CHAPTER 17 FORMS FOR SELF-REPRESENTED LITIGANTS

Rule 17.1 Rules 17.2 to 17.99 Rule 17.100 Use of forms; mandatory for self-represented litigants

Reserved

Family law forms for dissolution of marriage without minor or dependent adult children

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

Rules 17.101 to 17.199 Rule 17.200 Reserved

Family law forms for dissolution of marriage with dependent children 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 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
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	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
		300: Reserved
Rules 17.201 to 17.299	Reserved	500. Reserved
Rule 17.300		difying child support
	Form 301:	Application to Modify Child Support
	Form 302:	Cover Sheet for an Application to Modify Child Support
	Form 303:	Confidential Information Form
	Form 304:	Original Notice for Personal Service
	Form 304a:	Original Notice for Personal Service
	Form 305:	Acceptance of Service
	Form 306:	Directions for Service of Original Notice
		d 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	
	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
Rules 17.301 to 17.399	Reserved	
Rule 17.400	Child custody	and visitation forms for unmarried parents
	Form 401:	Petition for Custody and Visitation (Parents not Married)
	Form 402:	Petition Cover Sheet for Custody and Visitation
	Form 403:	Confidential Information Form
	Form 404:	Original Notice for Personal Service
	Form 404a:	Original Notice for Personal Service
	Form 405:	Acceptance of Service
	Form 406:	Directions for Service of Original Notice

Form 407:	Motion and Affidavit to Serve by Publication
Form 408:	Original Notice by Publication
Form 408a:	Proof of Service by Publication
Form 409:	Application and Affidavit to Defer Payment of Costs
Form 410:	Affidavit of Service of Original Notice and Petition for
	Custody and Visitation
Form 411:	Protected Information Disclosure
Form 412:	Joint Statement to Disestablish Legal Parent
Form 413:	Motion to Disestablish Legal Parent
Form 414:	Reserved
Form 415:	Answer to Petition for Custody and Visitation
Form 416:	General Answer to a Petition for Custody and Visitation
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
Reserved	

Rules 17.401 to 17.499

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.

ise of the marriage is	s 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

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

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 lowa 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.

 \blacksquare 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.

n the	lowa District Court for			County
n Re	the Marriage of:	County where you are fili	ing this Petition	
Your cu	irrent legal name	Your spouse 's cu	rrent legal name	
Jpon	the Petition of			
		For clerk's use only		
Petiti	Oner Your full name: first, middle, last		Dissolution of Dependent A	Marriage with dult Children
and co	oncerning			
Resp	ondent Your spouse's full name: first, midd	dle, last		
	ersonal Information Fill in all ing d you fear for your safety, you may leave			
and		your street address, phone nu	mber, and email l	
and	d you fear for your safety, you may leave	your street address, phone nu present residence:	mber, and email l	
and	d you fear for your safety, you may leave Petitioner's (your) birth year and	your street address, phone nu present residence:	ımber, and email l year	olank. ZIP code
A.	d you fear for your safety, you may leave Petitioner's (your) birth year and Petitioner's present street address	your street address, phone nu present residence: Birth y City () Phone number	umber, and email l year State Email a	olank. ZIP code ddress
A.	Petitioner's (your) birth year and Petitioner's present street address County	your street address, phone nu present residence: Birth y City () Phone number	mber, and email l year State Email a	olank. ZIP code ddress

 $\textbf{Rule 17.100} \\ \textbf{—Form 101:} \ \textit{Petition for Dissolution of Marriage with no Minor or Dependent Adult Children}, \textbf{continued of Marriage with no Minor or Dependent Adult Children}, \textbf{continued of Marriage with no Minor or Dependent Adult Children}, \textbf{continued of Marriage with no Minor or Dependent Adult Children}, \textbf{continued of Marriage with no Minor or Dependent Adult Children}, \textbf{continued of Marriage with no Minor or Dependent Adult Children}, \textbf{continued of Marriage with no Minor or Dependent Adult Children}, \textbf{continued of Marriage with no Minor or Dependent Adult Children}, \textbf{continued of Marriage with no Minor or Dependent Adult Children}, \textbf{continued of Marriage with no Minor or Dependent Adult Children}, \textbf{continued of Marriage with no Minor or Dependent Adult Children}, \textbf{continued of Marriage with no Minor or Dependent Adult Children}, \textbf{continued of Marriage with no Minor or Dependent Adult Children}, \textbf{continued of Marriage with no Minor or Dependent Adult Children}, \textbf{continued of Marriage with no Minor or Dependent Adult Children}, \textbf{continued of Marriage with no Minor or Dependent Adult Children}, \textbf{continued of Marriage with no Minor or Dependent Adult Children}, \textbf{continued of Marriage with no Minor or Dependent Adult Children}, \textbf{continued of Marriage with no Minor or Dependent Adult Children}, \textbf{continued of Marriage with no Minor or Dependent Adult Children}, \textbf{continued of Marriage with no Minor or Dependent Adult Children}, \textbf{continued of Marriage with no Minor or Dependent Adult Children}, \textbf{continued of Marriage with no Minor or Dependent Adult Children}, \textbf{continued of Marriage with no Minor or Dependent Adult Children}, \textbf{continued of Marriage with no Minor or Dependent Adult Children}, \textbf{continued of Marriage with no Minor or Dependent Adult Children}, \textbf{continued of Marriage with no Minor or Marri$

2. General Information About the Marriage and the Parties

A. Date and location of the marriage							
Month Day Year City	State State						
B. Children							
Check all that are true							
(1) There are no children under the age of 18 who are children of bot	h 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	ou 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.							
 I he only reason that Petitioner (you are Petitioner) is living in lov is just to get a divorce. 	(1) The only reason that Petitioner (you are Petitioner) is living in Iowa						
True							
	s other than						
just to get a divorce, check "False."							
(2) Petitioner has lived in lowa 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 le 	ast moved to Iowa.						
D. Parties' residence							
Check each that is true							
(1) Petitioner has lived in lowa for more than one year.							
(2) Respondent (your spouse) is a resident of lowa.							
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 air	ttornov						
(3) This Petition is being filed in good faith for the purpose of end	-						
(4) Counseling will not save the marriage. <i>If counseling may save the</i>							

3.

 $Rule\ 17.100 — Form\ 101:\ \textit{Petition for Dissolution of Marriage with no Minor or Dependent Adult Children}, continued$

F.		Respondent's status			
	Check each that is true				
	(1)	Respondent (your spouse) is in the mili	-		
		If you check (1), note that there are special if your spouse is in the military. You should		n going forward	
	(2)	Respondent is in prison or jail at	of facility	_ in <i>State</i>	
G	Protoc	name o	of facility	State	
G.	Check o				
	(1)	There is neither a "protective order" nor	r a "no contact order" between Peti	tioner (vou) and	
	(1)	Respondent (your spouse).		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(2) 🔿	There is a "protective order" or a "no co		d Respondent.	
		If you check (2), fill in the following inform			
		a. County and state where the order came	e from:	State	
		b. Court case number:	·	siaie	
		b. Court case number.			
Н.	Other i	information:			
р.	4:4:	n'a Danisat			
		r's Request			
Α.		ner asks the court to:			
	_	ll that apply. The court will only consider ite			
	(1) 📙	End the marriage of Petitioner (you) an	d Respondent (your spouse).		
	(2)	Fairly divide the property and the debts	of the parties.		
	(3)	Order that Respondent pay the court fe	es.		
	(4)	Order that Respondent pay for Petitioner <i>If you check</i> (4), <i>you must file form 122</i> .	's attorney's fees before the divorce	is final.	
	(5)	Order that Respondent pay spousal sup If you check (5), you must file form 122.			
	(6)	Change Petitioner's last name to:	Name can only be changed to name certificate or name used immediately		
		Print your former or birth name	to the marriage.		
	(7) 	Other request:			
	(/)	Other request.			

 $\textbf{Rule 17.100} \\ \textbf{—Form 101:} \ \textit{Petition for Dissolution of Marriage with no Minor or Dependent Adult Children}, \textbf{continued Note of Marriage with no Minor or Dependent Adult Children}, \textbf{continued Note of Marriage with no Minor or Dependent Adult Children}, \textbf{continued Note of Marriage with no Minor or Dependent Adult Children}, \textbf{continued Note of Marriage with no Minor or Dependent Adult Children}, \textbf{continued Note of Marriage with no Minor or Dependent Adult Children}, \textbf{continued Note of Marriage with no Minor or Dependent Adult Children}, \textbf{continued Note of Marriage With Note of Marriage with no Minor or Dependent Adult Children}, \textbf{continued Note of Marriage With Note of Marriage Wi$

4.	Attorney Help							
	Check one							
	A. O An attorney did not help me prepare or fill in this paper.							
		me prepare or fill in						
	If you check B, you mu	st fill in the following in	nformation:					
	Name of attorney or or	variantian if any	Attornam's D I M	# – Ask the attorney				
	Name of altorney or or	ganization, ij any	Auorney 31 .1.1v.	# - Ask the automey	V			
	Business address of att	ornev or organization	Citv	State	ZIP code			
	Dissiless word ess of wee				211 0000			
	() Attorney's phone numb	Attornay's fo	x number – optional	Attorney's email	adduses			
	Attorney's prione riumo	er Allorney s ja	x number – optional	Attorney's email	auuress – optiona			
5.	Service Instructions							
	If Petitioner is filing in paper	er						
	Check one							
	A. Petitioner will acce	pt service of docum	ents at the attorr	ney's address list	ed above; or			
	B. Petitioner will accep	t service of docume	nts in this case at	the mailing addre	ess below.			
^	O-th d Oit							
ь.	Oath and Signature							
	l,	, hav	e read this Petiti	on, and I certify u	inder penalty			
	Print your name							
	of perjury and pursuant to		e of lowa that the	e information I ha	ve provided			
	in this Petition is true and	correct.						
	Signed on: Month Da	, 20	Your signature*					
	signed on: Monin Da	y Tear	Tour signature					
	Mailing address		ity	State	ZIP code			
	Titaling data on				211 0000			
	() Phone number	Email address	440	ditional email addres	s if annlicable			
	1 none number	Email address	Auc	iiionai emaii aaares	s, ij applicaole			
	* Whether filing electronically or i		ite your signature on t	his form. If you are fil	ing 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 <u>How to Register Pro Se (Self Represented) for eFiling.</u>
- After you have registered, <u>log in to the electronic filing system</u> to electronically file your dissolution case.
- For help electronically filing your divorce, see <u>How to eFile a New Case</u>.
- 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 <u>How to Resubmit a Returned Filing</u>.
- 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 <u>My Filings Reference</u> 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 102: Petition Cover Sheet for a Dissolution of Marriage with no Minor or Dependent Adult Children

For court use only Case nun	ıber	County where case is fil	ed	-
Petitioner		, , ,		
Petitioner's first name	Middle name	Last name		_
Street address		City	State	ZIP code
() Phone number	Email addi	ress		
Case name				_
Petitioner's first name	Middle name	Last name		
VS.				
Respondent's first name	Middle name	Last name		_

Note to Petitioner

- Petitioner must complete this cover sheet if filing in paper and give it to the district court clerk when filing a
 Petition for Dissolution of Marriage with no Minor or Dependent Adult Children.
- . Do not serve this cover sheet on Respondent.
- This cover sheet is for statistical purposes only. It has no legal effect in the case.
- For electronic filers: You do not have to file this form. This information is automatically generated when you submit your documents electronically.

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.

lowa 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.

n u	ne Iowa District Court for	County where you	ur case is filed
Jpc	on the Petition of	Equity case	e no
he sp	itioner Full name: first, middle, last souse who files the Petition for Dissolution of Marria,		idential Information Form
	spondent Full name: first, middle, last her spouse		
1. 1	Petitioner's information	,	
1	Full name: First, Middle, Last	Birth date	Social Security number
2. I	Respondent's Information		
1	Full name: First, Middle, Last	Birth date	Social Security number
	Signature of Provider of Inform		
	Print your j	full name: first, middle, las	st
		 Month	

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 Resp Failure to meet this deadline may result in the Read the <u>Guide to Representing Yours</u> for additional important instructions. <u>If filing electronically, Petitioner In</u> <u>If filing in paper, Petitioner In</u>	e court dismissir relf in an Iowa I oner must comp	ng the divorce case. Divorce Case on the Iculate this form.		Branch website
f you do not understand how to use this f	-		talk to an att	orney.
In the Iowa District Court for				County
in the lowe bistrict Gourt for _		County where Petitio	n is filed	Ounty
Upon the Petition of		Original Noti	ce for Pe	rsonal Service
Petitioner Full name: first, middle, last				
and concerning				
Respondent Full name: first, middle, lass	,			
 Respondent Named Above Petitioner (your spouse) has fil A copy of the Petition for Disso Petitioner asks for a divorce. Petitioner's contact information 	olution of Marri	age is attached to the vorce case:		ent.
Mailing address	City		State	ZIP code
()Phone number	Email addres	rs.	-	
Important ins	structions for	r Respondent on n	ext page	
f you need assistance to participate in court due to a di learing or speech impaired may call Relay lowa TTY (1	sability, contact the -800-735-2942). Di :	disability coordinator at: (_ sability coordinators canno) ot provide legal	Persons who are advice. Disability coordinator

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.

Page 1 of 1

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

	d the <u>Guide to Representing Yourself in a portant instructions.</u>	n Iowa Divorce	<u>Case</u> on the Iowa Judio	cial Branch websit	e for additional
	☐ If filing electronically, Petitioner m	ust use form 104	4.		
	If filing in paper, Petitioner must u.	se this form.			
If y	ou do not understand how to use this f	orm, or if you s	should use this form,	talk to an attorn	ey.
ln	the lowa District Court for				County
	the lowe bistrict Gourt for		County where Peti	tion is filed	County
Ur	oon the Petition of		Favity 2222		
•			Equity case	no	
	4:4:		Original No	otice for Pe	rsonal Service
Pe	titioner Full name: first, middle, last				
an	d concerning				
	3				
Re	espondent Full name: first, middle, l	ast			
	-				
1.	To Respondent Named Al	oove			
	Petitioner (your spouse) has	filed a divorce	e lawsuit naming y	ou as Respond	lent.
	A copy of the Petition for Diss	solution of Ma	arriage is attached	to this Notice.	
	 Petitioner asks for a divorce. 				
	Petitioner's contact information d	uring the divo			
			Petition	er's name	
	Mailing address	City		State	ZIP code
	()_ Phone number			_	
	Phone number	Email address			
2.	Instructions to Responde	nt Named /	Above		
	You must file an Answer or a Mot	tion with the cler	rk of court in the abov	e county within 20	days after you receive
	this Original Notice. If you do not			-	-
	 court may enter a judgment aga If you received Petition form 101 		•	r she asked for in	the Petition.
	After you file your Answer or Mo			Petitioner.	
/GT		, ,	, , , , , , , , , , , , , , , , , , , ,		
(SE	EAL)	\overline{C}	Tlerk of Court		
lm	nortant Notice to Beenendant		V		County Courthouse
	portant Notice to Respondent u should talk to an attorney at onc	e to			County Courtinouse
	tect your interests.	_	Y. 4		, lowa
		C	ity		ZIP code
	u need assistance to participate in court due to a ing or speech impaired may call Relay lowa TTY				Persons who are
	act information available at: http://www.iowacour				•

Rule 17.100—Form 104a

[Court Order November 6, 2013]

November 2013

Rule 17.100—Form 105: Acceptance of Service

Petitioner must complete this section:

In the Iowa District Court for	County where Petition is filed		County
Upon the Petition of	Equity case no		
Petitioner Full name: first, middle, last	Acceptance	of Servi	ce
and concerning			
Respondent Full name: first, middle, last			
Petitioner must file this form with the clerk of court soon	after Respondent signs it.		
Respondent must complete this section: Respondent's Acceptance of Service, Oa If Respondent completes this Acceptance of Service, Responding it. Petitioner will file it with the clerk of court.		^D etitioner s	coon after
I, Print your name of the Original Notice and the Petition for this call certify under penalty of perjury and pursuant to information I have provided in this Acceptance	the laws of the State of Id	otance of wa that t	Service.
Signed: Month Day Year	Respondent's signature		
Respondent's mailing address	City	State	ZIP code
Phone number Email address			

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,

<i>ounty</i>	where Petition is filed	Equity case number		
	ame and Location of She	riff or Other Process Serve	er	
Α.	Sheriff In county where Re	spondent 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 State	ZIP code
P	erson to be Served			
Yo	ur spouse 's name	() Phone number		
\overline{Ac}	ldress where your spouse can be se	rved City	State	ZIP code
. P	erson Requesting Servic	e		
Yo	ur name	() Phone number		
\overline{Y}	ur present mailing address	City	State	ZIP code

5. Costs of Service

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

	Check one	
	A. O Petitioner will pay the costs of the Sheriff If you cannot afford the costs, file form 109.	or other process server.
	B. Costs for Sheriff deferred by court order:	
	,	Clerk of court: Sign only if costs deferred by court order
6.	Notification	by court order
٠.		and names will matify the margan
	After completion of service, the sheriff or other proceeding service.	cess server will notify the person
	. 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	e Iowa District Court for	County where you fi	led the Petition	County
Upor	n the Petition of		e no	
Petit	ioner Full name: first, middle, last		tion and Affid ve by Publica	
and c	oncerning			
Resp	ondent Full name: first, middle, last			
	formation and Requests Respondent's residence	I		
	 Check each that applies (1) ☐ Respondent lives outside (2) ☐ Respondent's residence 	of lowa. and place of employment are	e unknown.	
В.	Respondent's last known resid	dence:		
	Street address	City	State	ZIP code
	County	Phone number	Email a	ddress
С	. Most recent date Respondent	is known to have been at $\frac{20}{Y_{ear}}$	the address abo	ove:

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

D. Petitioner has taken these steps to find Respondent:	D.
E. Petitioner will publish notice in this newspaper:	E.
Name of newspaper	
F. Petitioner asks the court to allow Petitioner to serve Respondent by publication because	F.

Respondent cannot be personally served.

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 o	r fill in this paper.		
	B. An attorney helped me prepare or fill in If you check B, you must fill in the following in			
	Name of attorney or organization, if any	Attorney's P.I.N.	# – Ask the attorney	
	Business address of attorney or organization	City	State	ZIP code
	() () Attorney's phone number Attorney's fa	x number – optional	Attorney's email ad	dress – option
3.	Oath and Signature			
	l hav	e read this Motio	n and Affidavit and	d L 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: Month	, 2	0 Year	Your sign	nature*		
_ Mailing address			ity		State	ZIP code
() Phone number	Email add	dress			ıl email addre:	ss, 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.

ln	the lowa Dist	rict Court f	for		County whe	ere Petition is f	îled	County
Uķ	oon the Petitio	on of			' '	case no		
Pe	titioner Full na	me first middle l	ast		Oı	riginal Noti	ce by P	ublication
	d concerning	me. gr.a., madee, i						
Re	espondent F	ull name: first, mid	dle, last					
1.		or Responde our spouse) has contact informat	filed a divo	rce lawsuit		u as Responde	nt.	
	Petitioner's j	first name	Midd	le name		Last name		
	Petitioner's	present street a	ddress	City			State	ZIP code
	County			(Phone :) number		Email a	ddress
2.	Respondent's	s deadline fo	or filing a	Respon	ise			
	-	n Answer or a	Motion wit	h the cleri		n the above c	ounty with	nin 20 days after
	Month	Day	_, 20 <u></u>	_				
3.	You must file an .	Answer or a Mo If you do not re	otion with th	ne clerk of	court in the			lays after the date etitioner what he or
			Imp	ortant No	tice to Re	spondent		
	 You should talk t If you choose not self-represented 		ney represent	t you in this i		the Iowa Judicial	Branch wel	osite for
hea	u need assistance to pa ring or speech impaired act information available	may call Relay lowa	TTY (1-800-7	35-2942). Dis	ability coordin	ators cannot prov	ide legal adv	Persons who are rice. Disability coordinator
NI.				D. J. 47.4	00			D 1 11

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.

