<i>City</i>		<i>State</i>
<b>Dates</b>	<i>From mm/dd/yyyy</i>		<i>To mm/dd/yyyy</i>			

	<b>Child (1)</b>	<b>Child (2)</b>	<b>Child (3)</b>	<b>Child (4)</b>	<b>Child (5)</b>	<b>Child (6)</b>
(4) <b>Children’s initials</b>						
<b>Lived with</b>	<i>Adult Name</i>			<i>City</i>		<i>State</i>
<b>Dates</b>	<i>From mm/dd/yyyy</i>		<i>To mm/dd/yyyy</i>			

	<b>Child (1)</b>	<b>Child (2)</b>	<b>Child (3)</b>	<b>Child (4)</b>	<b>Child (5)</b>	<b>Child (6)</b>
(5) <b>Children’s initials</b>						
<b>Lived with</b>	<i>Adult Name</i>			<i>City</i>		<i>State</i>
<b>Dates</b>	<i>From mm/dd/yyyy</i>		<i>To mm/dd/yyyy</i>			

*Check this box if you have attached a separate sheet listing additional children.*

**Note: If the children have not lived in Iowa for six months, you might not be able to get custody. The rules are complicated and you may need to talk to an attorney.**

Rule 17.400—Form 416: *General Answer to a Petition for Custody and Visitation*, continued

**E. Protective or no contact orders**

*Check one*

- (1)  There is neither a "protective order" nor a "no contact order" between Respondent (you) and Petitioner (the other parent).
- (2)  There is a "protective order" or "no contact order" between Respondent and Petitioner.

*If you check (2), fill in the following information:*

a. County and state where the order came from: \_\_\_\_\_  
*County State*

b. Court case number: \_\_\_\_\_

**F. Other cases about the children**

*Check (1) or (2)*

- (1)  There are no other cases about the children. *If you check (1), skip to G.*
- (2)  There are other cases about the children.

**If there is an order from out of state about the children, an Iowa court may not be able to issue an order about custody or visitation. The rules are complicated and you may need to talk to an attorney.**

*If you check F(2), fill in the applicable information below.*

a. Juvenile court

*Check i or ii.*

- i.  There is no juvenile court case.
- ii.  There is a juvenile court case.

*If you check ii, fill in the following information:*

(a) County and state of the juvenile court case: \_\_\_\_\_  
*County State*

(b) Juvenile court case number: \_\_\_\_\_

*Check (i) or (ii)*

- (i)  Concurrent jurisdiction has been granted.
- (ii)  Concurrent jurisdiction has not been granted.

**Note: If the juvenile court has not given concurrent jurisdiction (permission,) then child custody cannot be decided in this case. You should talk to an attorney.**

b. Custody order

You might not be able to get custody in Iowa if there is a custody order entered in another state.

*Check i or ii.*

- i.  There is no custody order.
- ii.  There is a custody order.

*If you check ii, fill in the following information:*

(a) County and state where the custody order came from: \_\_\_\_\_  
*County State*

(b) Court case number: \_\_\_\_\_

Rule 17.400—Form 416: *General Answer to a Petition for Custody and Visitation*, continued

c. Child support order

*Check i or ii.*

- i.  There is no child support order.
- ii.  There is a child support order.

*If you check ii, fill in the following information:*

(a) County and state where the child support order came from: \_\_\_\_\_  
*County* *State*

(b) Court case number: \_\_\_\_\_

G. Respondent denies anything in the Petition that is not admitted in this Answer.

H. Other information:

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**2. Respondent's Request** *If you do not know what you want, talk to an attorney.*

**Respondent asks the court to:** *Write here what you would like the court to do. For example, tell the court what you want for custody and visitation. Be brief. Do not write long descriptions.*

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*Continued on next page*



Instructions for Rule 17.400—Form 416: *General Answer to a Petition for Custody and Visitation*

### **Instructions for Filing an Answer to a Petition for Custody and Visitation**

The Iowa Judicial Branch uses an electronic filing court system known as the eFile System. **You must file electronically** unless you get permission from the court to file in paper. Contact the clerk of court in your county if you are unable to file electronically.

#### **Filing your Answer electronically**

- You must register to file electronically. For help, see the [eFile User Guide](#) and the instructions on the [eFile Instructions page](#) on the Iowa Judicial Branch website.
- Scan the signed Answer form and save it as a .pdf. (Save it in a place that will be accessible to you when you file electronically.)
- Log in to the eFile System on the Iowa Judicial Branch website and file your Answer. The login page can be accessed from two different paths: you may [directly log in to eFile](#); or from the judicial branch website menu, you may select "eFile Login."
- You will receive a Notice of Electronic Filing when the clerk of court has approved the filing of your Answer and other documents. You can then open the Answer and print a copy for your records.
- If there was a problem with your filing, you will receive a Notification of Electronic Filing in your eFile account. Log into My Filings, correct the error, and resubmit your filing. For help, see [Resubmitting a Returned Filing](#).
- The Notice of Electronic Filing will indicate if the other parent is exempt from electronic filing requirements, in which case, you must mail or serve in paper a copy of the document on the other parent if he or she does not have an attorney.

#### **Filing your Answer in paper**

- Make two photocopies of the original.
- Take your original Answer form and the photocopies to the clerk of court's office in the county where the Petition was filed. The county is listed at the top of the Petition.
- The clerk will time-stamp your forms and copies.
- The clerk will take the original and give the copies back to you.
- Keep one of the copies for your records.
- Serve one of the copies of your Answer on the other parent (Petitioner).
- You can hand one of the copies of the Answer form to the other parent, **or** mail a copy to the other parent at the address shown on the Petition.
- If the other parent has an attorney, you may serve the Petition by mailing a copy to the attorney at the attorney's address.

**Do not file these instructions**

**Rule 17.400—Form 421: Affidavit for Temporary Custody and Visitation**

Form 421 is for either party to tell the court about custody and visitation before the case is finished, or to have a witness tell the court about custody and visitation before the case is finished.

*If you do not understand how to use this form, or if you should use this form, talk to an attorney.*

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where the case is filed*

**Upon the Petition of**

**Petitioner**

*Full name as it appears on the Petition: first, middle, last*

and concerning

**Respondent**

*Full name as it appears on the Petition: first, middle, last*

Equity case no. \_\_\_\_\_

**Affidavit for Temporary Custody and Visitation**

**1. Statement**

A. My name is \_\_\_\_\_  
*Full name of witness: first, middle, last*

B. My relationship to \_\_\_\_\_  
*First, middle, last name of party; or initials of child (Do not use child's full name.)*

is: \_\_\_\_\_  
\_\_\_\_\_

C. I understand that a judge may consider this Affidavit to determine temporary custody and visitation of the children in this case. If I were present in court, I would testify as follows:  
*Attach additional pages if necessary.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Check here if there are additional pages attached.*

***Continued on next page***



**Rule 17.400—Form 422: Motion in a Custody and Visitation Case**

Use this form if you want to ask the court to do something after your court case has already started.

*If you do not understand how to use this form, or if you should use this form, talk to an attorney.*

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where your case is filed*

**Upon the Petition of**

Equity case no. \_\_\_\_\_

**Petitioner** *Full name: first, middle, last*

**Motion in a Custody and Visitation Case**

and concerning

**Respondent** *Full name: first, middle, last*

I am

*Check one*

- A.  Petitioner
- B.  Respondent

**1. Request**

**A. I ask the court to**

*Check all that apply. If you check any box in A, you must tell the court why you are making this request in B.*

- (1)  Change the hearing date that has been set for \_\_\_\_\_, 20\_\_\_\_.  
*Month Day Year*
- (2)  Order temporary custody and visitation.
- (3)  Order temporary child support and medical support.
- (4)  Set a hearing date for a Custody and Visitation Order by default.
- (5)  Award me attorney's fees before the case is final.
- (6)  Order genetic testing to decide paternity and require that Petitioner, Respondent, and child appear for testing.
- (7)  Other request *Explain*

\_\_\_\_\_  
\_\_\_\_\_

**B. I am making the request(s) in this Motion because:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_





**Rule 17.400—Form 423: Response to a Motion in a Custody and Visitation Case**

Use this form if the other parent has filed a Motion (most likely form 422) and you disagree with what the other parent is asking the court to do in that Motion.