- 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	lowa District Court for	unty where your case is filed
U _I	oon	the Petition of	Equity case no
Pe	etiti	Oner Full name: first, middle, last	Application and Affidavit to Defer Payment of Costs
an	d co	oncerning	
Re	esp	ondent Full name: first, middle, last	
1.	Re	equest	
	A.	I am Petitioner.	
	B.	For my Application and Affidavit, I state the Check all that apply	nat:
		(1) \[\sum \] I am unable to pay the filing fee or set	rvice costs or other court costs.
		(2) ask the court for permission to proce	eed without prepayment of costs and fees.
		(3) am filing this Application and Affidav	it in good faith.
		(4) 🗌 I believe I am entitled to what I am as	king for in this case.
	C.	Household	
		There are $\underline{\hspace{1cm}}_{Number}$ people living in my house	ehold.
	D.	My household income is \$	per month.
		Put the total amount of all income and benefits beg	fore 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 th	e following monthly expenses:
	(1) Rent or mortgage	\$
	(2) Utilities	\$
	(3) Phone	\$
	(4) Food	\$
	(5) Transportation	\$
G.	I have \$	in cash, checking, and savings.

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

	Name of attor	rney or organiz	ation, if any	Attori	ney 's P.I.N. ‡	#-Ask the attor	ney
	Business addr	ress of attorney	or organiza	tion City		State	ZIP code
	() _ Attorney's ph	one number	(Attorne	y's fax numbe	r – optional	Attorney's emo	ail address – op
Sectio	ification of son 3 to be completed to the son and the	ted only if filin	g in paper o	r if the other p	oarty is exem		ic filing.
1.				certify that	on		. 20
,	nt your name			,	Month	\overline{Da}	y Year
Name	of person to who			City		State	ZIP code
Name Party	of person to who	nailing address		City		State	ZIP code
Name Party Oatl	of person to who 's or attorney's n	nailing address		ŕ	lication and		
Name Party Oatl	of person to who	nailing address		ŕ	lication and	State	
Name Party Oatl I, Prin	of person to who 's or attorney's n and Signat	nailing address ture nd pursuant t	, have re	ead this App	of lowa tha	d Affidavit, and	I certify unde
Name Party Oatl I, Prin pena provi	of person to who 's or attorney's n n and Signat nt your name Ity of perjury and	nailing address ture nd pursuant tolication and a	, have re to the laws Affidavit is	ead this App of the State true and cor	of lowa tha	d Affidavit, and	I certify unde
Name Party Oatl I, Prin pena provi	of person to who 's or attorney's n n and Signat nt your name Ity of perjury a	nailing address ture nd pursuant t	, have re to the laws Affidavit is	ead this App	of lowa tha	d Affidavit, and	I certify unde
Name Party Oatl I, Prin pena provi	of person to who 's or attorney's n n and Signat nt your name Ity of perjury and	nailing address ture nd pursuant tolication and a	, have re to the laws Affidavit is	ead this App of the State true and cor	of lowa tha	d Affidavit, and	I certify unde
Name Party Oatl I, Prin pena provi	of person to who 's or attorney's n n and Signat nt your name Ity of perjury and ded in this App d on: Month	nailing address ture nd pursuant tolication and tolication and tolication	, have re to the laws Affidavit is	ead this App of the State true and cor	of lowa tha	d Affidavit, and at the informat	I certify unde

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.

II (he Iowa District Court	ior	County where Per	tition is filed	County
Jp	on the Petition of		Equity cas	se no	
Pet	itioner Full name: first, middle, lo	ast		avit of Service of lotice and Petitio	
ınd	concerning		Di	issolution of Mai	riage
₹e	spondent Full name: first, mid	dle, last	_		
	Affidavit				
	I,		, delivered a	copy of the Original	Notice and
	Petition for Dissolution of N	/larriage for thi	s case to:		Check one
					a.m.
	Name of Respondent	on		, 20 at _	O p.m.
	Name of Respondent	Mon	th Da	ıy Year Ti	me
	by handing Respondent co	pies of the atta	ached papers.		
	Oath and Signature				
•	To be completed by the person w	ho gave the Petit	tion and Original No	tice to Respondent.	
	I,		have read th	nis Affidavit of Servi	ce and I certify
	Print your name				oo, ana . ooi,
	under penalty of perjury ar	d pursuant to	the laws of the S	tate of lowa that the	information I
	have provided in this Affida	•			
		20			
	Signed on: Month Day	, 20 Year	Your signature*		
	Mailing address		City	State	ZIP code
	()				
	Phone number	Email address		Additional email add	ress – if available
	* If you are filing electronically, sc				-
	ny you and young become ormically, be	and the forme ageor be	gg is also siviejite of		
	mber 2013	Dula	17.100—Form 110		Page 1 of 1

[Court Order November 6, 2013]

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	Equity case no
Petitioner Full name: first, middle, last	Protected Information Disclosure
and concerning	
Respondent Full name: first, middle, last	_

For electronic filers:

When protected information, as defined in lowa 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.

A. Name

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

First	Middle	Last
Protected Information Type	Complete Information (See Rules 16.602 and 16.604)	
(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

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 Informatio	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
	1 1 11 11 11 11 11 11 11 11 11 11 11 11	1: C C D 1

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

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

Rule 17.100—Form 111: Protected Information Disclosure, continued

3. Information provided b

		/S/		
Handwritten signature of party completing this form or attorney if filing in paper			ignature of par f filing electro	ty completing this fon nically
Law firm, if applicable		-		
 Mailing address	City		State	ZIP code
() Phone number				
Email address		Additional emai	il address, if ap	pplicable
Month Day Day Day	0 Year			

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.

n the Iowa District Court for County	v where your spouse filed the Petition County
Upon the Petition of	Equity case no
Petitioner Your spouse's full name: first, middle, last	Answer to Petition for Dissolution of Marriage with no Minor or Dependent Adult Children
and concerning	
Respondent Your full name: first, middle, last	
A. Petitioner's information Check one	
(2) O Petitioner's birth year and present res The correct information is: Birth year	r and present residence are correct in the Petition. sidence are not correct in the Petition. r
(1) Petitioner's (your spouse's) birth year (2) Petitioner's birth year and present result the correct information is:	r and present residence are correct in the Petition. sidence are not correct in the Petition.
(1) Petitioner's (your spouse's) birth year (2) Petitioner's birth year and present res The correct information is: Birth year Present street address	r and present residence are correct in the Petition. sidence are not correct in the Petition. r

	Present street address		City		State	ZIP code
		(11
_	County	<i>f</i>	none number -		Email a	aaress
	eneral Information Abou		rriage and	the Parties	S	
A.	Date and location of the ma	arriage				
	Check one If paragraph 2A of the Petition	(form 101) :	is not correct	check (2) and f	ill in the hlanl	75
	(1) The date and location					
	(2) The date and location					
	The correct informat		nage are not	orreot in the r	CitiOn.	
	The correct informat	1011 10.				
	Month	Day	\overline{Year}	City		State
ь	Children					
В.	Check all that are true					
	If you do not check one or more	of these bo	xes. explain in	2I.		
			,p			
	(1) There are no children	under the a	-		both Petition	er and Respond
			age of 18 who	are children of		·
	(1) There are no children	under the a	age of 18 who age of 18 who	are children of were adopted	or born durir	·
	(1) There are no children(2) There are no children	under the a	age of 18 who age of 18 who f age or older	are children of were adopted	or born durir	·
C.	 (1) There are no children (2) There are no children (3) There are no children 	under the a	age of 18 who age of 18 who f age or older	are children of were adopted	or born durir	·
C.	 (1) There are no children (2) There are no children (3) There are no children (4) Neither Petitioner nor 	under the a 18 years o Responder	age of 18 who age of 18 who f age or older nt is pregnant.	are children of were adopted who still need	or born durir support.	ng this marriage
C.	 (1) There are no children (2) There are no children (3) There are no children (4) Neither Petitioner nor Petitioner's residence (1) The only reason that Perition 	under the a 18 years o Responder	age of 18 who age of 18 who f age or older nt is pregnant.	are children of were adopted who still need	or born durir support.	ng this marriage
C.	 (1) There are no children (2) There are no children (3) There are no children (4) Neither Petitioner nor Petitioner's residence (1) The only reason that Period True False If you do not he 	under the and	age of 18 who age of 18 who f age or older nt is pregnant. ur spouse) is	are children of were adopted who still need living in lowa	or born durir support. is just to get	ng this marriage
C.	 (1) There are no children (2) There are no children (3) There are no children (4) Neither Petitioner nor Petitioner's residence (1) The only reason that Period True False If you do not la divorce, check 	titioner (you	age of 18 who age of 18 who f age or older ont is pregnant. ur spouse) is or if you live in	are children of were adopted who still need living in lowa	or born during support. is just to get ons other than	ng this marriage
C.	 (1) There are no children (2) There are no children (3) There are no children (4) Neither Petitioner nor Petitioner's residence (1) The only reason that Period True False If you do not he 	n under the and 18 years of Responder titioner (you will in Iowa, of "False."	age of 18 who age of 18 who f age or older ont is pregnant. The spouse is or if you live in the Petition of th	are children of were adopted who still need living in lowant for reason form 101), fill:	or born during support. is just to get one other than in the blanks.	ng this marriage. a divorce. just to get a

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

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) \square 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 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) O 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:
	Source State
	b. Court case number:
Н.	Respondent denies anything in the Petition that Respondent has not agreed is correct.
l.	Other information:

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

3. Respondent's Request

A.	•	spondent 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 <i>If you check</i> (4), <i>you must file form 122.</i>				
	(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	to the manninger		
В.	☐ Otl	her request:			

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

4.	Attori Check of	ney Help							
	\sim		did not	halp ma prap	ara ar	fill in this paper.			
	л. О В. О	_				-	•		
	ь. О	-	-	me prepare o t fill in the follov					
		37				4	<i>u</i> 4 4 .4		
		Name of attor	ney or org	anization, if any	,	Attorney's P.I.N.	# – Ask the a	ttorne	y
		Business addi	ress of atto	rney or organiza	ation	City	State	e	ZIP code
		() _ Attorney's ph	one numbe	r () _ ey 's fas	c number – optional	Attorney's	email	address – optional
5.	Servi	ce Instruct				-	•		-
	If Res	oondent is fil	ing in pa	per					
	Check o	ne							
	A. (Responden	t will acce	ept service of	docun	nents at the attor	ney's addres	ss liste	ed above; or
	В. 🔘	Responden	t will acce	pt service of d	locum	ents in this case a	at the mailing	g addı	ress below.
6.	Certif	ication of	Service	by Mailing	or De	livery			
•	Section	6 to be comple	ted only if	filing in paper o	r if the	other party is exem be served on regist		onic fi	ling.
	I			-	-	_	_		20
	'', <u>Print</u>	your name			, сст	fy that on <i>Month</i>		Day	, <u>ZO</u>
		_	copy of t	his Answer to	the o	ther party or the	other party	's att	orney at this
	addres	SS:							
	Name o	f person to who	om I delive	red or mailed it					
_	-	or attorney's n	_	tress	City		Stat	е	ZIP code
7.		and Signat	ture						
		your name			, have	e read this Answ	er, and I ce	rtify u	ınder penalty
			uant to t	he laws of the	State	e of lowa that the	e informatio	n I ha	ve provided
		Answer is tr							
				. 20					
	Signed	on: Month	Day	Year	You	r signature*			
	Mailing	address			City		Stat	e	ZIP code
	(T :1 11			7:4: 7 .7	1 1	
	Phone r	number		Email address			titional email		
			ning it and	then file electronic	cally	te your signature on t ng this form on ne		ı are fil	ing electronically,

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

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 <u>How to Register Pro Se (Self Represented)</u>
 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 <u>directly log in to EDMS</u>; 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 <u>How to Resubmit a Returned Filing</u>.
- 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

November 2013

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 <u>Guide to Representing Yourself in an Iowa Divorce Case</u> 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 where Petition is filed
Upon the Petition of	Equity case no.
Petitioner Your spouse's full name: first, middle, last	General Answer to a Petition
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:
- 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.

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

υ.	Protect	ive	or no contact orders	
	Check or	ıе		
	(1) 🔿	The Pet	ere is neither a "protective order" nor a "no contact order" between Respor itioner (your spouse).	ndent (you) and
	(2)	The	ere is a "protective order" or "no contact order" between Respondent and F	Petitioner.
	_		ou check (2), fill in the following information:	
		a.	County and state where the order came from:	
			County	State
		b.	Court case number:	
Ε.	Respor	nde	nt denies anything in the Petition that is not admitted in this Answ	wer.
F.	Other in	nfor	rmation:	

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.

3. Attorney Help

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

Name of attorne	ry or organizat	ion, if any	Attorney's P.I.1	V. # $-Ask$ the atta	orney
Business addres	s of attorney o	r organization	City	State	ZIP code
()_ Attornev's phon	e number	_ () Attornev's fo	x number – optional	Attornev's en	nail address – optic
Service Instructio		, ,	1	,	1
If Respondent is filing	g in paper				
Check one					
A. Respondent v	will accept se	ervice of docu	ments at the att	torney's addres	s listed above;
B. Respondent v	vill accept se	rvice of docui	ments in this cas	e at the mailing	address below
Certification of Se	ervice by M	lailing or D	eliverv		
Section 5 to be completed	d only if filing i	in paper or if th	e other party is exe		ic filing.
			u ha carvad on raci	etorod nartice	
This document, if filed el			_	-	
I,			_	-	, 20
I, Print your name		, cer	tify that on	$\frac{1}{h}$ \overline{D}	•
I, Print your name I mailed or gave a co		, cer	tify that on	$\frac{1}{h}$ \overline{D}	
I,		, cer	tify that on	$\frac{1}{h}$ \overline{D}	
I, Print your name I mailed or gave a coaddress:	ppy of this A	, cer	tify that on	$\frac{1}{h}$ \overline{D}	•
I, Print your name I mailed or gave a co	ppy of this A	, cer	tify that on	$\frac{1}{h}$ \overline{D}	•
I, Print your name I mailed or gave a coaddress:	opy of this A	, cer	tify that on <u>Mont</u> Other party or th	$\frac{1}{h}$ \overline{D}	•
I, Print your name I mailed or gave a coaddress: Name of person to whom Party's or attorney's mail	opy of this A	nswer to the	tify that on <u>Mont</u> Other party or th	h D	attorney at thi
I, Print your name I mailed or gave a coaddress: Name of person to whom	opy of this A	nswer to the mailed it	tify that on Mont Mont other party or th	th D ne other party's State	attorney at this
I, Print your name I mailed or gave a coaddress: Name of person to whom Party's or attorney's man Oath and Signatu I,	opy of this A	nswer to the mailed it	tify that on <u>Mont</u> Other party or th	th D ne other party's State	attorney at this
I, Print your name I mailed or gave a coaddress: Name of person to whom Party's or attorney's man Oath and Signatu I, Print your name	I delivered or liling address	nswer to the mailed it City	tify that on Monto	th D ne other party's State wer, and I certi	attorney at thi $\overline{ZIP\ code}$
I, Print your name I mailed or gave a coaddress: Name of person to whom Party's or attorney's man Oath and Signatu I,	I delivered or illing address	nswer to the mailed it City	tify that on Monto	th D ne other party's State wer, and I certi	attorney at thi
I, Print your name I mailed or gave a coaddress: Name of person to whom Party's or attorney's man Oath and Signatu I, Print your name of perjury and pursua	I delivered or illing address	nswer to the mailed it City	tify that on Monto	th D ne other party's State wer, and I certi	attorney at thi $\overline{ZIP\ code}$
I, Print your name I mailed or gave a coaddress: Name of person to whom Party's or attorney's man Oath and Signatu I, Print your name of perjury and pursua	I delivered or illing address	nswer to the mailed it City	tify that on Monto	th D ne other party's State wer, and I certified the information	attorney at thi
I, Print your name I mailed or gave a coaddress: Name of person to whom Party's or attorney's man Oath and Signatu I, Print your name of perjury and pursua in this Answer is true	I delivered or illing address	mailed it City ws of the State , 20 Year	tify that on Monto	th D ne other party's State wer, and I certified the information	attorney at thi ZIP code fy under penal I have provide
I, Print your name I mailed or gave a coaddress: Name of person to whom Party's or attorney's mailed Oath and Signatu I, Print your name of perjury and pursua in this Answer is true Signed on: Month	I delivered or illing address	mailed it City ws of the State , 20 Year	tify that on Montother party or the read this Ansie of Iowa that the Your signature	th D ne other party's State wer, and I certi the information	attorney at thi ZIP code fy under penal I have provided ZIP code

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

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 <u>How to Register Pro Se (Self Represented) for eFiling</u> 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 <u>directly log in to EDMS</u>; or from the judicial branch website menu, you may select "eFiling > eFile (EDMS) Login."
- For help, see <u>How to eFile to an Existing Case</u>.
- 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 <u>How to Resubmit a Returned Filing</u>.
- 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

November 2013 Instructions for Rule 17.100—Form 116

Page 1 of 1

[Court Order May 16, 2007; November 6, 2013]

Forms 117 to 121: Reserved

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.

n the Iowa District Court for	County where your case is filed	Cou	
Upon the Petition of	Equity case no		
Petitioner Full name: first, middle, last	Motion in a Dissolution of Marriage with no Minor or Dependent Adult Children		
and concerning			
Respondent Full name: first, middle, last	-		
A. O Petitioner B. O Respondent Request			
 A. I ask the court to Check all that apply. If you check any box in A. (1) Change the hearing date that has 		aking this request in B, 20 Day Year	
Check all that apply. If you check any box in A	Decree by default. the divorce is final. to me before the divorce is final.		

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 prep	oare or fil	l in this paper.		
	B. An attorney helped me prepare of If you check B, you must fill in the follo				
	Name of attorney or organization, if an		Attornev's P I N	# - Ask the attorn	100
	name of attorney or organization, if an	, .	1110/11cy 51 .1.11.	n 115h tite ditori	.c.y
	Business address of attorney or organiz	zation	City	State	ZIP code
	() (nev's far n	umher – antional	Attornev's ema	il address - ontional
				Thorney 5 oma	optiona
3.	Certification of Service by Mailing Section 3 to be completed only if filing in paper of	or if the ot	her party is exem		filing.
	This document, if filed electronically, will autom		_	_	
	l,	_, certify	that on		, 20
	I mailed or gave a copy of this Motion to address:	tne otne	er party or the	otner party's at	torney at this
	address.				
		-			
	Name of person to whom I delivered or mailed it	t			
	Party's or attorney's mailing address	City		State	ZIP code
1	Oath and Signature				
4.					
	l, Print your name	_, have re	ead this Motior	ı, and I certify ur	nder penalty of
	perjury and pursuant to the laws of the Sta	ate of lov	a that the info	rmation I have n	rovided in this
	Motion is true and correct.	ate or lov	va triat trie iriio	mation mave p	TOVIDED III LIIIS
	Wolfor is true and someon.				
	, 20	Your si			
	Signed on: Month Day Year	Your st	gnature*		
	Mailing address	City		State	ZIP code
	(
	Phone number Email address		Add	litional email addr	ess – if available
	* 777 -1 -01- 1 11				A1. 1
	* Whether filing electronically or in paper, you must scan the form after signing it and then file electroni		our signature on t	his form. If you are	filing electronically,
	sear me joint after signing it and men fire electronic	cusy.			
Nov	vember 2013 Rul	le 17.100—	Form 122		Page 2 of 2

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 Where your case is filed
Upon the Petition of	Equity case no
Petitioner Full name: first, middle, last	Response to a Motion
and concerning	
Respondent Full name: first, middle, last	
why you disagree with the request in C. (1) Change the hearing date that had (2) Order counseling (conciliation). (3) Set a hearing date for a divorce (4) Award my spouse attorney's fee	as been set for

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

C. I disagree with the Motion because:		

3. Attorney Help

Page 3 of 3

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

	v	ey or organiza	tion, if any	Attorney's P.I.N.	# - Ask the attorn	еу
	Business addre	ss of attorney	or organizati	ion City	State	ZIP code
	() Attorney's phot	ne number	_ ('s fax number – optiona	Attorney's em	ail address – op
This do	cument, if filed e	lectronically, v	will automati	if the other party is ex cally be served on reg certify that on	gistered parties.	
Darian	your name		,	certify that on $\underline{\qquad\qquad}_{Morn}$	nth Do	iy Yea
l maile this ac	ed or gave a coddress: of person to whom or attorney's ma	n I delivered o	r mailed it	City	or the other party	ZIP code
I maile this ac	ed or gave a coddress:	n I delivered of	r mailed it			
Name of Party's	ed or gave a coddress: of person to whom or attorney's ma	n I delivered of uiling address	r mailed it	City	State	ZIP code
I maile this action \overline{N} ame \overline{C} \overline{P}	ed or gave a coddress: of person to whom or attorney's mand Signatury	n I delivered on uiling address	r mailed it	City have read this Re	State sponse, and I ce	ZIP code
Name of Party's Oath I, Print penalt	ed or gave a coddress: of person to whom or attorney's mand Signatury and Signatury of perjury an	n I delivered on ailing address Ire d pursuant to	r mailed it	City	State sponse, and I ce	ZIP code
Name of Party's Oath I, Print penalta and the	ed or gave a coddress: of person to whom or attorney's ma and Signatu your name y of perjury an at the informat	n I delivered of uiling address ure d pursuant to tion I have pr	r mailed it o the laws o	City have read this Resolution of the State of lowers is true and correct	State sponse, and I ce	ZIP code
Name of Party's Oath I, Print penalta and the	ed or gave a coddress: of person to whom or attorney's mand Signatury and Signatury of perjury an	n I delivered of uiling address ure d pursuant to tion I have pr	r mailed it o the laws o	City have read this Resolution of the State of lower	State sponse, and I ce	ZIP code
Name of Party's Oath I, Print penalt and the Signed	ed or gave a coddress: of person to whom or attorney's ma and Signatu your name y of perjury an at the informat	n I delivered of uiling address ure d pursuant to tion I have pr	r mailed it o the laws o	City have read this Resolution of the State of lowers is true and correct	State sponse, and I ce	ZIP code

Rule 17.100—Form 123

November 2013

\$

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 whore	your case is filed	County	
		County where	your case is filed		
Upon the Petition of		Equity ca	ase no		
Petitioner Full name: first, middle, last		_	inancial Affidavit f issolution of Marr with no Minor o	iage	
and concerning		De	Dependent Adult Children		
Respondent Full name: first, middle,	last	-			
l am					
Check one					
A. Petitioner					
B. Respondent					
B. O Respondent					
l <u>, </u>		, state that thi	s is a true and comple	ete statement	
	nd present	income as of the	e day of	, 20 .	
of my assets, debts, ar			Day Month	Year	
1. Assets Things you and your spot	ise own.				
A. Real estate Attach additional sheets if neces	•				
*Owner (Whose name is on the	deed?): P =	Petitioner $R = Re$	espondent $J = Joint$ (Both	1)	
Type of real estate	Owner*	Market value What it would sell for	Debt Total amount you still owe on it and to whom owed	Net value Market value minus debt owed	
(1) Homestead Address					
		\$	\$	\$	
			to:		
(2) Other real estate Address			C		

\$

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)

Vehicles Make (e.g. Ford) Year	Owner*	Market value What it would sell for	Debt Total amount you still owe on it and to whom owed	Net Value Market value minus debt owed
(1)		\$	\$	\$
		Ψ	to:	Ψ
(2)		\$	\$	\$
		 	to:	Ψ
(3)		c	\$	6
		\$	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)

Securities, stocks, & bonds Company name	Owner* P,R,J	Market value What it would sell for	Debt Total amount you still owe on it and to whom owed	Net value Market value minus debt owed
(1)		\$	\$	\$
()		, , , , , , , , , , , , , , , , , , ,	to:	Ť
(2)		\$	\$	\$
(2)		Ψ	to:	Ψ
(2)		ф.	\$	¢
(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)

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

[☐] Check this box if you have attached a sheet with additional information 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)

Checking & savings accounts Bank or Credit Union name If you do not use bank accounts, write "Cash"	Owner*	Cash value	Personal loans or overdraft accounts Total amount you still owe on it	Net value Cash value minus loan / overdraft owed
(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)

Household contents Describe	Owner*	Market value What it would sell for	Debt Total amount you still owe on it and to whom owed	Net value Market value minus debt owed	
(1) Furniture			\$	•	
a.		\$	to:	\$	
b.		\$	\$	\$	
D.		Ψ	to:	ý	
C.		\$	\$	\$	
C.		Ψ	to:	y .	
d.		\$	\$	\$	
u.		Ψ	to:	Ψ	
(2) Appliances / Electronics		\$	\$	\$	
a.		\$	to:	ý	
b.		\$	\$	\$	
D.		Ψ .	to:	Ψ	
C.		\$	\$	\$	
C.		Ψ	to:	J	
d.	\$		\$	\$	
ч.		<u> </u>	to:	•	
(3) Other contents		\$	\$	\$	
a.		Ψ	to:	Ψ	

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)

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

Check this box if you have attached a sheet with additional information 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)

Other assets Describe	Owner*	Market value What it would sell for	Debt Total amount you still owe on it and to whom owed	Net value Market value minus debt owed
(1)		\$	\$	\$
(1)		Ψ	to:	Ψ
(2)		\$	\$	\$
(2)		Φ	to:	Ψ
(3)		\$	\$	\$
(3)		Φ	to:	Ψ

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

Totals

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

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)

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

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) $M = Monthly \ T = Two times a month$

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

 $Rule\ 17.100 - Form\ 124: \textit{Financial Affidavit for a Dissolution of Marriage with no \textit{Minor or Dependent Adult Children}, continued to the property of the$

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) $M = Monthly \ T = Two times a month$

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

4. Expenses

A. Living arrangements

Check o	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

Type of expense	Paid to	How often paid?* W,B,M,T,A	Monthly payment
(1) House payment or rent			\$
(2) Food At home & restaurants			\$
(3) Transportation (gas, bus fare) Not car loan payments – see (12).			\$
(4) Clothing			\$
(5) Medical, dental Not health insurance payments – see 4B(10).			\$
(6) Utilities (gas, electric)			\$
(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 Identify:			\$
(15) Other expense Identify:			\$
(16) Other expense Identify:			\$
(17) Totals from attached sheets, if any Check this box if you have attached a sheet with additional information on your expenses.			\$
Total expenses			\$

	If you check B,	you must jiu	V	- G y			
	Name of attorn	ey or organiz	ation, if any	Attorney	's P.I.N. # -	- Ask the attorn	ney
	Business addre	ss of attorney	or organizat	ion City		State	ZIP code
	() Attorney's pho	ne number	('s fax number –	optional 2	Attorney's ema	til address – opti
Se	ertification of S ection 6 to be complete his document, if filed e	ed only if filin	g in paper or	if the other part			filing.
I,	D.i.d.		,	certify that or	n		, 20
					1 (/	Da	, Voor
l r at	Print your name mailed or gave a c torney at this addr ame of person to whon	ess:	or mailed it		Monin		
l r at	rrmi your name mailed or gave a c torney at this addr	ess:	or mailed it	ffidavit to the	Monin	y or the othe	er party's - ZIP code
I rat	Print your name mailed or gave a c torney at this addr ame of person to whon	ess: n I delivered of the service o	or mailed it		Monin		
$\frac{1}{Nc}$	mailed or gave a contorney at this addrance of person to whome arty's or attorney's math and Signatu	ess: I delivered of ailing address	or mailed it	City	other part	State	 ZIP code
$\frac{1}{Nc}$	rant your name mailed or gave a contorney at this addr ame of person to whom arty's or attorney's mailed ath and Signatu Print your name	ress: In I delivered of the second s	or mailed it	City have read thi	other part	State	ZIP code
$\frac{1}{Nd}$	mailed or gave a contorney at this addrance of person to whome arty's or attorney's math and Signatu	ress: In I delivered of ailing address Ire jury and pu	or mailed it	City have read thise laws of the S	other part	State Il Affidavit, a	ZIP code nd I certify e read this
$\frac{1}{Nd}$	rant your name mailed or gave a contorney at this addr ame of person to whom arty's or attorney's mailed and Signature Print your name	ress: In I delivered of ailing address Ire jury and pu	or mailed it rsuant to the	City have read this laws of the Shave provides	is Financia State of love	State Il Affidavit, a	ZIP code nd I certify e read this
\overline{No}	rant your name mailed or gave a contorney at this addr ame of person to whom arty's or attorney's mailed and Signature Print your name	ress: In I delivered of ailing address Ire jury and pu	or mailed it rsuant to the	City have read thise laws of the S	is Financia State of love	State Il Affidavit, a	ZIP code nd I certify e read this
I r at I	mailed or gave a contorney at this address. The arms of person to whome arty's or attorney's math and Signature and arms of person to whome arty's or attorney's math and Signature and arms of person ancial Affidavit and an arms of the arms of th	ress: In I delivered of ailing address Ire jury and puild that the ir	or mailed it rsuant to the	City have read this laws of the Shave provides	is Financia State of love	State Il Affidavit, a	ZIP code nd I certify e read this
I r at $I r$ at $I r$	mailed or gave a contorney at this address. The arms of person to whome arty's or attorney's material and Signatural Print your name ander penalty of permancial Affidavit and gned on: Month	ress: In I delivered of ailing address Ire giury and purity and that the ir Day	or mailed it rsuant to the	City have read this laws of the Shave provided Your signature	is Financia State of lov d in it is tru	State Il Affidavit, a va that I have e and correct	zIP code nd I certify e read this t. zIP code

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.

ln t	the Iowa District Court for	County where your case is filed	County
Up	on the Petition of	Equity case no	illing Notice
Pet	titioner Full name: first, middle, last		_
and	I concerning		
Res	spondent Full name: first, middle, last		
	Attorney Help Check one A. An attorney did not help me prepare	or fill in this paper	
	B. An attorney helped me prepare or fill If you check B, you must fill in the following	in this paper.	
	Name of attorney or organization, if any	Attorney's P.I.N. # - Ask the	e attorney
	Business address of attorney or organization	City S	tate ZIP code
	()() fax number – optional Attorney	v's email address – optiona

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

	, certify under penal	lty of perjury and p	oursuant to th
Print your name			
laws of the State of lowa that on	the day of	, 20, I se	ent by ordina
	•	Year	
mail with proper postage, the follo	owing paper or papers:		
Check one			
Original Notice and Petition for	or Dissolution of Marriage, or		
Nieties of leterate File - Marit	A		
Notice of Intent to File a Writt	en Application for Default De	cree	
to Respondent's last-known addr	ess as follows:		
·			
Respondent's street address	City	State	ZIP code
Respondent's street address	City	State	ZIP code
Respondent's street address	City	State	ZIP code
Respondent's street address	City	State	ZIP code
, 20)		ZIP code
Respondent's street address Signed on: Month Day	City Petitioner's signature		ZIP code
, 20)		ZIP code
Signed on: Month Day) Year Petitioner's signatus		ZIP code
, 20)	re*	
Signed on: Month Day) Year Petitioner's signatus	re*	

^{*} 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 Cour		ounty where your case is filed		County
		ounty where your case is filed		
Upon the Petition of		Equity case no		
Petitioner Full name: first, middle	e, last	Notice of Intended		
and concerning				
Respondent Full name: first, n	niddle, last			
То:				
Respondent's first name	Middle name	Last name		
Date of Notice:		20		
Month	Day,	Year		
	Important Notice	e to Respondent:		
Handwritten signature of Petitione if filing in paper	er or attorney o	if filing electronically	Petitioner or	r Attorney
The person who provided the signs	ature above must fill in	the information below.		
Present street address (If attor	rney, firm address)	City	State	ZIP code
Phone number	Email add	rann.	_	
Instructions for Petitioner	Emaii aaa	ress		
	atuania aller			
Filing your Notice election EDMS will automatically filing requirements.	•	ess Respondent is exempt from	electronic	
Filing your Notice in p	paper (if you have rece	eived permission from the cour	t to file in p	aper)
 Deliver a copy of this Complete form 125 ar File the original of this Keep a copy for your 	nd file the original at the s form (126) at the clerk	e clerk of court's office.		
November 2013	Pule 17	100—Form 126		Page 1 of

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.
 - ffiling 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 where your ca.	se is filed	County
Upon the Petition of	Equity case no)	
Petitioner Full name: first, middle, last	of Marri	age with no	
and concerning	Depen	dent Adult (Children
Respondent Full name: first, middle, last	_		
 Personal Information Fill in all informand you fear for your safety, you may leave you I am Check one A. Petitioner B. Respondent (1) Petitioner's birth year and present 	ır address, phone number, a		ulted by your spouse
Petitioner's present street address	City	State	ZIP code
County	Phone number	Email a	ddress
(2) Respondent's birth year and pre	esent residence: Birth ye	ar	
Respondent's present street address	City	State	ZIP code
Kesponaeni s preseni sireet aaaress	()		ZIP code

Re	quest	for Relief
A.	Childre	en 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.
В.	Break	down of marriage
	The ma	rriage is broken down and cannot be saved.
C.	Couns	seling
	Counse	ling will not save the marriage.
D.	Waiting	g 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.	Financ	ial 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.	Divisio	n 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:
	A.B.C.D.	(1)

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. O 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
	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.
Н.	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 Last 4 numbers only	iii. Total amount still owed
(a)		\$
(b)		\$

		(c)					\$
		(d)					\$
		(e)					\$
		Petitioner's de	: if you are attaching a solbts. will pay the following	•	eet listing additio	nal information	about
		i. Business of a debt is ov	r person to whom ved		ii. Account no any Last 4 r	umber, if	iii. Total amount still owed
		(a)					\$
		(b)					\$
		(c)					\$
		(d)					\$
		(e)					\$
I.	l as Che	Respondent's c. For any debt sh payment sk that ck one Neither Petit	we do not know abou ioner nor Responder by Respondent \$	nt, the spoi	use who made to made to money to the	the debt will pother.	ay that debt.
J	(3) (Respondent and debts by busal support (a	Month		to e		ivision of property
J.	Che I as	ck one k that: Neither Petit	ioner nor Responder				

3.

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	
	l 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.
L.		
	Check one	
	l 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 a	ttorney's fees.
N.	Necessary documents	
	I ask that the court require each of us to sign and deliver to each needed to carry out the terms of the Decree.	ch other any papers that may be
Ο.	Other request for relief Attach additional sheets if necessary	
Sta	ntements of understanding and fact	
Che	ck all that apply	
A.	$\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ $	s to the court.
B.	☐ This request for relief addresses all issues in my divo	rce.
C.		
	Continued on next page	

4. Attorney Help

			Attorney's P.I.N. #	– Ask the attorn	ey
	Business address of attorney	or organization	City	State	ZIP code
	()_ Attorney's phone number	() . Attorney's fa:	x number – optional	Attorney's emai	l address – option
l mai addre	et your name ed or gave a copy of this less: of person to whom I delivered of	Request to the		-	
	is or attomey's mailing address		e read this Reques	State	ZIP code
	nt your name rjury and pursuant to the la s Request is true and corre	aws of the State ect.			
in thi	d on: Month Day	1 cui			ZIP code
in this	d on: Month Day		ity	State	
Signed Mailir	g address				ess, if applicabl
Signed Mailir (g address	Ci ail address			Additional email addre

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	lowa District Court for	County where yo	ur case is filed	County
Upoi	n the Petition of	Equity ca	ase no	
Petit	ioner Full name: first, middle, last	Disso	tlement Agreem plution of Marria or Dependent Ac	ge with no
and c	concerning	Willion	or Dependent Ac	
Resp	pondent Full name: first, middle, last			
	ersonal Information Fill in all in			ulted by your spouse
and	rsonal Information Fill in all in	your address, phone nun	nber, and email blank.	ulted by your spouse
and	ersonal Information Fill in all in al	your address, phone nun nt residence: Birth ye	aber, and email blank. ar	ZIP code
A.	ersonal Information Fill in all in al	your address, phone num nt residence: Birth ye City Phone number	ar State Email a	ZIP code
A.	ersonal Information Fill in all in all in all you fear for your safety, you may leave Petitioner's birth year and prese Petitioner's present street address County	your address, phone num nt residence: Birth ye City Phone number sent residence:	ar State Email a	ZIP code

2. Agreements

We	e 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. Detitioner 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
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:

Rule 17.100—For	n 128: Settlement Agreement for a Dissolution of Ma	rriage with no Minor or Dependent Adult Children, continued	
b	Respondent's separate personal property:		
G Divis	ion of real estate		
	ach parcel of real estate you own, provide i	the following information.	
Attack	n a separate sheet for each additional parc	el.	
	ownership of real estate		
	heck one	TO 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
a	\simeq		
b		Street address	
	in the City of	, County of	, and
	State of	This land is described in the deed as follows:	
` '	he real estate shall be:		
а	 Sold and the profit or debt divide to Respondent. 	ed% to Petitioner and%	
b		all liens and mortgages.	
С	. Awarded to Respondent, subject	t to all liens and mortgages.	
d	Other Explain		
(3) A	dditional real estate		
L	Check this box if you are attaching sepo	arate sheets for additional parcels of real estate.	
H. Divis	ion of debts		
Check			
(1)	There are no debts.		
(2)	We have listed all the debts that we Attach additional sheets if necessary.	know about and ask that they be divided as fo	llows:
	~ .	•	

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 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 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

۱۸	ما	as	b	th	at
V١	ıe.	45	ĸ	ш	เสเ

~	,					
C_{l}	20	ρl	-	0	n	2

(1) (\bigcup	Neither Petitioner nor Respondent pay any money to the other.
-------	-----------	---

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

(3) Respondent pay Petitioner \$ _ and debts by	to equalize the division of property
Month	 20 <u> </u>

 $Rule\ 17.100 - Form\ 128: \textit{Settlement Agreement for a Dissolution of Marriage with no \textit{Minor or Dependent Adult Children}, continued to the property of th$

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 (alimo	ony) to Petitioner as follows:			
K.	Name change Check one				
	We ask that				
	(1) Petitioner's name				
	a. Not be changed.b. Be changed to:	Manus and author discussed to			
	b. O Be changed to.	Name can only be changed to name on birth certificate or name used			
	Print Petitioner's former or birth nam	immediately prior to the marriage.			
	(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			
	Print Respondent's former or birth na	immediately prior to the marriage. me			
L.	Court fees				
	Check one				
	We ask that				
	(1) Petitioner will pay all court fees.				
	(2) Respondent will pay all court fees.				
	(3) O Petitioner and Respondent shall each p	pay one-half of the remaining court fees.			
	(4) O Petitioner and Respondent shall each p	pay one-half of the total court fees.			

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. O Petitioner has no attorney's	fees.
	b. O 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. O Respondent will pay Respor	ndent's attorney's fees.
	c. O Petitioner will pay \$	for Respondent's attorney's fees.
N.	Necessary documents	
	We will sign and promptly deliver to each Settlement Agreement.	n other any papers that may be needed to carry out this
Ο.	Other agreements	
	Attach additional sheets if necessary.	

4.