*If you do not understand how to use this form, or if you should use this form, talk to an attorney.*

In the Iowa District Court for \_\_\_\_\_ County  
*County where your case is filed*

Upon the Petition of

Equity case no. \_\_\_\_\_

\_\_\_\_\_  
**Petitioner** *Full name: first, middle, last*

**Response to a Motion in a Custody and Visitation Case**

and concerning

\_\_\_\_\_  
**Respondent** *Full name: first, middle, last*

I am

*Check one*

- A.  Petitioner
- B.  Respondent

**1. Motion**

The other party filed a Motion on \_\_\_\_\_, 20\_\_\_\_.  
*Month Day Year*

**2. Response**

*Check A or B.*

- A.  I agree with the Motion.
- B.  I disagree with the request(s) in the Motion to:

*If you check B, check all of the following that apply. If you check any box in B, you must tell the court in C why you disagree with the request.*

- (1)  Change the hearing date that has been set for \_\_\_\_\_, 20\_\_\_\_.  
*Month Day Year*
- (2)  Order temporary custody and visitation.
- (3)  Order temporary child support and medical support.
- (4)  Set a hearing date for a custody and visitation order by default.
- (5)  Award attorney's fees before the custody and visitation case is final.

Rule 17.400—Form 423: *Response to a Motion in a Custody and Visitation Case*, continued

- (6)  Order genetic testing to decide paternity and require that Petitioner, Respondent, and child appear for testing.
- (7)  Other request *Explain*

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**C. I disagree with the Motion because:**

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*Continued on next page*



**Rule 17.400—Form 424: Custody and Visitation Financial Statement**

**Caution:** This form may require you to provide protected or sensitive information.

**Each party** must complete one of these forms.

-  If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure (form 411) if you have not already done so.
-  If filing in paper, you may use form 411 to provide any protected information in full if you have not already done so.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where the case is filed*

<p><b>Upon the Petition of</b></p> <p>_____</p> <p><b>Petitioner</b> <i>first, middle, last</i> <i>Full name of Petitioner</i></p> <p>and concerning</p> <p>_____</p> <p><b>Respondent</b> <i>first, middle, last</i> <i>Full name of Respondent</i></p>	<p>Equity case no. _____</p> <p style="text-align: center;"><b>Custody and Visitation Financial Statement of</b></p> <p><i>Check one</i></p> <p><input type="checkbox"/> Petitioner</p> <p><input type="checkbox"/> Respondent</p>
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I am

*Check one*

- A.  Petitioner
- B.  Respondent

I, \_\_\_\_\_, state that this is a true and complete statement  
*Print your name*  
of my assets, debts, and present income as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
*Day* *Month* *Year*

**1. My income**

*\*How often is income paid?*

*W = Weekly B = Bi-weekly (every other week) M = Monthly T = Two times a month*

<b>A. Current income from employment and other sources</b> <i>Sources of income, not required to list name of employer</i>	<b>Gross income</b>		<b>Net income</b>	
	<b>How often?*</b> <i>W,B,M,T</i>	<b>Gross amount</b> <i>Before taxes</i>	<b>How often?*</b> <i>W,B,M,T</i>	<b>Net amount</b> <i>After taxes</i>
(1) Wages from employer <i>Job:</i> <i>Title:</i>		\$		\$
(2) Wages from employer <i>Job:</i> <i>Title:</i>		\$		\$
(3) Other income <i>Describe source:</i>		\$		\$

Rule 17.400—Form 424: *Custody and Visitation Financial Statement*, continued

(4) Other income <i>Describe source:</i>		\$		\$
(5) Other income <i>Describe source:</i>		\$		\$
<b>Total income for you from employment and other sources</b>	<b>Total gross income</b>	\$	<b>Total net income</b>	\$

<b>B. Deductions allowed for child support calculations</b>			
Tax status			
I have custody of the children in this case <i>Check Yes or No</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
(1) Number of exemptions Yourself <i>Guidelines allow one exemption for parent</i>		1	
	Children		
(2) Income tax withheld	Federal		\$
	State		\$
(3) FICA <i>Social Security &amp; Medicare</i>			\$
(4) Mandatory pension contribution			\$
(5) Mandatory occupational license fees			\$
(6) Union dues			\$
(7) Prior court-ordered child support			\$
<i>Paid to:</i>			\$
<i>Paid to:</i>			\$
<i>Paid to:</i>			\$
(8) Prior court-ordered medical support			\$
<i>Paid to:</i>			\$
<i>Paid to:</i>			\$
<i>Paid to:</i>			\$
(9) Prior court-ordered spousal support (alimony)			\$
<i>Paid to:</i>			\$
(10) Actual child care expenses due to employment <i>custodial parent only</i>			\$
<b>Total deductions</b>			\$

Check this box if you have attached a sheet with additional information on your income and deductions.

Rule 17.400—Form 424: *Custody and Visitation Financial Statement*, continued

**2. Social Security Disability (SSD):**

**A. SSD benefits paid to you**

(1) Amount paid for your expenses \$ \_\_\_\_\_ per month

(2) Benefit paid for each child in your home \$ \_\_\_\_\_ per month

a. Number of children receiving benefits \_\_\_\_\_ children

b. List the children in your home who receive SSD benefits *Use initials only*

	Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
First, middle, & last initials						
Birth year						

Check this box if you have attached a sheet listing additional children who live in your home and receive Social Security Disability (SSD).

**B. Benefits paid to other person children are living with**

(1) Benefit paid for each child in other person's home \$ \_\_\_\_\_ per month

(2) Number of children receiving benefits \_\_\_\_\_ children

(3) List the children who receive SSD benefits but live with someone other than you.  
*Use initials only:*

	Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
First, middle, & last initials						
Birth year						

Check this box if you have attached a sheet listing additional children who live in your home and receive Social Security Disability (SSD).

*Continued on next page*

Rule 17.400—Form 424: *Custody and Visitation Financial Statement*, continued**3. Qualified Additional Dependent Deduction**

- List the initials and birth year of each child you are the legal parent of.
- Do not include any children covered by the child support order involved in this case.

	Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
First, middle, & last initials						
Birth year						

- Check this box if you have attached a sheet listing additional children for the qualified additional dependent deduction.

**4. Extraordinary Visitation** *For noncustodial parent only*

- (1) Number of court-ordered overnights in a year \_\_\_\_\_.

*If this number exceeds 127 days per year, provide a copy of the court order containing the visitation provisions.*

- (2) Physical care

*Check one*

- a.  The court ordered equally shared physical care for the children.

*If the court ordered equally shared physical care for the children, the extraordinary visitation credit does not apply.*

- b.  The court did not order equally shared physical care for the children.

*Continued on next page*



Rule 17.400—Form 424: *Custody and Visitation Financial Statement*, continued**5. My expenses***List your living expenses*

*\*How often paid?: W = Weekly B = Bi-weekly (every other week) M = Monthly  
T = Two times a month A = Annually*

Type of expense	Paid to	How often paid?*	Monthly payment
		<i>W,B,M,T,A</i>	
(1) House payment or rent			\$
(2) Food <i>At home &amp; restaurants</i>			\$
(3) Transportation ( <i>gas, bus fare</i> ) <i>Not car loan payments – see (12).</i>			\$
(4) Clothing			\$
(5) Medical, dental <i>Not health insurance payments – see (10).</i>			\$
(6) Utilities ( <i>gas, electric</i> )			\$
(7) Phone			\$
(8) Cable / satellite television / internet			\$
(9) Car insurance payment			\$
(10) Health insurance payment			\$
(11) Credit card payments			\$
(12) Car loan payments			\$
(13) Other loan payments			\$
(14) Other expense <i>Identify:</i>			\$
(15) Other expense <i>Identify:</i>			\$
(16) Other expense <i>Identify:</i>			\$
(17) Totals from attached sheets, if any <input type="checkbox"/> <i>Check this box if you have attached a sheet with additional information on your expenses.</i>			\$
<b>Total expenses</b>			\$

Rule 17.400—Form 424: *Custody and Visitation Financial Statement*, continued

**6. My debts** *Debts may include things such as past due balances on utilities, money owed to a landlord for damages after moving, credit card debt, and loans from friends, family, or banks.*

*\*How often paid?*    *W = Weekly*    *B = Bi-weekly (every other week)*  
    *M = Monthly*    *T = Two times a month*    *A = Annually*

Payable to	Item or service	Amount	How often paid? <i>W,B,M,T,A</i>	Balance due
A.				\$
B.				\$
C.				\$
D.				\$
E. Totals from attached sheets, if any				\$
<input type="checkbox"/> <i>Check this box if you have attached a sheet with additional information on other debts, and enter the total.</i>				\$
<b>Total debts</b>				\$

**7. The other parent's income**

- *List the other parent's information to the best of your ability.*
- *This information will not be used to determine child support obligations.*

*\*How often is income received?*

*W = Weekly    B = Bi-weekly (every other week)    M = Monthly    T = Two times a month*

A. Current income from employment and other sources <i>Sources of income, not required to list name of employer</i>	Gross income		Net income	
	How often? <i>W,B,M,T</i>	Gross amount <i>Before taxes</i>	How often? <i>W,B,M,T</i>	Net amount <i>After taxes</i>
(1) Wages from employer <i>Job:</i> <i>Title:</i>		\$		\$
(2) Wages from employer <i>Job:</i> <i>Title:</i>		\$		\$
(3) Other income <i>Describe source:</i>		\$		\$
(4) Other income <i>Describe source:</i>		\$		\$
<b>Total income for other parent from employment and other sources</b>	<b>Total gross income</b>	\$	<b>Total net income</b>	\$

Rule 17.400—Form 424: *Custody and Visitation Financial Statement*, continued**8. Attorney Help***Check one*A.  An attorney did not help me prepare or fill in this paper.B.  An attorney helped me prepare or fill in this paper.*If you check B, you must fill in the following information:*\_\_\_\_\_  
*Name of attorney or organization, if any*                      *Attorney's PIN – Ask the Attorney*\_\_\_\_\_  
*Business address of attorney or organization*                      *City*                      *State*                      *ZIP code*(\_\_\_\_\_) \_\_\_\_\_                      (\_\_\_\_\_) \_\_\_\_\_                      \_\_\_\_\_  
*Attorney's phone no.*                      *Attorney's fax no. – optional*                      *Attorney's email address – optional***9. Certification of Service by Mailing or Delivery***Section 9 to be completed only if filing in paper or if the other party is exempt from electronic filing. This document, if filed electronically, will automatically be served on registered parties.*I, \_\_\_\_\_, certify that on \_\_\_\_\_, 20\_\_\_\_\_  
*Print your name*                      *Month*                      *Day*                      *Year*

I mailed or gave a copy of this Motion to the other party or the other party's attorney at this address:

\_\_\_\_\_  
*Name of person to whom I delivered or mailed it*\_\_\_\_\_  
*Party's or attorney's mailing address*                      *City*                      *State*                      *ZIP code***10. Oath and Signature**I, \_\_\_\_\_, certify under penalty of perjury and pursuant  
*Print your name*

to the laws of the State of Iowa that I have read this Motion and that the information I have provided in this Motion is true and correct. I ask the court to grant this Motion.

Signed on: \_\_\_\_\_, 20\_\_\_\_\_  
*Month*                      *Day*                      *Year*                      *Your signature\**\_\_\_\_\_  
*Mailing address*                      *City*                      *State*                      *ZIP code*(\_\_\_\_\_) \_\_\_\_\_                      \_\_\_\_\_  
*Phone number*                      *Email address*                      *Additional email address – if available**\* Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*

**Rule 17.400—Form 425: Affidavit of Mailing Notice**

*If you do not understand how to use this form, or if you should use this form, talk to an attorney.*

In the Iowa District Court for \_\_\_\_\_ County  
*County where the Case is filed*

**Upon the Petition of**

**Petitioner**

*Full name of Petitioner as it is in the original case*

and concerning

**Respondent**

*Full name of Respondent as it is on the Application*

Equity case no. \_\_\_\_\_

**Affidavit of Mailing Notice**

**1. Attorney Help**

*Check one*

A.  An attorney did not help me prepare or fill in this paper.

B.  An attorney helped me prepare or fill in this paper.

*If you check B, you must fill in the following information:*

\_\_\_\_\_  
*Name of attorney or organization, if any*                      *Attorney's PIN – Ask the attorney*

\_\_\_\_\_  
*Business address of attorney or organization*                      *City*                      *State*                      *ZIP code*

(\_\_\_\_) \_\_\_\_\_                      (\_\_\_\_) \_\_\_\_\_                      \_\_\_\_\_  
*Attorney's phone number*                      *Attorney's fax no. – optional*                      *Attorney's email address – optional*

**Important Notice**

A party **must** file this Affidavit with the clerk of court if he or she asks the court for a default Order for Custody and Visitation. The party **must** also complete the oath and signature section on the next page.

***Oath and Signature on next page***

Rule 17.400—Form 425: *Affidavit of Mailing Notice*, continued

**2. Oath and Signature**

I, \_\_\_\_\_, certify under penalty of perjury and pursuant to the  
*Print your name*

laws of the State of Iowa that on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I sent by ordinary  
*Day Month Year*

mail with proper postage, the following paper or papers:

*Check one*

Notice of Intent to File a Written Application for Default Order for Custody and Visitation or

Other document (*describe*): \_\_\_\_\_.

to the other party's last-known address below.

\_\_\_\_\_  
*Other party's street address City State ZIP code*

Signed on: \_\_\_\_\_, 20\_\_\_\_  
*Month Day Year Applicant's signature\**

\_\_\_\_\_  
*Mailing address City State ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number Email address Additional email address - if available*

\* *Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*

**Rule 17.400—Form 426: Notice of Intent to File Written Application for Default Decree**

*If you do not understand how to use this form, or if you should use this form, talk to an attorney.*

**In the Iowa District Court for \_\_\_\_\_ County**  
*County where your case is filed*

**Upon the Petition of**

**Petitioner**

*Full name of Petitioner as it is in the original case*

and concerning

**Respondent**

*Full name of Respondent as it is on the Petition*

Equity case no. \_\_\_\_\_

**Notice of Intent to File Written Application for Default Decree**

**To party receiving this Notice:**

\_\_\_\_\_  
*First name Middle name Last name*

Date of Notice: \_\_\_\_\_, 20\_\_\_\_\_  
*Month Day Year*

**Important note to party receiving this Notice:**

You are in default because you have failed to take action required of you in this case. Unless you act within **10 days** from the date of this Notice, a default Order for Custody and Visitation will be entered against you without a hearing, and you may lose important rights. **You should seek legal advice at once.**

\_\_\_\_\_  
*Handwritten signature of party filing this Notice or attorney if filing in paper* or */s/* \_\_\_\_\_  
*Electronic signature of party filing this Notice or attorney if filing electronically*

The person who provided the signature above must fill in the information below.


\_\_\_\_\_  
*Present street address (If attorney, firm address) City State ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number Email address*

**Instructions for party filing this Notice**

 **Filing your Notice electronically**

EDMS will automatically serve the party receiving this Notice unless that party is exempt from electronic filing requirements.

 **Filing your Notice in paper** (if you have received permission from the court to file in paper)


1. Deliver a copy of this form to the party receiving this Notice by mail or in person.
2. Complete form 425 and file the original at the clerk of court's office.
3. File the original of this form (426) at the clerk of court's office.
4. Keep a copy for your records.