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

3.		torney Help eck one						
		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						
		Name of attorney or organ	nization, if any	Attorney's P.I.N.	# - Ask the attorn	ney		
						_		
		Business address of attorr	_	City	State	ZIP code		
		() Attorney's phone number	()_ Attorney's fac	v number entional	Attorney's amo	ril address antiqual		
	B.	Respondent	Auomey s jus	х нитовт – орнона	Allorney s emo	ні асын езз – орноки		
		(1) An attorney did not	help me prepare or	fill in this paper.				
		(2) An attorney helped						
		If you check (2), you						
		Name of attorney or organ	nization, if any	Attorney's P.I.N.	# – Ask the attor	nev		
		Business address of attorr	ney or organization	City	State	ZIP code		
		()				. 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7 7		
	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.							
	Α.	Petitioner's Oath and Signa	ture					
	I,, certify under penalty of perjury and pursuant to the							
		Print your name laws of the State of lowa 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 sign presented to a judge for appro-		_	nis Settiement Agr	eement be		
			. 20					
		Month Day	Year	Petitioner's signa	ıture*			
						_		
		Mailing address	City		State	ZIP code		
		()						
		Phone number	Email address		dditional email ac	-		
		* Whether filing electronically or electronically, scan the form at			on this form. If you	u are filing		
		gorni ay		d on next page				
				F 6 2				

I, <u>Prin</u>	t your name		, certit	y under pena	alty of perjury ar	nd pursuar	nt to the
like the Agree	e court to addr ment. I am vo	ess the issues luntarily signin	e read this Settle in my divorce. I g this Agreemen nd filing with the	know I have t. I am askin	the right to talk	to an atto	rney about t
preser							
Month		Day	_, 20	Responde	nt's signature*		
Month		Day	_, 20 <u></u>		nt's signature*	State	ZIP code

 $electronically, \, scan \, the \, form \, after \, signing \, it \, and \, then \, file \, electronically.$

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

Read the Guide to Representing Yourself in an Iowa Divorce Case with Children on the Iowa Judicial Branch website before using this form.

Petitioner: Use this form only if your spouse lives in Iowa or you have lived in Iowa for the last year before you file the Petition, and 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 born or adopted during this marriage.
- There are children over age 18 who still need support.
- A spouse is pregnant.

Do not use this form if all of these are true (instead, use form 201):

- You and your spouse do not have children under age 18.
- . You and your spouse do not have children age 18 or over who still need support.
- · A spouse is not pregnant.
- If filing electronically, you must provide any protected information in full on form 211.

	or		County	
Re the Marriage of:	County where you are file	ing this Petition		
our current legal name	Your spouse 's c	urrent legal name		
pon the Petition of				
	For clerk's use only			
etitioner Full name: first, middle, last e spouse who files the Petition nd concerning	Petition	Petition for Dissolution of Marriage with Children		
id concerning				
e other spouse	we your street address, phone n			
A. Petitioner's (your) birth year ar	ve your street address, phone not present residence: Birth	umber, and email i	blank.	
Personal Information Fill in all and you fear for your safety, you may lear	we your street address, phone n	umber, and email l		

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

					Birth yea	ar
	Respondent's present stree	et address	City		State	ZIP code
	County		() Phone number		Email ac	ldress
C.	Other person, if any, v		ition or custody	/ rights of the រុ	oarties' d	hildren:
	Full name: first, middle, la	ust				
	Present street address		City		State	ZIP code
			()			
	County		Phone number		Email ac	ldress
Ge	eneral Information A	bout the M	arriage and f	he Parties		
	Date and location of the		arriago arra t	no i ditios		
	Month D	ay Year	City		St	ate
В.	Children					
В.	Check all that are true					
Б.		en under age 18	3 who are childre	n of both Petitior	ner and Re	espondent.
Б.	Check all that are true (1) There are childred (2) There are childred This includes any a parent.	en under age	18 who were add	opted or born du	iring this	marriage.
Б.	(1) ☐ There are childred (2) ☐ There are childred This includes any	en under age ' child born to a	18 who were add spouse during the	opted or born du marriage, but fo	iring this	marriage.
Б.	(1) There are childred (2) There are childred This includes any a parent.	en under age of child born to a ren 18 years or	18 who were add spouse during the older who still n	opted or born du marriage, but fo	iring this	marriage.
C.	 (1) ☐ There are childred (2) ☐ There are childred This includes any a parent. (3) ☐ There are childred 	en under age of child born to a en 18 years or spondent is pro	18 who were add spouse during the older who still n	opted or born du marriage, but fo	iring this	marriage.
	 (1) There are childred (2) There are childred This includes any a parent. (3) There are childred (4) Petitioner or Research 	en under age of child born to a en 18 years or spondent is pro	18 who were add spouse during the older who still n egnant.	opted or born du marriage, but fo	ring this r whom th	marriage. e other spouse
	 (1) There are childred (2) There are childred This includes any a parent. (3) There are childred (4) Petitioner or Red Identification of childred First, middle, & last 	en under age of child born to a sen 18 years or spondent is propen	18 who were add spouse during the older who still n egnant.	opted or born du marriage, but fo need support. First, middle, 8	ring this r whom th	marriage. e other spouse
	 (1) There are childred (2) There are childred (3) There are childred (4) Petitioner or Red Identification of childred First, middle, & last initials of each child 	en under age of child born to a sen 18 years or spondent is propen	18 who were add spouse during the older who still n egnant.	ppted or born du marriage, but fo need support. First, middle, 8 initials of each	ring this r whom th	marriage. e other spouse
	 (1) There are childred (2) There are childred This includes any a parent. (3) There are childred (4) Petitioner or Residentification of childred First, middle, & last initials of each child (1) 	en under age of child born to a sen 18 years or spondent is propen	18 who were add spouse during the older who still n egnant.	ppted or born du marriage, but fo need support. First, middle, & initials of each	ring this r whom th	marriage. e other spouse
	(1) There are childred (2) There are childred This includes any a parent. (3) There are childred (4) Petitioner or Red Identification of childred First, middle, & last initials of each child (1) (2)	en under age of child born to a sen 18 years or spondent is proper. Birth year	18 who were add spouse during the older who still negnant.	ppted or born dumarriage, but for eed support. First, middle, & initials of each (4) (5) (6)	uring this r whom th	marriage. e other spouse
C.	(1) There are childred (2) There are childred This includes any a parent. (3) There are childred (4) Petitioner or Red Identification of childred First, middle, & last initials of each child (1) (2) (3) Check this box if you have	en under age of child born to a en 18 years or spondent is preen Birth year	18 who were add spouse during the older who still negnant.	ppted or born dumarriage, but for eed support. First, middle, & initials of each (4) (5) (6)	uring this r whom th	marriage. e other spouse
C.	(1) There are childred (2) There are childred This includes any a parent. (3) There are childred (4) Petitioner or Residentification of childred First, middle, & last initials of each child (1) (2) (3)	en under age of child born to a sen 18 years or spondent is proper Birth year black attached a gements en have lived de	18 who were add spouse during the older who still negnant. separate sheet list	popted or born dust marriage, but for marriage, but for meed support. First, middle, & initials of each (4) (5) (6) ting additional characteristics and the	r whom the last child	marriage. e other spouse Birth year
C.	(1) There are childred (2) There are childred This includes any a parent. (3) Petitioner or Residentification of childred First, middle, & last initials of each child (1) (2) (3) Check this box if you have children's living arrant places where the children	en under age of child born to a sen 18 years or spondent is proper Birth year black attached a gements en have lived de	18 who were add spouse during the older who still negnant. separate sheet list	popted or born dust marriage, but for marriage, but for meed support. First, middle, & initials of each (4) (5) (6) ting additional characteristics and the	r whom the last child	marriage. e other spouse Birth year

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

Lived with Adult name State City (2) Children: Initials Initials Initials Initials Initials Lived with Adult name mm уууу State (3) Children: Initials Initials Initials Initials Initials Lived with Adult name State City (4) Children: Initials Initials Initials Initials Initials Lived with Adult name mmCity State (5) Children: <u>Initials</u> Initials Initials Initials Initials Lived with from Adult name dd mm mmyyyy 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 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	e 17.2	00—Form	201: .	Petition for	Dissolutio	on of Mar	riage with	Children,	continued				
		(2) Pe	titior	ner has l	ived in	lowa fo	r the la	st	year	s and	mor	nths	
		in _					cou	ınty.					
			-						-	our birth. e since you	last moved	l to Iowa.	
	F.	Parties	s' re	sidence	e								
		divorce	in Io	owa.		n Iowa,	you mu	st have li	ived in Ic	owa for the	e last year l	before you	ı may obtain a
				that is tr									
		. ,							n one ye				
		(2) 📙	Re	sponde	nt (your	spouse	e) is a r	esident	of lowa.				
	G.	Condit	ion	of the r	narriag	je							
		Check all that are true											
		(1) The marriage is broken and cannot be saved.											
		(2)			-		_	_	_	this marri o talk to a	iage. In attorney.		
		(3)	Th	is Petitio	n is bei	ing filed	d in goo	d faith f	or the pu	urpose of	ending th	ne marriag	je.
		(4)	Со	unseling	will not	save th	ne marri	age. If a	counseling	g may save	e the marria	ige, do not	check (4).
	Н.	Respo		ent's sta that is tr									
		(1)	Re	sponde	nt (your	spouse	e) is in t	the milita	ary servi	ice.			
									may prev an attorr		case from g	zoing forw	ard if your
		(2)	Re	sponde	nt is in p	orison o	or jail at						in
		, , _					•	Name of	facility				State
	I.	Check of		or no o	ontact	order							
		(1) 🔿		ere is ne sponde				der" nor a	a "no co	ntact ord	er" betwe	en Petitior	ner (you) and
		(2) 🔾		ere is a ou check						er" betwe	een Petitio	ner and F	Respondent.
			a.	County	and stat	te where	the ord	ler came					
									Ca	ounty			State
			b.		ase num					-			
3.		her Ca eck A or		s Abou	it the	Child	ren						
	A.	O Th	ere	are no	other c	ases a	about t	he child	dren. If	you check	A, skip to	4.	
	B.	O Th	ere	are oth	er case	es abo	ut the	childrer	٦.				
											ay not be a d to talk to		

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

If you check B, fill in the applicable information below. (1) Juvenile court Check a or b. There is no juvenile court case. There is a juvenile court case. If you check b, fill in the following information: County and state of the juvenile court case: State County Juvenile court case number: Check one Concurrent jurisdiction has been granted. 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 You might not be able to get custody in Iowa if there is a custody order entered in another state. Check a or b. There is no custody order. There is a custody order. If you check b, fill in the following information: County and state where the custody order came from: County State ii. Court case number: (3) Child support order Check a or b. There is no child support order. There is a child support order. If you check b, fill in the following information: County and state where the child support order came from: State County Court case number: **4.** Other Information All of the basic information you need to tell the court is listed on this form. Provide other information only if you need to explain something. 5. Petitioner's Request 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) December 2013 Rule 17.200-Form 201 Page 5 of 7

Rule 17.200—Form	201: Petition for Dissolution of Marriage with Children,	continued
(2)	Decide custody and visitation.	
(3)	Order child support and medical suppor	t.
(4)	Order payment of school or college tuitie	on.
(5)	Fairly divide the property and the debts	of the parties.
(6)	Order that Respondent pay the court fee	es.
(7)	Order that Respondent pay for Petitioner's If you check (7), you must file form 222.	s attorney's fees before the divorce is final.
(8)	Order that Respondent pay spousal sup If you check (8), you must file form 222.	pport (alimony) to Petitioner.
(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

6. Attorney Help

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

	Check o					e		
	А. () В. ()				me prepare o prepare or fill i	or fill in this pap in this paper.	er.	
	J. ()				n the following i			
		Name o	of attorney	or organiza	ution, if any	Attorney's P.I	I.N. # - Ask the attention	orney
		Busines	ss address	of attorney	or organization	- City	State	ZIP code
		()		_ ()			
		Attorne	y's phone	number	Attorney's f	ax number – option	al Attorney's er	nail address – optiona
7.	Servi	ce Inst	truction	ns				
			filing in	paper,				
	Check o							
	_							listed above; or
	В. ()	Petitio	ner will a	accept serv	rice of docume	ents in this case	at the mailing a	ddress below.
8.	Oath	and Si	ignatur	e				
	ı				hav	e read this Pe	tition and Loerti	fy under penalty
	Print	your nar	пе		, 110	re read tills i e	tition, and room	ny dilaci perialty
		-	-			te of lowa that	the information	I have provided
	in this	Petitior	is true	and correc	ct.			
	g:1	1.6	41-	- D	, 20 <u></u>	Your signatur	*	
	Signea (on: Mo	ontn	Day	iear	i our signatur	e*	
	Mailing	address	1			City	Stat	ze ZIP code
	()						
	Phone n	umber		Ema	il address	1	Additional email ac	ldress, if applicable
		-			r, you must handw ile electronically.	rite your signature o	on this form. If you a	re filing electronically,
		-		5	ne ereen omeany.			
				gy-	ue 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 <u>How to Register Pro Se (Self Represented) for eFiling</u> on the Iowa Judicial Branch website.
- After you have registered, <u>log in to the electronic filing system</u> to electronically file your dissolution case.
- For help electronically filing your divorce, see <u>How to eFile a New Case</u>.
- 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 <u>How to Resubmit a Returned Filing</u>.
- 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 <u>My Filings Reference</u> <u>Guide</u>.

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 inperson 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 202: Petition Cover Sheet for a Dissolution of Marriage with Children

For court use only Case num	ber	County where case is fil	led	_
Petitioner				
Petitioner's first name	Middle name	Last name		-
Street address		City	State	ZIP code
() Phone number	Email addi	ress		
Case name				
Petitioner's first name	Middle name	Last name		-
VS.				
Respondent's first name	Middle name	Last name		_

Note to Petitioner

- Petitioner must complete this cover sheet if filing in paper and give it to the clerk of court when filing a Petition for Dissolution of Marriage with Children (201).
- Do not serve this cover sheet on Respondent.
- This cover sheet is for statistical purposes only. It has no legal effect in the case.
- Electronic filers: Do not use this form. The information on this form is automatically generated when you submit your documents electronically.

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.

lowa 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 lowa District Court for _	County where your	case is filed
Jpc	on the Petition of	Equity case r	10
Peti	itioner Full name: first, middle, last souse who files the Petition	Confide	ential Information Form
nd	concerning		
	spondent Full name: first, middle, last her spouse		
. 1	Petitioner's Information		
Ī	Full name: first, middle, last	Birth date	Social Security number
. 1	Respondent's Information		
Ī	Full name: first, middle, last	Birth date	Social Security number
. (Children's Information		
(Child 1:		
Ī	Full name: first, middle, last	// Birth date	Social Security number
(Child 2:	, , ,	
Ī	Full name: first, middle, last	Birth date	Social Security number
(Child 3:		
Ī	Full name: first, middle, last	Birth date	Social Security number
(Child 4:		
		/ /	Social Security number

Full name: first, middle, last	Birth date	Social Security number
☐ Check this box if you have att	tached a separate sheet listing add	
Signature of Provider of Information provided by: ${P_P}$	f Information rint your full name: first, middle, la	ust
	,	20
Your signature	Month	Day Year
Your signature	Month	Day Year
Your signature	Month	Day Year
Your signature	Month	Day Year

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 <u>Guide to Representing Yourself in an Iowa Divorce Case with Children</u> on the Iowa Judicial Branch website for additional important instructions. Iowa divorce forms are available free of charge on the <u>Iowa Judical Branch website</u>.

- 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 lowa District Court for		County where Peti	tion is filed	County
Upon the Petition of		Original No	tice for Pe	ersonal Service
Petitioner Full name: first, middle, last				
and concerning				
Respondent Full name: first, middle, lo	ast			
 Petitioner (your spouse) has f A copy of the Petition for Diss Petitioner asks for a divorce. 	solution of Marri	age with Children		
Petitioner's contact informa	ation during the	e divorce case:	Petitioner's n	ame
Mailing address	City		State	ZIP code
() Phone number	Email addres	's		
Important is	istructions for	Respondent on	next page	

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.

lowa

ZIP code

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. County In the Iowa District Court for County where Petition is filed **Upon the Petition of** Equity case no. **Original Notice for Personal Service** Petitioner Full name: first, middle, last and concerning Respondent Full name: first, middle, last 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 ZIP code Mailing address City State 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 County Courthouse Important Notice to Respondent

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 lowa 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/.

December 2013 Rule 17.200—Form 204a Page 1 of 1

City

[Court Order December 19, 2013]

protect your interests.

You should talk to an attorney at once to

Rule 17.200—Form 205: Acceptance of Service

Petitioner must complete this section:

Upon the Petition of Petitioner Full name: first, middle, last and concerning Respondent Full name: first, middle, last Petitioner must file this form with the clerk of court soon	Equity case no. Acceptance after Respondent signs it.		ce
Petitioner Full name: first, middle, last and concerning Respondent Full name: first, middle, last	Acceptance	of Servi	ce
and concerning Respondent Full name: first, middle, last		of Servi	ce
and concerning Respondent Full name: first, middle, last			
Respondent Full name: first, middle, last	after Respondent signs it.		
	after Respondent signs it.		
Petitioner must file this form with the clerk of court soon	after Respondent signs it.		
Respondent must complete this section:			
Respondent's Acceptance of Service, Oa	ath, and Signature		
If Respondent completes this Acceptance of Service, Resp signing it. Petitioner will file it with the clerk of court.	ondent must return this form to	Petitioner s	oon after
l,,	am Respondent in this ca	ase. Irece	ived a cop
Print your name			
of the Original Notice and the Petition for this ca I certify under penalty of perjury and pursuant to			
information I have provided in this Acceptance			
20			
Signed: Month Day Year	Respondent's signature		
Respondent's mailing address	City	State	ZIP code
,	<i>-</i> ,	2000	211 0000
() Email address			

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		
	heriff or Other Process Serve	er	
A. Sheriff In county where	Respondent will be servedCounty		
Street address	City	State	ZIP code
B. Other process server Name of other person serv			
Street address	City	State	ZIP code
2. Person to be Served	()		
Your spouse 's name	Phone number		
Address where your spouse can be 3. Person Requesting Serv	•	State	ZIP code
Your name	Phone number		
Your present mailing address	City	State	ZIP code
4. Special Instructions for State delivering papers to Respondent.	Service Provide information that wi	ll help the sheriff o	r process server i

5. Costs of Service

Rule 17.200—Form 206: Directions for Service of Original Notice, continued

	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	by court order			
٠.					
	After completion of service, the sheriff or other pro- requesting service.	cess server will notify the person			
	. 20				
	Signed: Month Day Year	Your signature			

Rule 17.200—Form 207: 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 (208) 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 C	County where yo	ou filed the Petition County
Upon the Petition of	Equity	case no.
Petitioner Full name: first, middle, las	st	Motion and Affidavit to Serve by Publication
and concerning		
Respondent Full name: first, middle	lle, last	
1. Information and Reques	515	
A. Respondent's residence Check each that applies (1) Respondent lives	outside of lowa. idence and place of employmer	nt are unknown.
A. Respondent's residence Check each that applies (1) Respondent lives (2) Respondent's resi	outside of lowa. idence and place of employmer	nt are unknown. State ZIP code
Check each that applies (1) Respondent lives (2) Respondent's resi B. Respondent's last know	outside of lowa. idence and place of employmer /n residence:	

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 If you check B, you must fill in the following in	n this paper.					
	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 fa	x number – optional	Attorney's email ad	ldress – optiona			
3.	Oath and Signature						
	I,, hav	e read this Motion	and Affidavit, and	d I certify			
	Print your name under penalty of perjury and pursuant to the la have provided in this Motion and Affidavit is tr	ue and correct.	f lowa that the info	ormation I			
	Signed on: Month Day Year	Your signature*					
	Mailing address	City City	State	ZIP code			
	Phone number Email address * Whether filing electronically or in paper, you must handwr		tional email address,				

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 where Petition is j	filed	County
U	pon the Petition of	Equity case no		
Pe	etitioner Full name: first, middle, last	Original Noti	ce by P	ublication
	nd concerning			
Re	espondent Full name: first, middle, last	_		
1.	 Information for Respondent Named Abo Petitioner (your spouse) has filed a divorce law Petitioner's contact information during the divorce 	wsuit naming you as Responde	nt.	
	Petitioner's name: First, middle, last		-	
	Petitioner's present street address Ci		State	ZIP code
	County (_Ph	none number	Email a	ddress
2.	Respondent's Deadline for Filing a Reyou must file an Answer or a Motion with the	•	ounty with	nin 20 days after
3.	You must file an Answer or a Motion with the cle provided above. If you do not respond, the court she asked for in the Petition.	erk of court in the above county		
	You should talk to an attorney at once to protect your If you choose not to have an attorney represent you in self-represented litigant information and family law for	n this matter, go to the Iowa Judicial	Branch wel	osite for
If yo hea con	ou need assistance to participate in court due to a disability, contac rring or speech impaired may call Relay lowa TTY (1-800-735-2942 ttact information available at: http://www.iowacourts.gov/Administra	et the disability coordinator at: () 2). Disability coordinators cannot prov tion/Directories/ADA_Access/.	ride legal adv	Persons who are rice. Disability coordinator

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.