**Rule 17.400—Form 427: Request for Relief in a Dissolution of Marriage with Children**

Use this form only if you have filed a Petition for Custody and Visitation (form 401) and:

- The other parent (Respondent) did not file an Answer, or
- The other parent will not work with you to prepare a Settlement Agreement (form 428).

**Caution:** This form may require you to provide protected or sensitive information.

 If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure form (411) if you have not already done so.

 If filing in paper, you may use form 411 to provide any protected information in full if you have not already done so.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for \_\_\_\_\_ County  
*County where your case is filed*

<p><b>Upon the Petition of</b></p> <hr/> <p><b>Petitioner</b> <i>Full name: first, middle, last</i></p> <p>and concerning</p> <hr/> <p><b>Respondent</b> <i>Full name: first, middle, last</i></p>	<p>Equity case no. _____</p> <p style="text-align: center;"><b>Request for Relief in a Custody and Visitation Case</b></p> <p><i>Check one</i></p> <p><input type="checkbox"/> <b>Petitioner</b></p> <p><input type="checkbox"/> <b>Respondent</b></p>
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**1. Personal Information** *Fill in all information that you know. If you have been assaulted by the other parent and you fear for your safety, you may leave your address, phone number, and email blank.*

I am

*Check A or B and fill in C and D.*

A.  **Petitioner**

B.  **Respondent**

C. **Petitioner's birth year and present residence:** \_\_\_\_\_  
*Birth year*

\_\_\_\_\_  
*Petitioner's present street address*      *City*      *State*      *ZIP code*

\_\_\_\_\_  
*County*      (\_\_\_\_\_)      *Phone number*      *Email address*

D. **Respondent's birth year and present residence:** \_\_\_\_\_  
*Birth year*

\_\_\_\_\_  
*Respondent's present street address*      *City*      *State*      *ZIP code*

\_\_\_\_\_  
*County*      (\_\_\_\_\_)      *Phone number*      *Email address*

Rule 17.400—Form 427: *Request for Relief in a Dissolution of Marriage with Children*, continued

**2. Request for Relief**

**A. Children** *Check all that are true*

- (1)  **Petitioner and Respondent agree to the custody and visitation set out in the Agreed Parenting Plan (form 429).** *A parenting plan must be provided to the court with the Request for Relief.*
- (2)  **Petitioner and Respondent do not agree about custody and visitation.** *I filed a Proposed Parenting Plan (form 430). A parenting plan must be provided to the court with the Request for Relief.*
- (3)  **Petitioner and Respondent agree that they are the parents of the following children.**

First, middle, & last initials of each child	Birth year	First, middle, & last initials of each child	Birth year
(1)		(4)	
(2)		(5)	
(3)		(6)	

*Check this box if you are attaching a separate sheet listing additional children.*

- (4)  **Petitioner and Respondent do not agree that they are the parents of the following children.**

*Check this box if there is a disagreement about who the parents of the children are.*

First, middle, & last initials of each child	Birth year	First, middle, & last initials of each child	Birth year
(1)		(4)	
(2)		(5)	
(3)		(6)	

*Check this box if you are attaching a separate sheet listing additional children.*

**Explain who are the parents of the children listed in (4) above:**

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- (5)  **Petitioner has taken the children in the middle course.** *Attach certificate*
- (6)  **Respondent has taken the children in the middle course.** *Attach certificate*

**B. Financial affidavits** *Check one*

- (1)  **I filed a Financial Affidavit (form 424).** I certify that I have fully disclosed all income and the identity and value of all assets and debts.
- (2)  **I am asking that the court not require me to file a Financial Affidavit because:**

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Rule 17.400—Form 427: *Request for Relief in a Dissolution of Marriage with Children*, continued

**C. Child support** *Check all that are true*

*The amount of child support is determined using the Iowa Child Support Guidelines. The Iowa Department of Human Services provides a child support estimator on its website. Go to: <https://childsupport.ia.gov/>.*

- (1)  Petitioner will pay child support to Respondent in the amount of \$ \_\_\_\_\_ per month.
- (2)  Petitioner will pay child support to a third party in the amount of \$ \_\_\_\_\_ per month.

\_\_\_\_\_  
*Third party's full name: first, middle, last*

\_\_\_\_\_  
*Present street address*                      \_\_\_\_\_ *City*                      \_\_\_\_\_ *State*                      \_\_\_\_\_ *ZIP code*

\_\_\_\_\_  
*County*

- (3)  Respondent will pay child support to Petitioner in the amount of \$ \_\_\_\_\_ per month.
- (4)  Respondent will pay child support to a third party in the amount of \$ \_\_\_\_\_ per month.

\_\_\_\_\_  
*Third party's full name: first, middle, last*

\_\_\_\_\_  
*Present street address*                      \_\_\_\_\_ *City*                      \_\_\_\_\_ *State*                      \_\_\_\_\_ *ZIP code*

\_\_\_\_\_  
*County*

- (5) Child support payments will begin on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, for the following children:  
*Month* *Year*

First, middle, & last initials of each child	Birth year	First, middle, & last initials of each child	Birth year
(1)		(4)	
(2)		(5)	
(3)		(6)	

*Check this box if you are attaching a separate sheet listing additional children.*

- (6)  **Check here if you want child support to be higher or lower than the Child Support Guidelines amount.** *If you check (6), write the amount you want and explain why in b.*
  - a. Amount requested: \$ \_\_\_\_\_ per month
  - b. Child support should be different from the Guidelines amount because:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Rule 17.400—Form 427: *Request for Relief in a Dissolution of Marriage with Children*, continued

**E. Tax exemption**

(1) I ask the court to set the tax deduction as follows: *Check one for each child*

First, middle, & last initials of each child	Birth year	Parent who should now claim child for tax deduction	Every Year	Even Years	Odd Years
(1)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6)			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Check this box if you are attaching a separate sheet listing additional children.

(2) The deduction will start in tax year \_\_\_\_\_.  
*Year*

**Note:** The parent with custody must sign IRS Form 8332 before the noncustodial parent can take the deduction. Tax forms are available from the IRS website: <http://www.irs.gov>.  
The earned income tax credit is not the same as the tax exemption.

**F. Health care expenses**

I ask the court to set the health care expenses as follows: *Check all that apply*  
*Petitioner Respondent*

- (1)   will provide medical support (health insurance).
- (2)   will pay the first \$\_\_\_\_\_ of uncovered medical expenses for the children. After that amount is spent, then uncovered medical expenses will be paid \_\_\_\_\_% by Petitioner and \_\_\_\_\_% by Respondent.
- (3)   will pay cash medical support in the amount of \$\_\_\_\_\_ per month.

**G. Court fees**

*Check one*

I ask that

- (1)  Petitioner pay all court fees.
- (2)  Respondent pay all court fees.
- (3)  Petitioner and Respondent each pay one-half of the remaining court fees.
- (4)  Petitioner and Respondent each pay one-half of the total court fees.

Rule 17.400—Form 427: *Request for Relief in a Dissolution of Marriage with Children*, continued

**H. Attorney's fees**

*Check one*

- (1)  I have no attorney's fees.
- (2)  I will pay my own attorney's fees.
- (3)  I ask that my spouse pay me \$\_\_\_\_\_ for attorney's fees.

**I. Necessary documents**

I ask that the court require each of us to sign and deliver to each other any papers that may be needed to carry out the terms of the Custody and Visitation case.

**J. Other request for relief**

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*Check this box if you have attached a separate sheet listing additional requests for relief.*

**3. Statements of Understanding and Fact**

*Check all that apply*

- A.  I have made a full disclosure of my property and debts to the court.
- B.  This request for relief addresses all issues in my Custody and Visitation case.
- C.  I want the court to approve this request for relief and make it part of the final order.

*Continued on next page*

Rule 17.400—Form 427: Request for Relief in a Custody and Visitation Case, continued

**4. Attorney Help**

Check one

A.  An attorney did not help me prepare or fill in this paper.

B.  An attorney helped me prepare or fill in this paper.

If you check B, you must fill in the following information:

\_\_\_\_\_  
Name of attorney or organization, if any Attorney's PIN – Ask the Attorney

\_\_\_\_\_  
Business address of attorney or organization City State ZIP code

( ) \_\_\_\_\_ ( ) \_\_\_\_\_  
Attorney's phone no. Attorney's fax no. – optional Attorney's email address – optional

**5. Certification of Service by Mailing or Delivery**

Section 5 to be completed only if filing in paper or if the other party is exempt from electronic filing. This document, if filed electronically, will automatically be served on registered parties.

I, \_\_\_\_\_, certify that on \_\_\_\_\_, 20\_\_\_\_  
Print your name Month Day Year

I mailed or gave a copy of this Motion to the other party or the other party's attorney at this address:

\_\_\_\_\_  
Name of person to whom I delivered or mailed it

\_\_\_\_\_  
Party's or attorney's mailing address City State ZIP code

**6. Oath and Signature**

I, \_\_\_\_\_, certify under penalty of perjury and pursuant  
Print your name  
to the laws of the State of Iowa that I have read this Motion and that the information I have provided in this Motion is true and correct. I ask the court to grant this Motion.

Signed on: \_\_\_\_\_, 20\_\_\_\_  
Month Day Year Your signature\*

\_\_\_\_\_  
Mailing address City State ZIP code



( ) \_\_\_\_\_  
Phone number Email address Additional email address – if available

\* Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.

**Rule 17.400—Form 428: Settlement Agreement for Custody and Visitation**

Use this form only if you and the other parent both agree to the terms of a Settlement Agreement.

**Caution:** This form may require you to provide protected or sensitive information.

-  If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure form (411) if you have not already done so.
-  If filing in paper, you may use form 411 to provide any protected information in full.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for \_\_\_\_\_ County  
*County where your case is filed*

<p><b>Upon the Petition of</b></p> <p>_____</p> <p><b>Petitioner</b> <i>Full name: first, middle, last</i></p> <p>and concerning</p> <p>_____</p> <p><b>Respondent</b> <i>Full name: first, middle, last</i></p>	<p>Equity case no. _____</p> <p style="text-align: center;"><b>Settlement Agreement for Custody and Visitation</b></p>
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**1. Personal Information** Fill in all information that you know. If you have been assaulted by the other parent and you fear for your safety, you may leave your address, phone number, and email blank.

A. Petitioner's birth year and present residence: \_\_\_\_\_  
*Birth year*

\_\_\_\_\_ *Petitioner's present street address*      \_\_\_\_\_ *City*      \_\_\_\_\_ *State*      \_\_\_\_\_ *ZIP code*

\_\_\_\_\_ *County*      (\_\_\_\_) \_\_\_\_\_ *Phone number*      \_\_\_\_\_ *Email address*

B. Respondent's birth year and present residence: \_\_\_\_\_  
*Birth year*

\_\_\_\_\_ *Respondent's present street address*      \_\_\_\_\_ *City*      \_\_\_\_\_ *State*      \_\_\_\_\_ *ZIP code*

\_\_\_\_\_ *County*      (\_\_\_\_) \_\_\_\_\_ *Phone number*      \_\_\_\_\_ *Email address*

*Continued on next page*

Rule 17.400—Form 428: *Settlement Agreement for Custody and Visitation*, continued

**2. Agreements**

We agree to the following:

**A. Children** *Check all that are true*

- (1)  We agree to the custody and visitation set out in the Agreed Parenting Plan (form 429).
- (2)  We do not agree about custody and visitation. We each filed a Proposed Parenting Plan (430). *A parenting plan, either form 429 or form 430, must be provided to the court with the Settlement Agreement.*
- (3)  We agree that we are the parents of the following children:  
*Note: If you do not agree regarding who are the legal parents of the children, do not use this form. Use form 427.*

	Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
<b>First, middle, &amp; last initials</b>						
<b>Birth year</b>						

- Check this box if you have attached a separate sheet listing additional children.*
- (4)  Petitioner has taken the children in the middle course. *Attach certificate*
- (5)  Respondent has taken the children in the middle course. *Attach certificate*

**B. Financial affidavits** *Check one*

- (1)  Petitioner or Respondent has filed a Financial Affidavit (424).  
*If you check (1), check each that is applicable.*
  - a.  Petitioner has filed a Financial Affidavit. Petitioner certifies that Petitioner has fully disclosed all income and the identity and amount of all expenses and debts.
  - b.  Respondent has filed a Financial Affidavit. Respondent certifies that Respondent has fully disclosed all income and the identity and amount of all expenses and debts.

(2)  We are asking that the court not require us to file Financial Affidavits because:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*Continued on next page*



Rule 17.400—Form 428: *Settlement Agreement for Custody and Visitation*, continued

**D. Tax exemption**

(1) We ask the court to set the tax deduction as: *Check one for each child*

Child	First, middle, & last initials	Birth year	Parent who should now claim child for tax deduction	Every year	Even years	Odd years
(1)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(2)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(3)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(4)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(5)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
(6)				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Check this box if you are attaching a separate sheet listing additional children.*

**Note:** The parent with custody must sign IRS Form 8332 before the noncustodial parent can take the deduction.

Tax forms are available from the IRS website: <http://www.irs.gov>.

The earned income tax credit is not the same as the tax exemption.

(2) The deduction will start in tax year \_\_\_\_\_.  
*Year*

**E. Health care expenses**

We ask the court to set the health care expenses as follows: *Check all that apply*

*Petitioner Respondent*

- (1)   will provide medical support (health insurance).
- (2)   will pay the first \$\_\_\_\_\_ of uncovered medical expenses for the children. After that amount is spent, then uncovered medical expenses will be paid \_\_\_\_\_% by Petitioner and \_\_\_\_\_% by Respondent.
- (3)   will pay cash medical support in the amount of \$\_\_\_\_\_ per month.

**F. Court fees**

*Check one*

We ask that

- (1)  Petitioner will pay all court fees.
- (2)  Respondent will pay all court fees.
- (3)  Petitioner and Respondent will each pay one-half of the remaining court fees.
- (4)  Petitioner and Respondent will each pay one-half of the total court fees.



Rule 17.400—Form 428: *Settlement Agreement for Custody and Visitation*, continued

**G. Attorney's fees**

(1) Petitioner's attorney's fees

*Check one*

- a.  Petitioner has no attorney's fees.
- b.  Petitioner will pay Petitioner's attorney's fees.
- c.  Respondent will pay \$ \_\_\_\_\_ for Petitioner's attorney's fees.

(2) Respondent's attorney's fees

*Check one*

- a.  Respondent has no attorney's fees.
- b.  Respondent will pay Respondent's attorney's fees.
- c.  Petitioner will pay \$ \_\_\_\_\_ for Respondent's attorney's fees.

**H. Necessary documents**

We will sign and promptly deliver to each other any papers that may be needed to carry out this Settlement Agreement.

**I. Other agreements**

*Attach additional sheets if necessary.*

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Rule 17.400—Form 428: *Settlement Agreement for Custody and Visitation*, continued

### 3. Attorney Help

*Check all that apply*

#### A. Petitioner

(1)  An attorney did not help me prepare or fill in this paper.

(2)  An attorney helped me prepare or fill in this paper.

*If you check (2), you must fill in the following information:*

\_\_\_\_\_  
*Name of attorney or organization, if any*                      *Attorney's PIN – Ask the attorney*

\_\_\_\_\_  
*Business address of attorney or organization*      *City*                      *State*      *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
*Attorney's phone number*      *Attorney's fax no. – optional*      *Attorney's email address – optional*

(3)  A mediator, \_\_\_\_\_, who is an attorney, helped me  
*Name of mediator*  
prepare or fill in this paper, but did not represent me as a party.

#### B. Respondent

(1)  An attorney did not help me prepare or fill in this paper.