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.

	In the Iowa District Court for	nty where your case is filed
Upor	the Petition of	Equity case no.
Petiti	Oner Full name: first, middle, last	Application and Affidavit to Defer Payment of Costs
and c	oncerning	
Resp	ondent Full name: first, middle, last	
A. B.	equest and Information I am Petitioner. For my Application and Affidavit, I state that Check all that apply (1)	vice costs or other court costs. ed without prepayment of costs and fees. in good faith.
	There are $\underline{\hspace{1cm}}$ people living in my house $\underline{\hspace{1cm}}$ $\underline{\hspace{1cm}}$	hold.
D.	My household income is \$p Put the total amount of all income and benefits before	
E.	My income comes from: List the sources of your income. Examples: salary, y	vages, or benefits such as unemployment, Title 19, FIP.
	Continued	d on next page

Rule 17.200—Form 209: Application and Affidavit to Defer Payment of Costs, continu	ed
--	----

F.	My household has th	e following monthly expenses:
	(1) Rent or mortgage	\$
	(2) Utilities	\$
	(3) Phone	\$
	(4) Food	\$
	(5) Transportation	\$
G.	I have \$	in cash, checking, and savings.

Continued on next page

2. Attorney Help

Rule 17.200—Form 209: Application and Affidavit to Defer Payment of Costs, continued

	J		ation, if any	Attorney's P.I.	N. # -Ask ine allo	rney
	Business addre	ess of attorney	or organizat	tion City	State	ZIP code
	()_ Attorney's pho	ne number	(Attorney) v's fax number – optiona	Attorney's en	nail address – op
Section	_	ed only if filin	g in paper of	r Delivery r if the other party is e tically be served on re		nic filing.
I,			,	certify that on $\underline{\phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$, 20
	•			$\frac{\overline{Mon}}{Mon}$ I Affidavit to the othe		-
	address: of person to whon s or attorney's ma			City	State	ZIP code
Party's	of person to whon s or attorney's ma	ailing address ure		·		
Party's	of person to whon s or attorney's ma	ailing address ure		City under penalty of per		
Party's Oath I, the St provid	of person to whom s or attorney's ma and Signate Print your notes at e of lower that led in this Apple	ailing address ure ame at I have readication and a	, certify u d this Applie Affidavit is t	under penalty of per cation and Affidavit rue and correct.	jury and pursuar	nt to the laws
Party's Oath I, the St provid	of person to whom s or attorney's ma and Signate Print your nate of lowa tha	ailing address ure ame at I have readication and a	, certify u d this Applie Affidavit is t	inder penalty of per	jury and pursuar	nt to the laws
Party's Oath I, the St provid	of person to whom s or attorney's ma and Signate Print your notes at e of lower that led in this Apple	ailing address ure ame at I have readication and a	, certify u d this Applie Affidavit is t	under penalty of per cation and Affidavit rue and correct.	jury and pursuar	nt to the laws
Party's Oath I, the St provid Signed Mailing	of person to whom s or attorney's ma and Signatu Print your nate of lowa that led in this Appl fon: Month	ailing address ure ame at I have readication and interpretation and i	, certify u d this Applie Affidavit is t	under penalty of percation and Affidavit rue and correct. Your signature* City	jury and pursuar and that the info	at to the laws or mation I have

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 Di	istrict Court for _		e Petition is file	c	ounty
			County where	e Petition is file	d	
Up	on the Petition o	f		case no		
Pe	titioner Full name: firs	t, middle, last	Af	ffidavit of S Notice an Dissolutio	nd Petitio	n for
anc	l concerning					3
Re	spondent Full name	e: first, middle, last	_			
1.	Affidavit					
	I.		, delivered	d a copy of th	ne Original	Notice and
	Name of person – o	Cannot be Petitioner, sher	iff, or process server	r	J	
	Petition for Dissolut	tion of Marriage for t	this case to:			Check one
						◯a.m.
		on		20	at	Op.m.
	Name of Respondent	on $_{\overline{M}}$	onth	\overline{Day} , 20	Year Ti	me Op
		ident copies of the a	attached naners			
	by nanding reopen	ident copies of the c	ttaorica papero	•		
2.	Oath and Signat					
	To be completed by the	person who gave the Pe	etition and Origina	ıl Notice to Resp	ondent.	
	Ι,		have rea	d this Affida	it of Servi	ce, and I certify
	Print your name					•
	under penalty of pe	rjury and pursuant t	o the laws of th	e State of Iov	wa that the	information I
		is Affidavit of Servic				
	•					
	Signed on: Month		Your signatur	**		
	Digness on. Monar	Day	10th Signatur			
	Mailing address		City		State	ZIP code
	() Phone number	Email addres.	S		al email add	ress – if available
	* If you are filing electron	nically, scan the form after	r signing it and then	file electronically		-
	ij you are junig electroi	nicury, scan me jorm after	signing it and men j	ine electronically	•	
Dece	ember 2013	Ri	ule 17.200—Form 21	0		Page 1 of

[Court Order December 19, 2013]

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 where the case is filed
Upon the Petition of	Equity case no
Petitioner Full name: first, middle, last	Protected Information Disclosure
and concerning	
Respondent Full name: first, middle, last	_
For electronic filers:	

When protected information, as defined in lowa 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 lowa 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 Redacted Information **Protected Information Type** Complete Information (See Rules 16.602 and 16.604) (See Rule 16.605) A. Social security number XXX-XX-XXXX Last four digits only B. Financial account numbers Partial account number only Full account number C. Date of birth mm/dd/yyyy Year only D. Individual taxpayer identification numbers XXX-XX-XXXX Last four digits only

Rule 17.200—Form 211: Protected Information Disclosure, continued

E.	Personal identification numbers	Full number	Partial only
F.	Other unique identifying numbers	Full number	Partial only
G.			
	Additional protected information	Full information	Partial information
H.			
	Additional protected information	Full information	Partial information
l.			
	Additional protected information	Full information	Partial information
J.			
	Additional protected information	Full information	Partial information

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.

	First	Middle Las	t
Р	rotected Information Type	Complete Information (See Rules 16.602 and 16.604)	Redacted Information (See Rule 16.605)
Α.	Social security number	 XXX-XX-XXXX	Last four digits only
В.	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
E.	Personal identification numbers	Full number	Partial only
F.	Other unique identifying numbers	Full number	Partial only
G			
	Additional protected information	Full information	Partial information
Н.			
	Additional protected information	Full information	Partial information
I.			
	Additional protected information	Full information	Partial information
J.			
	Additional protected information	Full information	Partial information

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

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

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.

First	Middle Las	t
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
E. Personal identification numbers	Full number	Partial only
F. Other unique identifying numbers	Full number	Partial only
G.		
Additional protected information	Full information	Partial information
H. Additional protected information	Full information	Partial information
. Additional protected information	Full information	Partial information
J. Additional protected information	Full information	Partial information

4. Children

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

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

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

Rule 17.200—Form 211: Protected Information Disclosure, continued

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

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

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

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

Continued on next page

 $Rule\ 17.200-Form\ 211: \textit{Protected Information Disclosure},\ continued$

5.	information provided by:	
		le l

		/S/			
Handwritten signature of Petitioner or attorney if filing in paper		Electronic si if filing elect		itioner or attorney	
Law firm, if applicable		•			
Mailing address	City		State	ZIP code	
() Phone number					
Email address		Additional emai	l address, if ap	pplicable	
Month Day Day Date information provided	Year				

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.

	Court for	County where your case is filed		
Jpon the Petition of		Equity case no		
Petitioner Full name: first, middle, last		Joint Statement on Parent	Legal	
nd concerning				
espondent Full name: first, midd	dle, last			
B. Petitioner's or Responded following children be List children's initials and be	dent's name condent's unborn ch is a leg dent's name orn during the marr	gal parent but not a biological parent but not a biological p	ed due date	
First, middle, & last initials of each child	Birth year	First, middle, & last initials of each child	Birth year	
(1)		(4)		
		(5)		
(2)		(0)		

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)	

	(2)			(5)						
	(3)			(6)						
3.	Best Interests of th		he	parties that						
	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.									
١.	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 tha	at 1	the legal parent,						
	is not a biological pa section 1 above, and child or children.			dren, including any u	nborn c		?			
6.	Attorney Help									
	A. Petitioner Check of	ne								
	×	did not help me prepare								
		helped me prepare or fill 2), you must fill in the follo								
	Name of attorney	or organization, if any	_	Attorney's P.I.N. $\# - Ask$	the attorn	ey	-			
	Business address	of attorney or organization	_	City	State	ZIP code	-			
	()_ Attorney's phone	number Attorney's t) _ far	number – optional Attorn	nov's omai	il address – optiona				
	Auomey's phone i	numoei Auoiney s j	un	numoer – opnonai Anori	icy s emui	ь аны ess – optiona	£			

Continued on next page

Rule 17.200—Form 212: Joint Statement on Legal Parent, continued

	Name of attorn	ney or organiza	tation, if any Attorney's P.		P.I.N. # — Ask the attorney		
	Business addre	ess of attornev	or organization	City	State	ZIP code	
	Attorney's pho	ne number	Attorney's fa	x number – optional	Attorney's emo	il address – option	
Oá	aths and Signa	tures					
	Petitioner's Oatl		ture				
,							
	Print your name		, have read this	Joint Statement, and	d I certify under p	enalty of	
			of the State of Iowa	a that the information	I have provided i	n this Joint	
			. 20				
	Month	Day	, 20 	Petitioner's signa	ture*		
						_	
	Mailing address		City	,	State	ZIP code	
			Email address				
	Phone number				dditional email ac	-	
			paper, you must nar signing it and then j	ndwrite your signature file electronically.	on this form. If you	i are filing	
	Pacpandant's O	ath and Sig	nature				
В.	Respondent's C			Laint Statement and	d I certify under p	enalty of	
B.	•		. have read this	JUINI Statement, and		,	
B.	l,Print your name		, have read this		I have provided i	n this laint	
B.	l,Print your name	nt to the laws o		a that the information	I have provided i	n this Joint	
B.	l,	nt to the laws o			I have provided i	n this Joint	
B.	l,	nt to the laws o				n this Joint	
B.	Print your name perjury and pursuar Statement is true an	nt to the laws o	of the State of lowers	a that the information		n this Joint	
B.	Print your name perjury and pursuar Statement is true an	nt to the laws o	of the State of lowers	a that the information Respondent's sign		n this Joint - ZIP code	
B.	Print your name perjury and pursuar Statement is true ar Month	nt to the laws o	of the State of Iowa , 20	a that the information Respondent's sign	ature*	_	

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.

	County where your case is filed
Inon the Delition of	County more your case is juck
pon the Petition of	Equity case no
etitioner Full name: first, middle, last	Motion to Disestablish Legal Parent
nd concerning	
despondent Full name: first, middle, last	_
m Check one	
A. O Petitioner	
B. O Respondent	
Legal Parent Check each that applies.	
_	is a land marant but may not be a bislamical nam
A. Petitioner's or Respondent's name	_ is a legal parent but may not be a biological par
	unborn child expected to be born
	Expected due date
B. Datition on 'n on Born on dout'n name	_ is a legal parent but may not be a biological pare
Petitioner's or Respondent's name of the following children born de	ring the marriage:
List children's initials and birth year	geaa.ge.
First, middle, & last initials of each child Birth year	First, middle, & last initials of each child Birth year
(1)	(4)
(2)	(5)
(3)	(6)

2. Genetic Tests

Rule 17.200—Form 213: Motion to Disestablish Legal Parent, continued

	$Ch\epsilon$	eck e	each that applies		
	A.] I agree to cooperate with getting any g	enetic test that the court orders.	
	B.] I understand that I may have to pay for	any genetic test that the court o	rders.
	C.		Genetic tests* have been done and sh		is not the
			biological parent.	Petitioner's or Respondent's name	!
			*Note on genetic tests: Genetic testir with verified documentation of the chai evaluation report directly to the clerk of 600B.41A.	n of custody, and the laboratory	must send the
3.	Re	equ	uest		
	l a	sk t	the court to:		
	A.		ppoint a guardian ad litem (an attorney) f ay have to pay the costs of the guardian		and that I
	B.		rder genetic tests if needed and order the ofor testing.	at Petitioner, Respondent, and ch	nildren
	C.	Fir	ind that, if Petitioner's or Respondent's name	excluded by genetic testing, is n	ot a
		bio ab	Petitioner's or Respondent's name ological parent of the child or children, in bove, and that the court disestablish tha hildren.	cluding any unborn child, listed in	n section 1
4.	Ch	nild	Support Recovery Unit (CSRU)		
	Che	eck c	one		
	A.	0	CSRU is providing services. Note: You must give a copy of this Motion to C	SRU if it is providing services.	
	B.	0	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 pape	r.		
	B. An attorney helped me p	-				
	If you check B, you must fill in	n the following inj	tormation:			
	Name of attorney or organiza	tion, if any	Attorney's P.I.N	Ittorney's P.I.N. $\#$ – Ask the attorn		
	Business address of attorney of	or organization	City	State	ZIP code	
	()_ Attorney's phone number	_ ()_				
	Attorney's phone number	Attorney's fax	c number – optional	Attorney's ema	il address – optiona	
6.	Certification of Service by Section 6 to be completed only if filing This document, if filed electronically, v	in paper or if the	other party is exer		filing.	
	I,	, certi	fy that on		, 20	
	Print your name I mailed or gave a copy of this N					
7	Party's or attorney's mailing address Oath and Signature	City		State	ZIP code	
٠.	l,	, certif	fy under penalty	of perjury and p	ursuant to the	
	Print your name			. , , .		
	laws of the State of lowa that I ha this Motion is true and correct.			e information I ha	ave provided in	
	Signed on: Month Day, 2	Year Your	r sianatuvo*			
	signed on: Wond	1007	signature			
	Mailing address	City		State	ZIP code	
	()					
	Phone number Emai	il address	Ad	lditional email addr	ess – if available	
	* Whether filing electronically or in paper scan the form after signing it and then fil		te your signature on	this form. If you are j	filing electronically,	
Mai	rch 2014	Rule 17.200	—Form 213		Page 3 of 3	
	· · · · · · ·		/ -			

[Court Order March 26, 2014]

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 <u>Guide to Representing Yourself in an Iowa Divorce Case with Children</u> 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 lowa District Court for	nty where your spouse filed the Petition					
Upon the Petition of	Equity case no					
Petitioner Your spouse's full name: first, middle, last	Answer to Petition for Down of Marriage with Ch					
and concerning						
Respondent Your full name: first, middle, last						
 Personal Information Fill in all information the A. Petitioner's information Check one If paragraph 1A of the Petition (form 201) is not (1) Petitioner's (your spouse's) birth year (2) Petitioner's birth year and present resistant present resistant present information is:	correct, check (2) and fill in the blank and present residence are correct in	the Petition.				
B. Respondent's information Check one If paragraph 1B of the Petition (form 201) is not (1) Respondent's (your) birth year and present r The correct information is: Birth year	esent residence are correct in the Pe	r.s. etition.				

le 17.2								
	\overline{I}	resent	street address		City		State	ZIP code
	(County		(hone number		Email ac	ldress
C.	Fill in as in Check one If paragram (1)	much in e aph 1C The info correct	of the Petition (ormation for the Internation for	ou know. (form 201) i e other pers		neck (2) and fi sitation or cus sitation or cus	ill in the blank	s.
	_		in the Petition. ne: first, middle		ct information is	S:	_	
	_		street address	, 1433	City		State	ZIP code
	_			()			
	eneral In Date and	locat	ation Abou ion of the ma	t the Ma	rhone number	the Partie	Email addres S	SS
	Date and Check one If paragra (1)	formal dilocate apply 2A The date the date	ion of the man of the Petition (e and location e and location	t the Ma rriage (form 201) i of the marr		neck (2) and fi ct in the Petiti	S <i>îll in the blank</i> on.	
	Date and Check one If paragra (1)	formal dilocate apply 2A The date the date	ion of the male of the Petition (t the Ma rriage (form 201) i of the marr	rriage and the state of the sta	neck (2) and fi ct in the Petiti	S <i>îll in the blank</i> on.	
A.	Date and Check one If paragra (1) The (2) The	formal locate apply 2A The date the dat	ion of the man of the Petition (e and location e and location	t the Ma rriage (form 201) i of the marr	rriage and the state of the sta	neck (2) and fi ct in the Petiti	S <i>îll in the blank</i> on.	.s
A.	Date and Check one If paragra (1) T (2) T A Children Check one	formal locate apply 2A The date the continuous formal locate apply 2A The date apply 2A The date apply 2A The continuous formal locate apply 2A The date apply 2	ion of the man	t the Ma rriage (form 201) i of the marr of the marr on is: Day	rriage and the state of the sta	neck (2) and for the Petition of the Petition	S <i>ìll in the blank</i> on. Petition.	.s
A.	Date and Check one If paragra (1) T (2) T Children Check one If paragra (1) C	formal locates apply 2A. The date the continuous apply 2B of The Continuous 2B of The Continu	ion of the man	t the Ma rriage (form 201) i of the marr of the marr on is: Day 01) is not co	rriage and to some content of the sound of t	speck (2) and f of the Petiti prect in the Figure $\frac{1}{City}$ and all items the about the characters.	Sill in the blank on. Petition.	State
A.	Date and Check one If paragra (1) T (2) T Children Check one If paragra	formation and the control of the con	ion of the man	t the Ma rriage (form 201) i of the marr of the marr on is: Day 01) is not co	rriage and to some correct, change are not contage are not contage.	speck (2) and f of the Petiti prect in the Figure $\frac{1}{City}$ and all items the about the characters.	Sill in the blank on. Petition.	State
A.	Date and Check one If paragra (1) T (2) T Children Check one If paragra (1) C	formation of the date of the control	of the Petition (e and location e and location rect information) of the Petition (2) e Petition provide Petition does e correct information.	t the Ma rriage (form 201) i of the marr on is: Day 01) is not co des the corr not provide nation is: ildren unde	rriage and to some content of the sound of t	neck (2) and first in the Petitionrect in the Peritionrect in the Peritionrect in the Perition and all items the about the charmation about	Sill in the blank on. Petition. hat are true. hildren. ut the children	State
A.	Date and Check one If paragra (1) T (2) T Children Check one If paragra (1) (2) (2) (2)	formation and the control of the con	of the Petition (e and location e and location rect information) If the Petition (20) Petition provide Petition does e correct information. There are child and Respondent.	t the Ma rriage (form 201) i of the marr of the marr on is: Day 01) is not co des the corr not provide nation is: ildren under dent. dren under	rriage and the service of the correct information are age 18 who we age 18 who we	neck (2) and first in the Petition rect in the Petition rect in the Petition rect in the Petition all items the about the character adopted of the Petition also are children are adopted of the Petition and the Petition also are children are adopted of the Petition and the Petition are adopted to the Petition	sill in the blank on. Petition. That are true. That the children of both Petition of both Petition.	ss. State n. oner this marriage.
A.	Date and Check one If paragra (1) T (2) T Children Check one If paragra (1) (2) (2) (3)	formation and the control of the con	of the Petition (e and location e and location rect information) of the Petition (20) e Petition provide Petition does e correct information. There are child and Respondent This includes a spouse is not a	t the Ma rriage (form 201) i of the marr of the marr on is: Day 01) is not co des the corr not provide nation is: illdren under arry child be a parent.	rriage and the service of the correct information are age 18 who we age 18 who we	neck (2) and first in the Petition rect in the Petition rect in the Petition rect in the Petition and all items the about the character about the character adopted of turing the main received.	sill in the blank on. Petition. Inat are true. Initialidren. In the children of both Petition of both petition or born during the children of both but for born during the children of both but for born during the children of both petition	State

\sim	1 -1 4:4			_ _ _
C.	ıaentır	ication	OT 0	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.