(2)  An attorney helped me prepare or fill in this paper.

*If you check (2), you must fill in the following information:*

\_\_\_\_\_  
*Name of attorney or organization, if any*                      *Attorney's PIN – Ask the attorney*

\_\_\_\_\_  
*Business address of attorney or organization*      *City*                      *State*      *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
*Attorney's phone number*      *Attorney's fax number – optional*      *Attorney's email address – optional*

(3)  A mediator, \_\_\_\_\_, who is an attorney, helped me  
*Name of mediator*  
prepare or fill in this paper, but did not represent me as a party.

***Continued on next page***

Rule 17.400—Form 428: *Settlement Agreement for Custody and Visitation*, continued**4. Oaths and Signatures**

This Settlement Agreement addresses all issues in our Custody and Visitation case. We want the court to approve this Agreement and make it a part of the final order.

**A. Petitioner's Oath and Signature**

I, \_\_\_\_\_, certify under penalty of perjury and pursuant to the  
*Print your name*

laws of the State of Iowa that I have read this Settlement Agreement and it accurately states how I would like the court to address the issues in my custody and visitation case. I know I have the right to talk to an attorney about this Agreement. I am voluntarily signing this Agreement. I am asking that this Settlement Agreement be presented to a judge for approval and filing with the court.

\_\_\_\_\_, 20\_\_\_\_\_  
*Month Day Year Petitioner's signature\**

\_\_\_\_\_  
*Mailing address City State ZIP code*

(\_\_\_\_) \_\_\_\_\_  
*Phone number Email address Additional email address - if available*

\* *Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*

**B. Respondent's Oath and Signature**

I, \_\_\_\_\_, certify under penalty of perjury and pursuant to the  
*Print your name*

laws of the State of Iowa that I have read this Settlement Agreement and it accurately states how I would like the court to address the issues in my custody and visitation case. I know I have the right to talk to an attorney about this Agreement. I am voluntarily signing this Agreement. I am asking that this Settlement Agreement be presented to a judge for approval and filing with the court.

\_\_\_\_\_, 20\_\_\_\_\_  
*Month Day Year Respondent's signature\**

\_\_\_\_\_  
*Mailing address City State ZIP code*

(\_\_\_\_) \_\_\_\_\_  
*Phone number Email address Additional email address - if available*

\* *Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*

**Rule 17.400—Form 429: *Agreed Parenting Plan***

Use this form if both parents agree to everything in the plan regarding child custody and visitation.

Do not use this form if you and the other parent do not agree to all child custody and visitation arrangements. Instead, use form 430 to present a Proposed Parenting Plan to the court for the child custody and visitation arrangements you want.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

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**In the Iowa District Court for \_\_\_\_\_ County**  
*County where you are filing this Parenting Plan*

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<p><b>Upon the Petition of</b></p> <p>_____</p> <p><b>Petitioner</b> <i>Full name: first, middle, last</i></p> <p>and concerning</p> <p>_____</p> <p><b>Respondent</b> <i>Full name: first, middle, last</i></p>	<p>Equity case no. _____</p> <p style="text-align: center;"><b>Agreed Parenting Plan</b></p>
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**1. Information for the Court**

**A. The parties agree to this plan.**

**B. Children** *List all children born to, adopted by, or whose legal parents are Petitioner and Respondent.*

Child	First, middle, & last initials	Present age	Gender		School	Grade
			M	F		
(1)			<input type="checkbox"/>	<input type="checkbox"/>		
(2)			<input type="checkbox"/>	<input type="checkbox"/>		
(3)			<input type="checkbox"/>	<input type="checkbox"/>		
(4)			<input type="checkbox"/>	<input type="checkbox"/>		
(5)			<input type="checkbox"/>	<input type="checkbox"/>		
(6)			<input type="checkbox"/>	<input type="checkbox"/>		

*Check this box if you are attaching a sheet listing additional children.*

**C. Information about the children**

*Check all that are true*

- (1)  The children listed in B are the only children born to, adopted by or whose legal parents are Petitioner and Respondent.
  
- (2)  One or more of the children is in a juvenile court case. *If you check (2), attach a copy of the order that allows the district court to order child custody and visitation.*

Rule 17.400—Form 429: *Agreed Parenting Plan*, continued

## 2. Plan

### A. Read these definitions of legal custody and physical care:

- (1) **Legal custody** means a parent has legal rights and responsibilities for the child. These include making decisions about medical care, education, extracurricular activities, and religious instruction.
- (2) **Joint legal custody** means both parents have equal legal rights and responsibilities for the child. These include making decisions about medical care, education, extracurricular activities, and religious instruction.
- (3) **Physical care** means providing the main home for the child and taking care of the child.
- (4) **Joint physical care** means both parents have equal rights and responsibilities for providing the main home for the child and taking care of the child.

### B. Legal custody should be

*Check one*

- (1)  Joint legal custody to both parents
- (2)  To Petitioner
- (3)  To Respondent
- (4)  To other person \_\_\_\_\_

*Full name of other person: first, middle, last*

### C. Physical care should be

*Check one*

- (1)  To Petitioner *If you check (1), use D for Respondent's visitation.*
- (2)  To Respondent *If you check (2), use D for Petitioner's visitation.*
- (3)  Joint physical care to both parents *If you check (3), use E to explain the joint physical care schedule.*
- (4)  To other person \_\_\_\_\_

*Full name of other person: first, middle, last*

### D. Regular Visitation Schedule

*Use D only if one parent will have physical care. This is the schedule for the other parent to see the children.*

- (1) Visitation for  
*Check one*
  - a.  Petitioner
  - b.  Respondent

*Continued on next page*

Rule 17.400—Form 429: *Agreed Parenting Plan*, continued

(2) Visitation permission

*Check a, b, or c.*

a.  Visitation should not be allowed because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b.  Visitation should be supervised because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

The supervisor for visitation should be \_\_\_\_\_  
*Supervisor's full name: first, middle, last*

c.  Regular unsupervised visitation schedule as the parents agree:

*Check all that apply*

i.  Reasonable visitation as the parents agree.

ii.  Mid-week visitation on these days:

M Tu W Th F From \_\_\_\_\_  a.m.  a.m.  
      p.m. to \_\_\_\_\_  p.m.

iii.  Every weekend  a.m.  a.m.  
From \_\_\_\_\_ at \_\_\_\_\_  p.m. to \_\_\_\_\_ at \_\_\_\_\_  p.m.  
*Day of week Time Day of week Time*

iv.  Every other weekend  a.m.  a.m.  
From \_\_\_\_\_ at \_\_\_\_\_  p.m. to \_\_\_\_\_ at \_\_\_\_\_  p.m.  
*Day of week Time Day of week Time*

v.  Other *Describe*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

vi. Visitation will start on \_\_\_\_\_, 20\_\_\_\_\_  
*Month Day Year*

**E. Joint physical care plan**

*Use E only if both Petitioner and Respondent will have joint physical care..*

(1) How Petitioner and Respondent will make decisions about the children: *For example, decisions on school, medical care, religion, and other decisions parents make for their children.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Rule 17.400—Form 429: *Agreed Parenting Plan*, continued

- (2) How the children's time will be divided between Petitioner and Respondent:  
*Also use section F for holidays, school breaks, birthdays, and other issues.*

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- (3) How the children's expenses will be paid: *For example, expenses such as clothes, activities, and school fees.*

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- (4) How Petitioner and Respondent will deal with major changes or disagreements about the children (including changes due to the children's age and development):

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- (5) Other issues:

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*Continued on next page*

Rule 17.400—Form 429: *Agreed Parenting Plan*, continued

**F. Other Custody and Visitation Considerations**

*All parents should complete section F regardless of physical care plan.*

**(1) Detailed holiday schedule**

This schedule tells on which holidays the children will be with either Petitioner or Respondent.

**Note:** *You do not have to fill in everything. Any day that is left blank means the children will spend that day with the parent who already has the children on that day.*

*P = Petitioner      R=Respondent*

Holiday	Time	Every year		Even years		Odd years	
		P	R	P	R	P	R
New Year's Eve	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Year's Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Martin Luther King, Jr. Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
President's Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memorial Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence Day <i>July 4th</i>	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labor Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veterans' Day <i>November 11th</i>	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thanksgiving Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christmas Eve	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christmas Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother's Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father's Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Petitioner's Birthday	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respondent's Birthday	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Halloween <i>October 31st</i>	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: <i>Describe</i>	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: <i>Describe</i>	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

*Continued on next page*



Rule 17.400—Form 429: *Agreed Parenting Plan*, continued

**(2) Special rules for holidays**

*Check one*

- a.  If a holiday falls on a Friday or a Monday, the parent with the holiday will have the whole weekend.
- b.  If a holiday falls on a Monday or a Friday, the alternating weekend schedule in 2.D(2)c.iv. will continue. *This means the parent who has the children on the holiday weekend may have the children two weekends in a row.*
- c.  The parents will cooperate and rearrange the alternate weekend schedule so that neither parent will have the children more weekends in a row without contact with the other parent.
- d.  Other *Explain*

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**(3) Summer**

*Check one*

- a.  Summer school vacation will be divided as Petitioner and Respondent agree.
- b.  Petitioner and Respondent will each have one-half of the summer school vacation with alternate weekends to the other parent. The children will be returned to the parent with physical care at least one week before school starts. If a joint physical care arrangement exists, the parents will return to that joint physical care arrangement at least one week before school starts.
- c.  The parent without physical care will have two weeks of uninterrupted summer visitation with the children and the parent with physical care will have two weeks of uninterrupted summer visitation with the children. During the rest of the summer the weekly visitation schedule should be followed.
- d.  The joint physical care arrangement will continue unchanged.
- e.  Other *Explain*

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**(4) Winter school holiday**

*Check one*

- a.  Winter school holidays will be divided as Petitioner and Respondent agree.
- b.  Petitioner and Respondent will each have one-half of the winter school holiday and alternate the first and second half each year.
- c.  Other *Explain*

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Rule 17.400—Form 429: *Agreed Parenting Plan*, continued

**(5) Spring school break**

*Check all that apply.*

- a.  Spring school break will be divided as Petitioner and Respondent agree.
- b.  Spring school break will be alternated every other year between Petitioner and Respondent.
- c.  Petitioner and Respondent will each have one-half of each spring school break.
- d.  Other *Explain*

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**(6) The children's birthdays**

*Check one*

- a.  Petitioner and Respondent will have contact with the children on their birthdays as the parents may agree.
- b.  A child's birthday will be spent with the parent who has the child on that day.
- c.  Each child's birthday will be alternated from year to year between Petitioner and Respondent.
- d.  Petitioner and Respondent will each have no less than two hours of personal contact with the child on the child's birthday.
- e.  Other *Explain*

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**(7) Pick up and drop off**

*Check all that apply*

- a.  The parents will agree about pick up and drop off for each visit.
- b.  The parent starting that parent's time with the children will pick up the children at the other parent's residence.
- c.  Only certain people can help the parents with transportation. If persons other than Petitioner and Respondent will help them provide transportation of the children, only the following persons are permitted to help:

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- d.  Other arrangements for visitation *For example, Petitioner and Respondent will meet at a location between their residences. Explain*

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Rule 17.400—Form 429: *Agreed Parenting Plan*, continued

**(8) The parent without the children may contact the children by**

*Check all that apply*

- a.  Calling the children

*Check one*

- i.  At reasonable hours
  - a.m.  a.m.
- ii.  Any day from \_\_\_\_\_  p.m. to \_\_\_\_\_  p.m.

Phone number (\_\_\_\_\_) \_\_\_\_\_  
*Phone number where children can be contacted*

- b.  Emailing the children at this address: \_\_\_\_\_  
*Email where children can be contacted*

- c.  Other *Explain*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**(9) Changes to the schedule**

*Check all that apply*

- a.  The parties may agree to additional visitation or changes to the schedule.
- b.  If one parent fails to arrive at the appointed time, then the other parent will wait for at least \_\_\_\_\_ minutes before cancelling the visit.
- c.  No changes allowed except by a court order.
- d.  Other *Explain*

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**(10) Resolving disagreements**

*Check one*

Before going to court to resolve disagreements, Petitioner and Respondent will

- a.  Ask the following person to help them resolve disagreements:

		(____)	
<i>Name</i>	<i>Relationship to parties</i>	<i>Phone number</i>	
<i>Present street address</i>	<i>City</i>	<i>State</i>	<i>ZIP code</i>

- b.  Go to mediation. *Do not check if mediation will not work because of domestic violence or an injunction.*



Rule 17.400—Form 429: *Agreed Parenting Plan*, continued

**4. Oaths and Signatures**

This Agreed Parenting Plan addresses all custody and visitation issues in our custody and visitation case. We want the court to approve this Agreed Parenting Plan and make it a part of the final order.

**A. Petitioner's Oath and Signature**

I, \_\_\_\_\_, certify under penalty of perjury and pursuant to the  
*Print Petitioner's name*

laws of the State of Iowa that I have read this Agreed Parenting Plan, and I agree with the Plan. I ask the court to adopt this Agreed Parenting Plan.

\_\_\_\_\_, 20\_\_\_\_\_  
*Month Day Year Petitioner's signature\**

\_\_\_\_\_  
*Mailing address City State ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number Email address Additional email address - if available*

*\* Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*

**B. Respondent's Oath and Signature**

I, \_\_\_\_\_, certify under penalty of perjury and pursuant to the  
*Print Respondent's name*

laws of the State of Iowa that I have read this Agreed Parenting Plan, and I agree with the Plan. I ask the court to adopt this Agreed Parenting Plan.

\_\_\_\_\_, 20\_\_\_\_\_  
*Month Day Year Respondent's signature\**

\_\_\_\_\_  
*Mailing address City State ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number Email address Additional email address - if available*

*\* Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*

**Rule 17.400—Form 430: Proposed Parenting Plan**

Use this form if you and the other parent do not agree to all child custody and visitation arrangements.

Do not use this form if both parents agree to everything in this plan. Instead, use form 429 to tell the court what you both want your plan to be.

*If you do not understand how to use this form, or if you should use this form, talk to an attorney.*

In the Iowa District Court for \_\_\_\_\_ County  
*County where you are filing this Parenting Plan*

**Upon the Petition of**

**Petitioner** *Full name: first, middle, last*

and concerning

**Respondent** *Full name: first, middle, last*

Equity case no. \_\_\_\_\_

**Proposed Parenting Plan**

*Check one*

- Petitioner
- Respondent

I am

*Check one*

- A.  Petitioner
- B.  Respondent

**1. Information for the Court**

A. **Children** *List all children born to or adopted by Petitioner and Respondent.*

First, middle, & last initials of each child	Present age	Gender		School	Grade
		M	F		
(1)		<input type="checkbox"/>	<input type="checkbox"/>		
(2)		<input type="checkbox"/>	<input type="checkbox"/>		
(3)		<input type="checkbox"/>	<input type="checkbox"/>		
(4)		<input type="checkbox"/>	<input type="checkbox"/>		
(5)		<input type="checkbox"/>	<input type="checkbox"/>		
(6)		<input type="checkbox"/>	<input type="checkbox"/>		

*Check this box if you are attaching a separate sheet listing additional children.*

**B. Information about the children**

- (1)  The children listed in A are the only children born to or adopted by these parents.
- (2)  One or more of the children is in a juvenile court case. *If you check (2), attach a copy of the order that allows the district court to order child custody and visitation.*

Rule 17.400—Form 430: *Proposed Parenting Plan*, continued

**C. Special concerns about the children**

*Check all that are true*

- (1)  Breastfeeding infant
- (2)  Child with a disability
- (3)  Other *Explain*

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**D. Information about the parents**

*Check all that are true*

- (1)  Petitioner receives public assistance, Title XIX, or FIP.
- (2)  Respondent receives public assistance, Title XIX, or FIP.
- (3)  Petitioner plans to move within the next year.
- (4)  Respondent plans to move within the next year.
- (5)  This is the Parenting Plan for before the move.
- (6)  This is the Parenting Plan for after the move.