İ.	Children:	Initials	Initials	<u>Init</u>	:1		Initials		Initi	:1	_
		ininais	minais	mu	iais		initiais		ınııı	ais	
	Lived with			from		/	_/	_ to		/	_/
		Adult name			mm	dd	yyyy		mm	dd	уууу
	At City				tate	_					
ii.	Children:	Initials	Initials		ials		Initials		Initi	ials	_
	Lived with	1 Adult name		_ from	mm	$-\frac{1}{dd}$	/	_ to	 mm	_	_ /
	At	mani mame					yyyy		,,,,,,	ии	yyyy
	City			S_i	tate						
iii.	Children:	T		_ . .	. ,		T 7		Ŧ		_
		Initials	Initials	Init	ials		Initials		Initi	als	
	Lived with			from		/	/	_ to		/	_/
		Adult name			mm	dd	yyyy		mm	dd	yyyy

 ${\it Rule~17.200-Form~215:} \ {\it Answer to~Petition~for~Dissolution~of~Marriage~with~Children}, continued$

		Lived with	ו		from _	/		_/	to		_/	_/
			Adult name		n	ım	dd	yyyy		mm	dd	yyyy
		At					_					
		City			Sta	te						
	٧.	Children:										
	٧.	Offilaren.	Initials	Initials		ls	_	Initials		Initi	als	
		Lived with			from _	/	1.1	_/	_ to		/	_/
			Adult name		n	ım	dd	уууу		mm	dd	уууу
		At			<u>Sta</u>	<i>t</i> 2	_					
		City						4.4				
		Check this	box if you hav	e attached a s	separate s	heet li	istin	g addition	al ch	ıildrei	7.	
			ave been in Iowa tion. The rules a								an ord	er about
E.	Petitioner'	's residenc	ce									
	(1) The on	nly reason t	that Petitioner	(your spous	se) is livir	ng in l	low	a is just to	o ge	t a div	orce.	
	Tru	-		,	,			•	Ū			
	\sim			1: t	:CD - 4:4:		7.					41
	O Fa	ise if Petiti	ioner does not a divorce, check	tive in 10wa, c k "False."	or ij Petiti	oner i	iives	in Iowa J	or re	asons	otner	tnan just
	(2) If you d	Ü	n paragraph 2E		tition (201	1 611	in tl	no hlanke				
									onth			
			ed in lowa for		year	s and	' —	'''	OHLI	15		
	ın			_ county.								
F.	Parties' res	sidence										
	Check each	that is true										
	(1) Pe	titioner (yo	ur spouse) ha	s lived in lov	wa for mo	re th	an (one year.				
			or (2), you sho					,				
	(2) 🗌 Re	spondent (you are Resp	ondent) is a	resident	of lov	wa.					
G.	Condition	of the mar	riage									
	Check all th		J									
	(1) 🗆 Th	e marriage	is broken and	d cannot be	saved.							
			y divorce case heck (2), expla						v.			
	(3) Pe	titioner did	not file the Pe	etition in goo	d faith fo	r the	pur	pose of e	ndir	g the	marri	age.
	(4) 🗆 Co	unseling w	ill not save th	e marriage.	If counse	ling m	iay :	save the m	arri	age, d	o not c	check (4).
Н.	Responde	nt's status										
	Check each											
	(1) □ Re	spondent (you are Resp	ondent) is in	the milit	arv s	ervi	ce				
			ial rules that m						vard	if vou	are in	the
			should talk to a		uissoitti		JIII	Some jorr	, will	y you	are if	
		-		•								

Rul	e 17.2	200—For	m 215:	Answe	er to Petition for Dissolution of Ma	rriage with Children, cont	inued	
		(2) [] Re	espo	ndent is in prison or jail at	: Name of facility		in
					are in prison or jail, you may y, appointed to protect the ir	be entitled to a "gua		
	I.	Prote	ective	or r	no contact orders			
		Chec	k one					
		(1) (is neither a "protective ordener (your spouse).	er" nor a "no contact	order" between Res	spondent (you) and
		(2)			s a "protective order" or "netheck (2), fill in the following		ween Respondent a	nd Petitioner.
			a.		unty and state where the ord	der came from:		
					•	Coun	ty	State
			b.	Со	urt case number:			
3.	Ot	her (Case		bout the Children			
		eck A c						
	Α.				nformation in 3 in the Pe	tition about other	cases about the c	hildren is correct.
	B.	If you (1)	childre check luven check Lf	en is kB, file con a or l The you con l	b. ere is no juvenile court case ere is a juvenile court case. sheck b, fill in the following	ect information is: a below. The correct information is:		about the
			i.	Co	unty and state of the juvenile	e court case: <i>County</i>		State
			ii.	Со	urt case number:			
				Ch	eck one			
				(a)	☐ Concurrent jurisdiction	n has been granted.		
				(b)	☐ Concurrent jurisdiction	n has not been grante	ed.	
					If the juvenile court has not g be decided in this case. You			n child custody cannot
			Custo	•				
		(Check					
		a			ere is no custody order.			
		t). <u>(</u>	-	ere is a custody order. Sheck b, fill in the following	information:		
			1) ,	i.	County and state where th		e from:	
				1.	County and state where th	c castoay order carrie	County	State
				ii.	Court case number:			

Rule 17.200-Form 215: Answer to Petition for Dissolution of Marriage with Children, continued (3) Child support order Check a or b. There is no child support order. There is a child support order. If you check b, fill in the following information: County and state where the child support order came from: County State Court case number: 4. Other Information Respondent denies anything in the Petition that Respondent has not agreed is correct. In addition, Respondent provides the following information: All of the basic information you need to tell the court is on this form. Provide other information only if you need to explain something. 5. Respondent's Request 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). 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 Petitioner pay the court fees. (7) Order that Petitioner pay for Respondent's attorney's fees before the divorce is final If you check (7), you must file form 222. (8) Order that Petitioner pay spousal support (alimony) to Respondent. If you check (8), you must file form 222. (9) 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 (10) Order counseling to save the marriage. (11) Other request:

 $Rule~17.200\\ --Form~215: \textit{Answer to Petition for Dissolution of Marriage with Children}, continued$

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:
	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
	(
8.	If Respondent is filing in paper Check one A. O Respondent will accept service of documents at the attorney's address listed above; or B. O Respondent will accept service of documents in this case at the mailing address below. 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
	I,, certify that on, $\frac{1}{Day}$, $\frac{20}{Year}$ 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

ad this Answer, and I certify under penal
lowa that the information I have provide
nature*
State ZIP code
Additional email address – if available

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 <u>How to Register Pro Se (Self Represented)</u>
 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 <u>directly log in to EDMS</u>; or from the judicial branch website menu, you may select "eFiling > eFile (EDMS) Login."
- For help, see <u>How to eFile to an Existing Case</u>.
- 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 <u>How to Resubmit a Returned Filing</u>.
- 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

December 2013 Instructions for Rule 17.200—Form 215

Page 1 of 1

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 <u>Guide to Representing Yourself in an Iowa Divorce Case</u> 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 lowa District Court for	County where Petition is filed
Upon the Petition of	Equity case no
Petitioner You spouse's full name: first, middle, last	General Answer to a Petition for Dissolution of Marriage
and concerning	with Children
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:
- C. Respondent does not know whether the following paragraphs in the Petition are true:

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

D. Children's living arrangements

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

(1)	Children:	 Initials	Initials		Initials		$-\frac{1}{In}$	itials		Initi	als	
	1 : : : : : : : : : : : : : :						,	,				,
	Lived with	1			trom	mm	- [/] dd	- [/] 	– ^{to} -	nm	$\frac{d}{dd}$	- [/] vvvv
	At											
	City			State	?							
(2)	Children											
(-)	Ormanorn.	Initials	Initials		Initials		In	itials		Initi	als	
	Lived with	1						/	to		/	/
		Adult name				mm	dd	yyyy		nm	dd	yyyy
	At				_							
	City			State	2							
(3)	Children:											
		Initials	Initials		Initials		In	itials		Initi	als	
	Lived with	n									/	_/
		Adult name				mm	dd	уууу	1	nm	dd	уууу
	At			<u>~</u>	_							
	City			State	2							
(4)	Children:											
		Initials	Initials		Initials		In	itials		Initi	als	
	Lived with	n			from		/	_/	_ to _		/	_/
						mm	dd	yyyy	1	nm	dd	уууу
	At			State	_							
	City			Sian								
(5)	Children:	Initials	Initials		T ; 4 ; 1		_ <u></u>	:4: -1-		T: 42	1	
								itials		Initi		
	Lived with	1			from		_/	_/	_ to _		/	_/
						mm	dd	yyyy	į	nm	aa	уууу
	At			State	2							
	•	this box if you h				et listi	ng ad	ditional cl	nildro	n.		
		children have not li		_			_				ou mic	ht not be
	able to	get custody. The:	rules are comp	licated	and you i	nay ne	ed to ta	alk to an at	torney		- G 1111 E	, 1101 00

Ε.	Pro	ote	tive	or no contact orders	
		eck e	one		
	(1)	C		ere is neither a "protective order" nor a "no contact order" between Respon titioner (your spouse).	dent (you) and
	(2)	C) The	ere is a "protective order" or "no contact order" between Respondent and F	etitioner.
			If y	ou check (2), fill in the following information:	
			a.	County and state where the order came from:	
				County	State
			b.	Court case number:	
F.	Otl	her	case	es about the children	
	Che	eck ((1) or	r(2)	
	(1)	C) The	ere are no other cases about the children. If you check (1), skip to G.	
	(2)	С) The	ere are other cases about the children.	
	abo	ut c	ustod	n order from out of state about the children, an Iowa court may not be able to is the or visitation. The rules are complicated and you may need to talk to an attorist F(2), fill in the applicable information below.	
	a.	Ju	venil	e court	
		Ch	eck i	or ii.	
		i.		There is no juvenile court case.	
		ii.		There is a juvenile court case.	
			If y	ou check ii, fill in the following information:	
			(a)	County and state of the juvenile court case:	<u> </u>
				County	State
			(b)	Juvenile court case number:	
				Check (i) or (ii)	
				(i) Concurrent jurisdiction has been granted.	
				(ii) Concurrent jurisdiction has not been granted.	
				If the juvenile court has not given concurrent jurisdiction (permission,) then child be decided in this case. You should talk to an attorney.	d custody cannot
	b.			ly order	
			,	ght not be able to get custody in Iowa if there is a custody order entered in ano or ii.	ther state.
		İ.		There is no custody order.	
		ii.		There is a custody order.	
			If y	ou check ii, fill in the following information:	
			(a)	County and state where the custody order came from:	
				County	State
			(b)	Court case number:	

C.			upport order or ii.		
	i.		There is no child support order.		
	ii.		There is a child support order.		
	If y	ou cl	heck ii, fill in the following information:		
		(a)	County and state where the child support order came from:	County	State
		(b)	Court case number:	_	
G. Re	espo	nde	nt denies anything in the Petition that is not admit	ted in this Answer.	
H. Ot	her	infor	mation:		
Resn	ond	lent	"s Request Have do not know what you want talk to	o an attornou	

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

3.	3. Attorney Help		
	Check one		
	A. An attorney did not help me prepare		
	B. An attorney helped me prepare or fi If you check B, you must fill in the followin		
		-	
	Name of attorney or organization, if any	Attorney 's P.I.N. #	+ – Ask the attorney
	Business address of attorney or organization	on City	State ZIP code
	Attorney's phone number Attorney	_) 's fax number – optional	Attorney's email address – optional
4.	l. Service Instructions		
	If Respondent is filing in paper		
	Check one		
	A. Respondent will accept service of do	ocuments at the attorn	ney's address listed above; or
	B. Respondent will accept service of do		
5.	5. Certification of Service by Mailing or		
	Section 5 to be completed only if filing in paper or ij This document, if filed electronically, will automatic	f the other party is exemp	
	I,, c	ertify that on	
			•
	I mailed or gave a copy of this Answer to the address:	e other party or the o	other party's attorney at this
	Name of person to whom I delivered or mailed it		
	Party's or attorney's mailing address	City	State ZIP code
6.		-1.9	
	_		
	I,, h Print your name	ave read this Answe	r, and I certify under penalty
	of perjury and pursuant to the laws of the S in this Answer is true and correct.	tate of lowa that the	information I have provided
	and this value of its trace and correct.		
	Signed on: Month Day Year	Your signature*	
	Mailing address	City	State ZIP code
	() Email address		tional email address, if applicable
	* Whether filing electronically or in paper, you must han scan the form after signing it and then file electronicall	dwrite your signature on thi	·
	Important Instructions for		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 <u>How to Register Pro Se (Self Represented) for eFiling</u> 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 <u>directly log in to EDMS</u>; or from the judicial branch website menu, you may select "eFiling > eFile (EDMS) Login."
- For help, see <u>How to eFile to an Existing Case.</u>
- 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 <u>How to Resubmit a Returned Filing</u>.
- 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

December 2013

Instructions for Rule 17.200-Form 216

Page 1 of 1

[Court Order December 19, 2013]

Forms 217 to 220: Reserved

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.

In the Iowa District Court for	County where the case is filed
Upon the Petition of	Equity case no
Petitioner Full name as it appears on the Petition: first, middle, last	Affidavit for Temporary Custody and Visitation
and concerning	
Respondent Full name as it appears on the Petition: first, middle, last	
is: C. I understand that a judge may consider visitation of the children in this case. If I	last party; or initials of child (Do not use child's full name.) this Affidavit to determine temporary custody and were present in court, I would testify as follows:
Attach additional pages if necessary. Check here if there are additional pages att Continu	tached wed on next page

Rule 17.200—Form 221: Affidavit for Temporary Custody and Visitation, continued

2.	Attorney Help Check one				
	A. An attorney di	d not help me p	repare or fill in th	is paper.	
	B. An attorney he	elped me prepai	re or fill in this pa following information	per.	
	Name of attorney	or organization, ij	fany Attorne	ey's P.I.N. # – Ask the	attorney
	Business address	of attorney or org	anization City	Sto	ate ZIP code
	()	(town on 'a fore market are	Attomagn	's email address – optiona
			iorney s jax number	- opnonai Anorney	s emait address – opilono
3.	Oath and Signatur				
	l,				
	laws of the State of lov		ad this Affidavit ar	nd that the informati	on I have provided
	in this Affidavit is true a	and correct.			
		<u>Day</u> , 20 <u>Year</u>	Your signatur		
	Signed on: Month	Day Year	Your signatur	re*	
	Mailing address		City	Sto	ate ZIP code
	()				
	Phone number	Email addr	ess	Additional emai	l address – if available
	* Whether filing electronical scan the form after signing			gnature on this form. If yo	ou are filing electronically
	If the witness is not Petitio				

Rule 17.200—Form 222: Motion in a Dissolution of Marriage with 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	forCounty where your case is	county is filed
Upon the Petition of	Equity case no.	
Petitioner Full name: first, middle, last		n a Dissolution of ge with Children
and concerning		
Respondent Full name: first, middle, last		
Check one A. Petitioner B. Respondent 1. Request A. I ask the court to Check all that apply. If you check any (1) Change the hearing date (2) Award me temporary fina (3) Order temporary custody (4) Order temporary child su (5) Order counseling (concill (6) Set a hearing date for a concill (7) Shorten the 90-day waiting (8) Award me attorney's feed (9) Award spousal support (concill) (10) Order genetic testing to concill (11) Appoint an attorney to response	ancial support. And visitation. Apport and medical support. Addivorce Decree by default. And period for getting a divorce Decree before the divorce is final. Alimony) to me before the divorce decide paternity and require that	Day, 20 Petitioner, Respondent, and child
C	Continued on next page	

Rule 17.200—Form 222: Motion in a	Dissolution of Marriage with Children, continued
(12) Other request	Explain
B. I am making the requ	est(s) in this Motion because:

Continued on next page

2. Attorney Help

Rule 17.200—Form 222: Motion in a Dissolution of Marriage with Children, continued

	ivame of anomey or org	ganization, if a	ny	Attorney's P.I.	N. # $-Ask$ the att	orney
	Business address of atte	orney or organ	ization	City	State	ZIP code
	() Attorney's phone numb	er (Attor	ney's fax	number – optional	Attorney's e	mail address – c
Section	fication of Service 13 to be completed only is 15 pocument, if filed electronic	f filing in paper	or if the	other party is ex		nic filing.
				_	_	20
	t your name			Mon	th I	Day Ye
	of person to whom I delive s or attorney's mailing ad		it City		State	ZIP code
Party'.	s or attorney's mailing ad				State	ZIP code
Party'.			City	v under nenalt		
Party'. Oath I, Prin	s or attorney's mailing ad and Signature t your name	ldress			y of perjury and	I pursuant to
Party'. Oath I, Prin laws o	s or attorney's mailing ad	idress at I have read	City , certify	tion and that th	y of perjury and	I pursuant to
Party'. Oath I, Prin laws o	and Signature tyour name of the State of lowa thatotion is true and corre	at I have read	, certify I this Mocourt to g	tion and that th grant this Moti	y of perjury and	I pursuant to
Party'. Oath I, Prin laws o	s or attorney's mailing ad and Signature tyour name of the State of lowa tha	idress at I have read	, certify I this Mocourt to g	tion and that th	y of perjury and	I pursuant to
Party'. Oath I, Prin laws o this M	and Signature tyour name of the State of lowa thatotion is true and corre	at I have read	, certify I this Mocourt to g	tion and that th grant this Moti	y of perjury and	I pursuant to
Party'. Oath I, Prin laws o this M	and Signature tyour name of the State of lowa that otion is true and corre	at I have read	City , certify I this More court to grade	tion and that th grant this Moti	y of perjury and ne information I on.	I pursuant to have provide

December 2013

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.

County where your case is filed
Equity case no
Response to a Motion
Motion to: In at apply. If you check any box in B, you must tell the court mas been set for

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 he		· ·	oer.	
	B. An attorney helped m	-			
	If you check B, you must fi	ll in the follow	ving information:		
	Name of attorney or organ	nization, if any	Attorney's P.I.N	I. # $-$ Ask the attorne	ey .
	Business address of attorn	ey or organiza	ation City	State	ZIP code
	()_ Attorney's phone number	Attorn	ey's fax number – option	Attorney's em	ail address – optiona
4.	Certification of Service b	y Mailing (or Delivery		
	Section 4 to be completed only if fil This document, if filed electronical				c filing.
			-	-	20
	I,		, certify that on $\underline{\phantom{aaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaaa$	nth Do	, 20
	I mailed or gave a copy of thi				•
	Party's or attorney's mailing addre	SS	City	State	ZIP code
5.	Oath and Signature				
	I,		, certify under pena	lty of perjury and p	oursuant to the
	laws of the State of lowa that I in this Response is true and co	have read t orrect.	his Response and t		
	Signed on: Month Day	, 20 <u> </u>	Your signature*		
			_		
	Mailing address		City	State	ZIP code
	() Phone number	mail address		Additional email ada	lress – if available
	* Whether filing electronically or in po scan the form after signing it and the			on this form. If you are	e filing electronically,
De	cember 2013	Rule	17.200—Form 223		Page 3 of 3

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.
- ffiling 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 lowa District Court for	County
	County where your case is filed
Upon the Petition of	Equity case no.
Petitioner Full name: first, middle, last	Financial Affidavit for a Dissolution of Marriage with Children
and concerning	
Respondent Full name: first, middle, last	
l am	
Check one	
A. Petitioner	
B. Respondent	
l <u>,</u> Print your name	, state that this is a true and complete statement
of my assets, debts, and present in	come as of the $\underline{\underline{Day}}$ day of $\underline{\underline{Month}}$, 20 $\underline{\underline{Year}}$.
1. Assets Things you and your spouse own.	•
A. Real estate Attach additional sheets if necessary.	
*Owner (Whose name is on the deed?): $P = P$	etitioner $R = Respondent \ J = Joint (Both)$

Type of real estate	Owner*	Market value What it would sell for	Debt Total amount you still owe on it and to whom owed	Net value Market value minus debt owed
(1) Homestead Address of the home you own & where you usually live		\$	\$ to:	\$
(2) Other real estate Address of other houses, apartments, or land that you own.		\$	\$ to:	\$

[☐] Check this box if you have attached a sheet with additional information on real estate.

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)

Vehicles Make (e.g. Ford) Year	Owner*	Market value What it would sell for	Debt Total amount you still owe on it and to whom owed	Net Value Market value minus debt owed
(1)		\$	\$	\$
		Ψ	to:	¥
(2)		\$	\$	4
		Φ	to:	\$
(3)		c	\$	¢
		\$	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)

Securities, stocks, & bonds Company name	Owner*	Market value What it would sell for	Debt Total amount you still owe on it and to whom owed	Net value Market value minus debt owed
(1)		\$	\$	\$
			to:)
(2)		\$	\$	\$
(2)		Φ	to:	Э
(3)	\$	\$	¢	
		Φ	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)

Life insurance Company name	Owner* P,R,J	Cash value Not death benefit	Loan from cash value Total amount still owed on loan	Net value Cash value minus loan owed
(1)		\$	\$	\$
(2)		\$	\$	\$
(3)		\$	\$	\$

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

E. Bank accounts

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

Checking & savings accounts Bank or Credit Union name If you do not use bank accounts, write "Cash"	Owner*	Cash value	Personal loans or overdraft accounts Total amount you still owe on it	Net value Cash value minus loan / overdraft owed
(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)

Household contents Describe	Owner*	Market value What it would sell for	Debt Total amount you still owe on it and to whom owed	Net value Market value minus debt owed
(1) Furniture		\$	\$	\$
a.			to:	
b.		\$	to:	\$
			\$	
C.		\$	to:	\$
d.		\$	\$	\$
			to:	
(2) Appliances / Electronics a.		\$	\$	\$
			to:	
b.		\$	to:	\$
C.		\$	\$	\$
C.		Ψ .	to:	Ψ
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)

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

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

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

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

Totals

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

Other debts List only those not included as "debt" or "loans" under "Assets" in part 1.	Whose debt?* P,R,J	Amount owed
A.		\$
В.		\$
C.		\$
D.		\$
E.		\$
F.		\$
G.		\$
H.		\$
L		\$
J.		\$
K.		\$
L.		\$
M.		\$
N.		\$
O. Totals from attached sheets, if any Check this box if you have attached a sheet with additional information on other debts and enter the total.		\$
Total other debts Including amounts shown on attached sheets, if any.		\$

Continued on next page

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	Ir	ncome	Dec	luctions
for Petitioner Sources of income and deductions, not including Social Security benefits	How often paid?* W,B,M,T	Gross amount Before deductions	How often taken?* W,B,M,T	Amount of deduction
a. Wages from employer				
Employer name:		\$		\$
Job title:				
b. Wages from employer				
Employer name:		\$		\$
Job title:				
c. Unemployment assistance		\$		\$
d. Workers' compensation		\$		\$
e. Pension / Retirement		\$		\$
f. Veteran's benefits		\$		\$
g. Other Identify:		\$		\$
h. Other Identify:		\$		\$
i. Other <i>Identify:</i>		\$		\$
j. Mandatory pension contribution List required contribution only (e.g. IPERS, TIAA/CREF). Contributions above the required amount are optional and not allowed as a deduction.				\$
k. Union Dues				\$
**I. Prior court-ordered child support Paid to:				\$
**m Prior court-ordered medical support Paid to:				\$
**n. Prior court-ordered spousal support (alimony) Paid to:				\$
Totals from attached sheets, if any Check this box if you have attached a sheet with additional information on Petitioner's income and deductions.		\$		\$
Totals		\$ 0.00		\$ 0.00
Current income and deductions for Petitioner		Income total		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.

	st, middle, & last tials of each child	Birth y		t, middle, & last als of each child	Birth yea	ır
i.			iv.			
ii.			v.			
iii.			vi.			
	Check this box if you Petitioner is the lega		hed a sheet listin	ig additional childre	en for whom	
•	itioner's actual ch custodial parent only		•		-	
\$	pe	r Frequenc	y			
4) Pet	itioner's income fr	om Socia	al Security ber	nefits, if any:		
a.	Cupplemental Co	curity Inc				
٠.	Supplemental Se	curity inc	ome (SSI), if a	any:		
σ.		-		any: Petitioner for disabili	ty: \$	per montl
.	i. Supplemental Sec	curity Incon	ne (SSI) paid to F	-		
	i. Supplemental Sec	curity Incon	ne (SSI) paid to F	Petitioner for disabili	ability: \$	per month
	i. Supplemental Secii. Supplemental Sec	curity Inconcurity Incon	ne (SSI) paid to F	Petitioner for disabili	ability: \$efits <i>Use init</i>	per month
	i. Supplemental Secii. Supplemental Seciii. List the childrenFirst, middle, &	curity Inconcurity Incon	ne (SSI) paid to F ne (SSI) paid to c ner's home who	Petitioner for disabilition of their disabilities of their disabil	ability: \$efits <i>Use init</i>	per month
	i. Supplemental Sec ii. Supplemental Sec iii. List the children First, middle, & initials of each	curity Inconcurity Incon	ne (SSI) paid to F ne (SSI) paid to c ner's home who	Petitioner for disabilition of their disabilition of their disabilities of each of their disabilities of each of their disabilities of each of their disabilities of each of their disabilities of each of their disabilities of each of their disabilities of each of their disabilities of each of their disabilities of each of their disabilities of each of their disabilities of	ability: \$efits <i>Use init</i>	per month
	ii. Supplemental Sec iii. Supplemental Sec iiii. List the children First, middle, & initials of each (a)	curity Inconcurity Incon	ne (SSI) paid to F ne (SSI) paid to c ner's home who	Petitioner for disabilition of their disabilition of their disabilities of each of their disabilities of each of their disabilities of each of their disabilities of each of their disabilities of each of their disabilities of each of their disabilities of each of their disabilities of each of their disabilities of each of their disabilities of each of their disabilities of	ability: \$efits <i>Use init</i>	per month
	ii. Supplemental Sec iii. Supplemental Sec iiii. List the children First, middle, & initials of each (a) (b) (c) Check this b	curity Inconcurity Inconcur	ne (SSI) paid to Fine (SSI) paid to coner's home who	Petitioner for disabilition of their disabilition of their disabilities of each of their disabilities of each of their disabilities of each of their disabilities of each of their disabilities of each of their disabilities of each of their disabilities of each of their disabilities of each of their disabilities of each of their disabilities of each of their disabilities of	ability: \$efits Use init	per month
	ii. Supplemental Sec iii. Supplemental Sec iiii. List the children First, middle, & initials of each (a) (b) (c) Check this b	curity Incon curity Incon in Petitior last child pox if you h al Security	ne (SSI) paid to Fine (SSI) paid to coner's home who Birth year ave attached a stancome (SSI).	Petitioner for disability children for their disability children f	ability: \$efits Use init	per month ials only: Birth year
	ii. Supplemental Sec iii. Supplemental Sec iiii. List the children First, middle, & initials of each (a) (b) (c) Check this b Supplemental	curity Inconcurity Inconcurity Inconcurity Inconcurity Inconcurity Institute Inconcurity I	ne (SSI) paid to Fine (SSI) paid to coner's home who Birth year ave attached a stancome (SSI).	Petitioner for disabilition of their disabilition of their disabilities of each of their disabil	ability: \$efits Use init e, & last ech child al children we	per month ials only: Birth year
	ii. Supplemental Sec iii. Supplemental Sec iiii. List the children First, middle, & initials of each (a) (b) (c) Check this b Supplemental Social Security D i. Benefit paid for F	curity Inconcurity Inconcur	ne (SSI) paid to Fine (SSI) paid to coner's home who Birth year ave attached a stancome (SSI).	Petitioner for disabilition of their disabilition of their disabilities of each of their disabilities of each of their disabilities of each of the disabilities of each of	ability: \$efits Use init e, & last ech child al children we	per month ials only: Birth year ho receive R), if any:
	ii. Supplemental Sec iii. Supplemental Sec iiii. List the children First, middle, & initials of each (a) (b) (c) Check this b Supplemental Social Security D i. Benefit paid for F	curity Inconcurity Inconcurity Inconcurity Inconcurity Inconcurity Institute Inconcurity I	ne (SSI) paid to Fine (SSI) paid to coner's home who Birth year ave attached a stancome (SSI). SSD) or Social	Petitioner for disabilition of their disabilition of their disabilities of each of their disabilities of each of their disabilities of each of the disabilities of each of	ability: \$efits Use init e, & last ech child al children w	per month ials only: Birth year ho receive R), if any: per month
b.	ii. Supplemental Sec iii. Supplemental Sec iii. List the children First, middle, & initials of each (a) (b) (c) Check this b Supplemental Social Security D i. Benefit paid for F ii. Benefit paid for F	curity Inconcurity Inconcurity Inconcurity Inconcurity Inconcurity Institute Inconcurity I	ne (SSI) paid to Fine (SSI) paid to coner's home who Birth year ave attached a stancome (SSI). SSD) or Social	Petitioner for disabilition of their disabilition of the disabilition of the disabilition of the disabilition of the disabilition of the disabilition of the disabilition of the disabilition of the disabilition of the disabilities of the d	ability: \$efits Use init e, & last ech child al children w	per month ials only: Birth year ho receive R), if any: per month

Rule 17.200—Form 224: Financial Affidavit for a Dissolution of Marriage with Children, continued

First, middle, & last initials of each child	Birth year	First, initial
(a)		(d)
(b)		(e)
(c)		(f)

	iddle, & last 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?

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

Current income and deductions	Ir	ncome	Dec	luctions
for Respondent Sources of income and deductions, not including Social Security benefits	How often paid?* W,B,M,T	Gross amount Before deductions	How often taken?* W,B,M,T	Amount of deduction
Wages from employer Employer name: Job title:		\$		\$
b. Wages from employer Employer name: Job title:		\$		\$
c. Unemployment assistance		\$		\$
d. Workers' compensation		\$		\$
e. Pension / Retirement		\$		\$
f. Veteran's benefits		\$		\$
g. Other Identify:		\$		\$
h. Other Identify:		\$		\$
i. Other Identify:		\$		\$
j. Mandatory pension contribution List required contribution only (e.g. IPERS, TIAA/CREF). Contributions above the required amount are optional and not allowed as a deduction.				\$
k. Union Dues				\$
**I. Prior court-ordered child support Paid to:				\$
**m.Prior court-ordered medical support Paid to:				\$
**n. Prior court-ordered spousal support (alimony) Paid to:				\$

Kule 17.200—	FOIII 224: Financiai Affiaavi	u jor a Dissolution	oj w	arriage w	un Cnuaren, conti	iuea	
☐ Check th	om attached sheets, if any his box if you have attached a al information on Responden ons.				\$		\$
Totals					\$ 0.00		\$ 0.00
Current inco	me and deductions for Respo	ndent			Income total		Deductions total
proof of pay (2)	led before this action). If chil ments for the past 12 months Respondent's other of provide as much informat List the initials and birth y Do not include any childs	children with no tion as you can. year of each child	o co	urt-orde	erd support, if	any: If you ເ	
	First, middle, & last initials of each child	Birth year			iddle, & last of each child	Birth year	
	i.			iv.			
	ii.			v.			

(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	\overline{Fr}	equency

- (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	First, middle, & last initials of each child	Birth year
(a)		(d)	
(b)		(e)	
(c)		(f)	

[☐] Check this box if you have attached a sheet listing additional children who receive Supplemental Security Income (SSI).

[☐] Check this box if you have attached a sheet listing additional children for whom Respondent is the legal parent.

Rule 17.200—Form 224: Financial Affidavit for a Dissolution of Marriage with Children, continued

b.	Social Security Disability (SSD)	or Social Security Retir	ement (SSR), if any:
	i. Benefit paid for Respondent	\$	per month
	ii. Benefit paid for each child in Resp	ondent's home \$	per month
	iii. Number of children receiving bene	efitsc	hildren
C.	Social Security Disability (SSD)	, if any:	
	i. Paid to children for their disability:	\$	per month
	ii. List the children in Respondent's	nome who receive SSD bene	fits Use initials only:
	First, middle, & last initials of each child Birth y	First, midd initials of e	
	(a)	(d)	
	(b)	(e)	
	(c)	(f)	
	Check this box if you have attache Supplemental Security Disability		hildren who receive
A. Costs	THealth Insurance, Medical for Petitioner If you are Respondent, titioner has health insurance as True False If you check a, list the frequency and of If you check b, continue to (2). *How often paid? W = Weekly B = T = Two times a month	give your best estimate for each callable through employer ost of health insurance paid. Bi-weekly (every other week	h amount. er.
	Type of employer health insurance	How often paid?* W,B,M,T	Cost
	Single health insurance		\$
	Family health insurance		\$
(2) Pe a. b.	titioner has health insurance the True False If you check a, list the frequency and of the second	ost of health insurance paid.	

Rule 17.200—Form 224: Financial Affidavit for a Dissolution of Marriage with Children, continued

Type of other health insurance	How often paid?* W,B,M,T	Cost
Single health insurance		\$
Family health insurance		\$

(3) Petitioner pays medical support for the child or children as required by court order.

*How often paid? $W = Weekly$ $B = Bi-T$ $T = Two times a month$	weekly (every other week)	M = Monthly
Medical support paid to	How often paid?* W,B,M,T	Cost
		\$
		\$
		\$
itioner has dental insurance availal True False	ble through employer	·.
True	f dental insurance paid.	
True False If you check a, list the frequency and cost of the following A and A and A are the following A and A are the following A and A are the following A and A are the following A are the following A and A are the following A and A are the following A are the following A and A are the following A are the following A are the following A and A are the following A are	f dental insurance paid.	
True False If you check a, list the frequency and cost of A If you check b, continue to A *How often paid? A A A A A A A T = Two times a month	f dental insurance paid. weekly (every other week) How often paid?*	M = Monthly

*How often paid? W = Weekly B = Bi-weekly (every other week) M = Monthly

(5) Petitioner has dental insurance through a source other than employer.

If you check a, list the frequency of other dental insurance paid.

True False

If you check b, continue to (6).

T = Two times a month

Page 12 of 16

Rule 17.200—Form 224: Financial Affidavit for a Dissolution of Marriage with Children, continued

Type of other dental insurance	How often paid?* W,B,M,T	Cost
Single dental insurance		\$
Family dental insurance		\$

	Family dental insurance		\$
(6) Pet	itioner pays other medical expense	es not covered by ins	urance.

a.	O 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?* W,B,M,T	Cost
	\$
	\$

- 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

T = Two times a month

December 2013

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?* W,B,M,T	Cost
Single health insurance		\$
Family health insurance		\$

(2)	Respondent has health insurance through a source other than employer.
	a. O 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

Rule 17.200-Form 224

order.

True False

Rule 17.200—Form 224: Financial Affidavit for a Dissolution of Marriage with Children, continued

Type of other health insurance	<u> </u>	en paid?* Cost
Single health insurance		\$
Family health insurance		\$

(3) Respondent pays medical support for the child or children as required by court

If you check a, list the frequency and cost of medical support paid.

Medical support paid to	How often paid?* W,B,M,T	Cost
		\$
		\$
		\$
If you check a, list the frequency and cost of	f dental insurance paid.	
If you check b, continue to (5) . *How often paid? $W = Weekly$ $B = Bi-T = Two times a month$	weekly (every other week How often paid?*	M = Monthly Cost
If you check b, continue to (5) . *How often paid? $W = Weekly$ $B = Bi-T = Two times a month$ Type of employer dental insurance	weekly (every other week	Cost
If you check b, continue to (5) . *How often paid? $W = Weekly$ $B = Bi-T = Two times a month$	weekly (every other week How often paid?*	, , , , , , , , , , , , , , , , , , ,

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?* W,B,M,T	Cost
Single dental insurance		\$
Family dental insurance		\$

(6) Res	spondent pays other medical exper	nses not covered by	insurance.	
,				
b. (False			
	If you check a, list the cost and frequency of insurance. Include all medical, dental, vision			vered by

If you check (6)b, continue to 5, Expenses.

*How often paid? $W = Weekly \quad B = Bi$ -weekly (every other week) M = Monthly

T = Two times a mon	th
How often paid?* W,B,M,T	Cost
	\$

\$

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?* W,B,M,T,A	Monthly payment
(1) House payment or rent			\$
(2) Food At home & restaurants			\$
(3) Transportation (gas, bus fare) Not car loan payments – see (12).			\$
(4) Clothing			\$
(5) Medical, dental Not health insurance payments – see (10).			\$

Rule 17.200—Form 224: Financial Affidavit for a Dissolution of Marriage with Children, continued

(6) Utilities (gas, electric)	\$
(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 Identify:	\$
(15) Other expense Identify:	\$
(16) Other expense Identify:	\$
(17) Totals from attached sheets, if any Check this box if you have attached a sheet with additional information on your expenses.	\$
Total expenses	\$ 0.00

Continued on next page

Rule 17.200—Form 224: Financial Affidavit for a Dissolution of Marriage with Children, continued

6.	Attori Check o	ney Help					
	A. 🗆	An attorney	did not help	me prepare o	r fill in this paper.		
	B. 🗆	-		prepare or fill in the following in			
		Name of attorn	ey or organiza	ution, if any	Attorney's P.I.N.	# – Ask the attorne	y
		Business addre	ss of attorney	or organization	City	State	ZIP code
		()Attorney's pho	ne number	() Attorney's fo	ax number – optional	Attornev 's emai	l address – optional
7.	Section This do	7 to be complete cument, if filed e	ed only if filing lectronically, v	vill automatically	e other party is exemp w be served on registe	red parties.	_
	Print	your name		, cei	tify that on <i>Month</i>	Dav	, 20 Year
8	Party's	f person to whon or attorney's mo	ailing address		y	State	ZIP code
	l,	your name		, cerl	tify under penalty o	of perjury and pu	rsuant to the
	laws of	the State of I	ncial Affidavi	tive read this Fit is true and co $\frac{20}{Year} = \frac{700}{Year}$		nd that the inforn	nation I have
	Signea	on: Monin	Day	rear rot	ır sıgnature *		
	Mailing	address		Cit	y	State	ZIP code
		er filing electroni	cally or in paper		Add rite your signature on th	itional email addre is form. If you are fi	-
	scan L	he form after sign	ing u ana inen ji	ue esectronically.			

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.

In the Iowa District Court for	County where your case is filed	ity
Upon the Petition of	Equity case no. Affidavit of Mailing Not	ice
Petitioner Full name: first, middle, last	, till da vit or mailing i tot	
and concerning		
Respondent Full name: first, middle, last		
Attorney Help	e or fill in this paper.	
B. An attorney helped me prepare or f If you check B, you must fill in the following		
Name of attorney or organization, if any	Attorney's P.I.N. # – Ask the attorney	
Business address of attorney or organization	on City State ZI.	P code
()('s fax number – optional Attorney's email add	dress – optic

Petitioner's Oath and Signature on next page

Rule 17.200—Form 225: Affidavit of Mailing Notice, continued

l,	,	certify under pena	lty of perju	ıry and p	oursuant to th
Print your name					
laws of the State of Iowa					nt by ordinar
mail with proper postage	Day		Ye	ar	
Check one	, the following pa	aper or papers.			
_	5 5				
Original Notice and	Petition for Dissoli	ution of Marriage, or	•		
Notice of Intent to F	ile a Written Applic	cation for Default De	ecree		
$\mathbf{\circ}$					
to Bosnondont's last kno	wen addrage as f	allowe:			
to Respondent's last-kno	wn address as f	ollows:			
	own address as f			State	7ID as de
to Respondent's last-kno	own address as f	ollows:		State	ZIP code
	own address as f			State	ZIP code
	own address as f			State	ZIP code
Respondent's street address	, 20	City		State	ZIP code
	, 20		re*	State	ZIP code
Respondent's street address	, 20	City	re*	State	ZIP code
Respondent's street address Signed on: Month Da	, 20	City Petitioner's signatu	re*		ZIP code
Respondent's street address	, 20	City	re*	State State	
Respondent's street address Signed on: Month Da	, 20	City Petitioner's signatu	re*		

whether fung electronically or in paper, you must nandwrite your signature on this form. If you are fung electronically, scan the form after signing it and then file electronically.