**E. Special concerns about the parents**

*Check all that are true*

- (1)  Petitioner has an alcohol or drug problem.
- (2)  Respondent has an alcohol or drug problem.
- (3)  Petitioner does not have a driver's license.
- (4)  Respondent does not have a driver's license.
- (5)  Petitioner's home environment is not suitable. *Explain in 11*
- (6)  Respondent's home environment is not suitable. *Explain in 11*
- (7)  Petitioner is in jail or a mental health institution. *Explain in 11*
- (8)  Respondent is in jail or a mental health institution. *Explain in 11*
- (9)  Petitioner is protected under a Domestic Abuse Protective Order. *Explain in 11*
- (10)  Respondent is protected under a Domestic Abuse Protective Order. *Explain in 11*
- (11)  *Explain:*

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Rule 17.400—Form 430: *Proposed Parenting Plan*, continued

## 2. Plan

### A. Read these definitions of legal custody and physical care:

- (1) **Legal custody** means a parent has legal rights and responsibilities for the child. These include making decisions about medical care, education, extracurricular activities, and religious instruction.
- (2) **Joint legal custody** means both parents have equal legal rights and responsibilities for the child. These include making decisions about medical care, education, extracurricular activities, and religious instruction.
- (3) **Physical care** means providing the main home for the child and taking care of the child.
- (4) **Joint physical care** means both parents have equal rights and responsibilities for providing the main home for the child and taking care of the child.

### B. Legal custody should be

*Check one*

- (1)  Joint legal custody to both parents
- (2)  To Petitioner
- (3)  To Respondent
- (4)  To other person \_\_\_\_\_

*Full name of other person: first, middle, last*

### C. Physical care should be

*Check one*

- (1)  To Petitioner *If you check (1), use D for Respondent's visitation.*
- (2)  To Respondent *If you check (2), use D for Petitioner's visitation.*
- (3)  Joint physical care to both parents *If you check (3), use E to explain the joint physical care schedule.*
- (4)  To other person \_\_\_\_\_

*Full name of other person: first, middle, last*

***Continued on next page***





Rule 17.400—Form 430: *Proposed Parenting Plan*, continued

**E. Joint physical care plan**

*Use E only if both Petitioner and Respondent will have joint physical care.*

*If one parent will have physical care with the other having visitation, then skip this section and complete section D instead.*

- (1) How Petitioner and Respondent will make decisions about the children: *For example, decisions on school, medical care, religion, and other decisions parents make for their children.*

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- (2) How the children's time will be divided between Petitioner and Respondent: *Also use section F for holidays, school breaks, birthdays, and other issues.*

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- (3) How the children's expenses will be paid: *For example, expenses such as clothes, activities, and school fees.*

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- (4) How Petitioner and Respondent will deal with major changes or disagreements about the children (including changes due to the children's age and development):

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- (5) Other issues:

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Rule 17.400—Form 430: *Proposed Parenting Plan*, continued

**F. Other Custody and Visitation Considerations**

*All parents should complete section F regardless of physical care plan.*

(1) Detailed holiday schedule

This schedule tells on which holidays the children will be with either Petitioner or Respondent.

You do not have to fill in everything. Any day that is left blank means the children will spend that day with the parent who already has the children on that day.

P = *Petitioner*      R = *Respondent*

Holiday	Time	Every year		Even years		Odd years	
		P	R	P	R	P	R
New Year's Eve	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
New Year's Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Martin Luther King, Jr. Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
President's Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Memorial Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Independence Day <i>July 4th</i>	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Labor Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Veterans' Day <i>November 11th</i>	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thanksgiving Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christmas Eve	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Christmas Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mother's Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Father's Day	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Petitioner's Birthday	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Respondent's Birthday	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Halloween <i>October 31st</i>	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: <i>Describe</i>	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Other: <i>Describe</i>	: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Rule 17.400—Form 430: *Proposed Parenting Plan*, continued

(2) Special rules for holidays *Check one*

- a.  If a holiday falls on a Friday or a Monday, the parent with the holiday will have the whole weekend.
- b.  If a holiday falls on a Monday or a Friday, the alternating weekend schedule in 2.D(2)c.iv. will continue. *This means the parent who has the children on the holiday weekend may have the children two weekends in a row.*
- c.  Other *Explain*

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(3) Summer *Check one*

- a.  Summer school vacation will be divided as Petitioner and Respondent agree.
- b.  Petitioner and Respondent will each have one-half of the summer school vacation with alternate weekends to the other parent. The children will be returned to the parent with physical care at least one week before school starts.
- c.  The parent without physical care will have two weeks of uninterrupted summer visitation with the children and the parent with physical care will have two weeks of uninterrupted summer visitation with the children. During the rest of the summer the weekly visitation schedule should be followed.
- d.  Other *Explain*

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(4) Winter school holiday *Check one*

- a.  Winter school holidays will be divided as Petitioner and Respondent agree.
- b.  Petitioner and Respondent will each have one-half of the winter school holiday and alternate the first and second half each year.
- c.  Other *Explain*

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(5) Spring school break *Check one*

- a.  Spring school break will be divided as Petitioner and Respondent agree.
- b.  Spring school break will be alternated every other year between Petitioner and Respondent.
- c.  Petitioner and Respondent will each have one-half of each spring school break.
- d.  Other *Explain*

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Rule 17.400—Form 430: *Proposed Parenting Plan*, continued

(6) The children's birthdays *Check all that apply*

- a.  Petitioner and Respondent will have contact with the children on their birthdays as the parents may agree.
- b.  A child's birthday will be spent with the parent who has the child on that day.
- c.  Each child's birthday will be alternated from year to year between Petitioner and Respondent.
- d.  Petitioner and Respondent will each have no less than two hours of personal contact with the child on the child's birthday.
- e.  Other *Explain*

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(7) Pick up and drop off *Check all that apply*

- a.  The parents will agree about pick up and drop off for each visit.
- b.  The parent with visitation will pick up the children at the other parent's residence at the beginning of visitation and the parent with physical care will pick up the children at the end of visitation.
- c.  Only certain people can help the parents with transportation. If persons other than Petitioner and Respondent will help them provide transportation of the children, only the following people are permitted to help:

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- d.  Other arrangements for visitation (for example, Petitioner and Respondent will meet at a location between their residences): *Explain*

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(8) The parent without the children may contact the children by *Check all that apply*

- a.  Calling the children

*Check one*

- i.  At reasonable hours
- ii.  Any day from \_\_\_\_\_  a.m. to \_\_\_\_\_  p.m.

Phone number (\_\_\_\_\_) \_\_\_\_\_  
*Phone no. where children can be contacted*

- b.  Emailing the children at this address: \_\_\_\_\_  
*Email where children can be contacted*

- c.  Other *Explain*

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Rule 17.400—Form 430: *Proposed Parenting Plan*, continued

(9) Changes to the schedule

*Check all that apply*

- a.  The parties may agree to additional visitation or changes to the schedule.
- b.  If one parent fails to arrive at the appointed time, then the other parent will wait for at least \_\_\_\_\_ minutes before cancelling the visit.
- c.  No changes allowed except by a court order.
- d.  Other *Explain*

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(10) Resolving disagreements

*Check one*

Before going to court to resolve disagreements, Petitioner and Respondent will

- a.  Ask the following person to help them resolve disagreements:

\_\_\_\_\_ (\_\_\_\_) \_\_\_\_\_  
*Name Relationship to parties Phone number*

\_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_  
*Present street address City State ZIP code*

- b.  Go to mediation. *Do not check if mediation will not work because of domestic violence or an injunction.*

***Continued on next page***



**Rules 17.401 to 17.499** Reserved.