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			Co	unty
	County	where your case is filed		,
Upon the Petition of	Eq	uity case no		
Petitioner Full name: first, middle, last	_	Notice of Intent Application for		
and concerning				
Respondent Full name: first, middle, last	_			
To:	10	Last name		
Date of Notice:	, 20	ar		
, and the second		*/ Respondent:		
	_	advice at once.	D. CC	40
Handwritten signature of Petitioner or attorney	_	Electronic signature of	Petitioner or	· Attorney
if filing in paper		if filing electronically		
The person who provided the signature above r	nust fill in t	the information below.		
Present street address (If attorney, firm address	City		State	ZIP code
(_	
	il address			
Instructions for Petitioner				
Filing your Notice electronically				
EDMS will automatically serve Respondent unles				
Filing your Notice in paper (if you hav			t to file in p	aper)
 Deliver a copy of this form to Respondent by Complete form 225 and file the original at the File the original of this form (226) at the clerk Keep a copy for your records. 	clerk of cour	t's office.		
December 2013 Ru	le 17.200—F	Form 226		Page 1 of 1

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 where your ca	se is filed	County
Upon the Petition of	Equity case no	o	
Petitioner Full name: first, middle, last		or Relief in a riage with (Dissolution Children
and concerning			
Respondent Full name: first, middle, last	-		
and you fear for your safety, you may leave your	address, phone number, a	nd email blank.	
Information Fill in all information and you fear for your safety, you may leave your of I am Check A or B and fill in C and D. A. Petitioner B. Respondent C. Petitioner's birth year and present res	address, phone number, a	nd email blank.	
and you fear for your safety, you may leave your of I am Check A or B and fill in C and D. A. Petitioner B. Respondent	address, phone number, a	nd email blank.	ZIP code
and you fear for your safety, you may leave your of I am Check A or B and fill in C and D. A. Petitioner B. Respondent C. Petitioner's birth year and present res	address, phone number, a sidence: Birth year	nd email blank.	ZIP code
and you fear for your safety, you may leave your of I am Check A or B and fill in C and D. A. Petitioner B. Respondent C. Petitioner's birth year and present reserved. Petitioner's present street address	sidence: Birth year City ———————————————————————————————————	nd email blank. State Email a	ZIP code
I am Check A or B and fill in C and D. A. Petitioner B. Respondent C. Petitioner's birth year and present res Petitioner's present street address County	sidence: Birth year City () Phone number residence:	nd email blank. State Email a	ZIP code

2. Request for Relief

Rule 17.200—Form 227: Request for Relief in a Dissolution of Marriage with Children, continued

Α.	Childre	en Check all that are true			
	(1)	Petitioner and Respondent agree to the Plan (229). A parenting plan must be provi			
	(2)	Petitioner and Respondent do not agr I filed a Proposed Parenting Plan (230 Request for Relief.	ee about custody and vis a)). A parenting plan must be	sitation. provided to	the court with the
	(3)	Petitioner has taken the children in the	e middle course. Attach o	certificate	
	(4)	Respondent has taken the children in	the middle course. Attac	ch certificat	te
В.	Break	rdown of marriage			
	The ma	arriage is broken down and cannot be s	saved.		
C.	Couns	seling			
	Counse	eling will not save the marriage.			
D.	Waitin	ng period before decree Check one			
	(1)	More than 90 days have passed since an Original Notice.	e Respondent accepted s	service or v	was served with
	(2)	Fewer than 90 days have passed sind an Original Notice, but I want the cour hearing because:			
E.	\sim	This paper explains how I would like to cial affidavits Check one I filed a Financial Affidavit (224). I cer	tify that I have fully discle		come and the
	_	identity and value of all assets and de	ebts.		
	(2)	I am asking that the court not require	me to file a Financial Affi	davit beca	ause:
F.	Child s	support Check all that are true			
		nount of child support is determined using th nan Services provides a child support estimo			
	(1)	Petitioner shall pay child support to Res	spondent in the amount of	\$	per month.
	(2)	Petitioner shall pay child support to a th	ird 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—F	Form 227: Request for F	Relief in a Dissoh	tion of Marriage	with Children, continued	i		
(3) [☐ Respondent sha	all pay child sup	port to Petition	er in the amount of \$		pe	r month.
(4) [Respondent sha	all pay child sup	oport to a third p	party in the amount of	f\$	pe	r month.
	Third party's full	name: first, mide	dle, last				
	Present street ad	ldress	City		State	ZIP code	
	County						
(5) (Child support paym	ents shall beg	in on the	day of		, 2	20
f	or the following chi	ldren:		Month			Year
	First, middle, & initials of each		Birth year	First, middle, initials of each		Birt	h year
	a.			d.			
	b.			e.			
	c.			f.			
	☐ Check this b	ox if you are at	taching a separa	ate sheet listing addition	nal childr	en.	
G Tay	a. Amount red	quested:\$	per mo	amount you want and onth ne Guidelines amour	-		
	ask the court to se	et the tax dedu	ction as follows	s:	Check or	ne for eac	h child
	First, middle, & last initials of each child	Birth year	Parent who s	should now claim deduction	Every Year	Even Years	Odd Years
	a.				0	0	0
	b.				Ŏ	Ŏ	Ŏ
	C.				Ō	Ŏ	Ŏ
	d.				Ŏ	Ŏ	Ŏ
	e.				Ó	Ŏ	Ŏ
	f.				Ŏ	Ŏ	Ŏ
[Check this box if	you are attachi	ng a separate sh	neet 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 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 will provide medical support (health insurance). 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. shall pay cash medical support in the amount of \$ _____ per month. Division of Personal Property Check one 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. 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. 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 We do not own any real estate. If you check a, skip to K.

Rule 17.20	0—Form 22	7: Request for Relief in a Dissolution	of Marriage with Children, continued	
	b. C) We own real estate located a	t:	
	Ŭ		Street address	
		in the City of	, County of	, and
		State of	This land is described in the deed or o	contract as follows:
(2) The re	eal estate shall be:		
	a. C		vided% to Petitioner and _	%
	b. C	Awarded to Petitioner, subject	et to all liens and mortgages.	
	c. C) Awarded to Respondent, sub	ject to all liens and mortgages.	
	d. C	Other Explain		
(3) Additio	onal real estate		
(_		eparate sheets for additional parcels of r	real estate.
	Changin	g title to real estate is a complicated a	nd important step in the divorce process.	
	If you wi	ill be changing title to real estate, you s	should talk to an attorney.	
	Division o Check one	f debts		
		nere are no debts.		
	\simeq		about and ask that they be divided as	follows:
(-		tach additional sheets if necessary		
	a. Pe	etitioner will pay the following de	ebts:	
	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	a)		\$
	(k	o)		\$
	(0	p)		\$
	(0	4)		\$

Petitioner's debts.

☐ Check this box if you are attaching a separate sheet listing additional information about

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 Last 4 numbers only	iii. Total amount still owed
(a)		\$
(b)		\$
(c)		\$
(d)		\$
(e)		\$

		(e)		\$
		Check this box if you are attaching a separa Respondent's debts.	te sheet listing additional inform	nation about
	C.	For any debt we do not know about, the spo	use who made the debt will p	ay that debt.
		You may want to close any credit cards and joint bank may limit the funds a former spouse has access to an		
L.	l ask th		y money to the other.	
	(2)	Petitioner pay Respondent \$and debts by		livision of property
		$\overline{\textit{Month}}$ $\overline{\textit{Day}}$, 20	
	(3)	Respondent pay Petitioner \$and debts by		livision of property
		Month Day	, 20 	
M.	Check of lask th			
	Ū			
N.	Check o	change me nat my last name Not be changed.		
	(2) \bigodot	Be changed to: Print your former or birth n		

3.

Rule 17.200—Form 227: Request for Relief in a Dissolution of Marriage with Children, continued

Ο.	Court fees					
	Check one					
	l 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.					
	atements of Understanding and Fact					
A.	☐ I have made a full disclosure of my property and debts to the court.					
В.	☐ This request for relief addresses all issues in my divorce.					
С.						
O .	I want the court to approve this request for relief and make it part of the final bedies.					

Continued on next page

 $Rule\ 17.200-Form\ 227: \textit{Request for Relief in a Dissolution of Marriage with Children}, continued$

4.	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 informa	tion:							
	Name of attorney or organization, if any Atto	orney 's P.I.N. # – Ask	the attorne	<i>y</i>					
		•							
	Business address of attorney or organization City	,	State	ZIP code					
	() () Attorney's phone number Attorney's fax num	ber – optional Attor	nev's email	address – optional					
_			,	1					
5.	Certification of Service by Mailing or Deliver Section 5 to be completed only if filing in paper or if the other		electronic f	ilino					
	This document, if filed electronically will automatically be ser								
	I,, certify the	at on		, 20					
	Print your name	Month		Year Year					
	I mailed or gave a copy of this Request to the other	party or the other	[,] party's at	torney 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.	6. Oath and Signature								
	-								
	I,, have read	d this Request, an	d I certify	under penalty					
	of perjury and pursuant to the laws of the State of le	owa that the inforn	nation I ha	ve provided					
	in this Request is true and correct.			•					
	, 20								
	Signed on: Month Day Year You	ır signature*							
	Mailing address City		State	ZIP code					
	Maining www.css		Diaic	211 Code					
	Dhona wank w	Additional	om ail a dduo	ag if amplicable					
	Prione number Email address	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 fit	ing electronically,					
	scan the form after signing it and then file electronically.								
_									
Dec	December 2013 Rule 17.200—Forr	n 227		Page 8 of 8					

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 fo	County where your c	case is filed	County
Jpoi	n the Petition of	Equity case n	10	
etit	ioner Full name: first, middle, last		ement Agreen n of Marriage	
nd c	oncerning			
esr				
Pe	rsonal Information Fill in all in lyou fear for your safety, you may leave Petitioner's birth year and prese	your address, phone number nt residence:		ulted by your spou
Pe	rsonal Information Fill in all in I you fear for your safety, you may leave	your address, phone number		ulted by your spou
Pe	rsonal Information Fill in all in ly ou fear for your safety, you may leave Petitioner's birth year and prese	your address, phone number nt residence: Birth year	r, and email blank.	ZIP code
Pe and A.	rsonal Information Fill in all	your address, phone number nt residence: Birth year City Phone number	s, and email blank. State Email a	ZIP code
Pe and A.	rsonal Information Fill in all in all in all you fear for your safety, you may leave Petitioner's birth year and prese Petitioner's present street address County	your address, phone number nt residence: Birth year City Phone number sent residence:	s, and email blank. State Email a	ZIP code

Rule 17.200—Form 228: Settlement Agreement for a Dissolution of Marriage with Children, continued

2.	_	reeme		
		-	to the following:	
	A.	Childre	en Check all that are true	
		(1)	We agree to the custody and visitation set out in the Agreed Parenting Plan (229	ð).
		(2)	We do not agree about custody and visitation. We each filed a Proposed Pa (230). A parenting plan, either form 229 or form 230, must be provided to the counsettlement 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.		down of marriage arriage is broken down and cannot be saved.	
	C.	Couns	seling	
		Counse	eling will not save the marriage.	
	D.	Waitin	g period before decree Check all that apply	
		(1) 🔿) More than 90 days have passed since Respondent accepted service or was an Original Notice.	served with
		(2) 🔾	Fewer than 90 days have passed since Respondent accepted service or was an Original Notice, but we want the court to take action right away without a shearing because:	
			This paper explains how we would like to settle all issues in our divorce.	
	E.	Financ	cial 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 Petiti	oner
			has fully disclosed all income and the identity and value of all assets	
			b. Respondent has filed a Financial Affidavit. Respondent certifies that Rehas fully disclosed all income and the identity and value of all assets and	•
		(2)	We are asking that the court not require us to file Financial Affidavits because	
		(-)	, no are defining that the section equilibrium in the manifest results and the section of	J.
	F.	Child S	Support Check all that are true	
			the amount of child support is determined using the Iowa Child Support Guidelines. The Iowa Dep Service provides a child support estimator on its website. Go to: https://childsupport.ia.gov/ .	partment of
		(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.

 $\textbf{Rule 17.200} \\ \textbf{—Form 228: } \textit{Settlement Agreement for a Dissolution of Marriage with Children}, \textbf{continued}$

		Third party's full nam	ne: first, middle,	, last				
		Present street addre	SS	City	,	State	ZIP code	
		County		_				
	(3)	•	ay child suppo	ort to Petitione	r in the amount of	\$	pe	r month.
	(4)	☐ Respondent shall p	pay child suppo	ort to a third pa	arty in the amount	of \$	pe	r month.
		Third party's full nam	ne: first, middle,	, last				
		Present street addre	SS	City	,	State	ZIP code	'
		County		_				
	(5)	Child support payment	ts shall begin	on the	day of		, 2	20
	. ,	for the following childre			Month			Year
		First, middle, & last initials of each child	Birth	year	First, middle, & initials of each		Birt	h year
		a.			d.			
		b.			e.			
		c.			f.			
	١	Check this box if you	u are attaching	a separate she	et listing additiona	ıl children.		
	(6)		want child sup t. <i>If you check</i>	oport to be hig (6), write the a	gher or lower that amount you want a	n the Child		
		b. Child support	should be diffe	erent from the	Guidelines amo	unt becaus	se:	
G.	Tax	exemption						
	(1)	I ask the court to set th	ne tax deducti	on as:		Check o	ne for eac	h child
		First, middle, & last initials of each child	Birth year	Parent who s child for tax (hould now claim deduction	Every Year	Even Years	Odd Years
		a.				0	0	0
		b.				0	0	0
		c.				O	O	O
	'							

 $Rule\ 17.200 — Form\ 228:\ \textit{Settlement Agreement for a Dissolution of Marriage with Children}, continued$

		d.									0	0	0
		e.									0	0	0
		f.									0	O	O
	'		Check this b	ox if you	u are attaching	g a se	parate s	heet listi	ing additio	nal c	hildren.		
					ody must sign IR n the IRS website				non-custod	ial pa	rent can ta	ke the ded	uction.
					dit is not the sam								
	(2)	The	e deduction	will star	rt in tax year _	Year		_·					
Н.	Hea	alth	care expe	nses									
					health care	exp	enses	as follo	ows: Che	eck a	ll that ap	ply	
		tion	er Respond						,				
	(1) (\preceq	\sim		ovide medica						!!:-		
	(2) (J	O	the ch	ay the first \$_ nildren. After be paid								
			_		% by F	etitic	ner and	d	% l	by R	esponde	nt.	
	(3)	\bigcirc	\circ	shall p	oay cash med	dicals	support	in the a	amount of	\$		per	month.
I.			n of persor	nal pro	perty								
	(1) (We have d	posse:	our personal p ssion. Respo								
	(2) (\bigcirc			erty has not b	peen	divided	. but we	e agree it	will	be divide	d as follo	ows:
	\-/ \				neets if necessa			,					
		a.	Petitioner v	vill get t	the following	as Pe	etitioner	's sepa	rate perso	onal	property	:	
		b.	Responder	nt will g	et the followin	ng as	Respo	ndent's	separate	pers	sonal pro	perty:	
			Note on retin	ement ac	ccounts and per	nsion	s: If the o	divorce De	ecree aives	VOU (or vour sdo	use part of	the other
			person's retire	ement ac	count or pension	, a se	parate or	der called	l a Qualified	Dom	estic Relat	ions Order	

 $\textbf{Rule 17.200} \\ \textbf{—Form 228: } \textit{Settlement Agreement for a Dissolution of Marriage with Children}, \textbf{continued}$

J.		n of real estate h parcel of real estate you own, provide the fo	ollowing information.					
		a separate sheet for each additional parcel. Thereship of real estate						
		eck one						
	a.	We do not own any real estate. If yo	u check a, skip to K.					
	b.	We own real estate located at:		,				
		Stree	t address					
		in the City of	, County of	, and				
		State of This follows:	s land is described in the dee	d or contract as				
	` '	e real estate shall be:						
	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 a	all liens and mortgages.					
	d	~						
	d.	Other Explain						
	(3) Add	ditional real estate						
		Check this box if you are attaching separate	sheets for additional parcels of	real estate.				
		e: Changing title to real estate is a complicated and bu will be changing title to real estate, you should tal		SS.				
K.	Divisio	n of debts						
	Check a	ll 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:						
		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)		\$				

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 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.

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) O Petition and de	ner pay Respondent \$ _ bhts by		to equalize the divi	sion of property
and de	Month	Day	, 20 <u></u> .	

(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

Μ.	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:						
NI	Name change							
IN.	Name change Check one							
	We ask that							
	(1) Petitioner's name							
	×	None and the demands						
	b. O 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	immediately prior to the marriage.						
	(2) Respondent's name							
	a. Not be changed.							
	b. O 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							
Ο.	Court fees							
	Check one							
	We ask that							
	(1) O 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

Attach additional sheets if necessary.

	. ,	espondent's attorney's fees neck one Respondent has no attorney's fees. Respondent will pay Respondent's Petitioner will pay \$	attorney's fees.
Q.	We wi	ssary documents Il sign and promptly deliver to each other ment Agreement.	any papers that may be needed to carry out this
R.	Othe	r agreements	

Continued on next page

4.

Rule 17.200—Form 228: Settlement Agreement for a Dissolution of Marriage with Children, continued

3.		torney Help					
	A.	Petitioner					
		(1) () An att	orney did not hel	p me prepare oi	r fill in this paper.		
		(2) O An att	corney helped me	prepare or fill ir	n this paper.		
		Name of a	tomey or organiza	tion, if any	Attorney's P.I.N.	# – Ask the attorn	пеу
		Business a	ddress of attorney o	or organization	City	State	ZIP code
		()	_ ()			
	_	•	phone number	Attorney's fa	x number – optional	Attorney's ema	il address – optional
	В.	Respondent					
		\simeq	orney did not hel				
			corney helped me check (2), you mus				
		Name of a	torney or organiza	tion, if any	Attorney's P.I.N.	#-Ask the attori	пеу
		Business a	ddress of attorney o	or organization	City	State	ZIP code
		()	()			
		Attorney's	phone number	Attorney's fa	x number – optional	Attorney's ema	il address – optional
4.	Oa	aths and Sig	natures				
	Thi our	is Settlement A	greement addres debts to each othe		our divorce. We court to approve		
	•		ath and Signature)			
		I,		, certif	y under penalty of pe	erjury and pursuar	nt to the
		Print your no					
		like the court to Agreement. I a	address the issues	s in my divorce. I ng this Agreement	ment Agreement and know I have the righ I am asking that th court.	it to talk to an atto	rney about this
		Month			Petitioner's signa	uture*	
		Mailing addres	S	City	r.	State	ZIP code
		(
		Phone number	<u></u>	Email address	\overline{A}	dditional email ac	ddress – if available
			electronically or in p scan the form after s		ndwrite your signature		
		,	- *		d on next page		

 ${\it Rule~17.200--Form~228:~Settlement~Agreement~for~a~Dissolution~of~Marriage~with~Children,} continued$

B.	Respondent's Oath and Signature							
	I,, certify under penalty of perjury and pursuant to the Print your name						nt to the	
laws of the State of Iowa that I like the court to address the is Agreement. I am voluntarily s presented to a judge for appro			ies in my divoi ning this Agree	rce. I l ement.	know I have the I am asking tha	right to talk	to an atto	rney about this
	7.6		, 20 Year	_	-			
	Month	Day	rear		Respondent's	signature *		
	Mailing address			City			State	ZIP code
	()							
	Phone number		Email addre	SSS.		Additiona	al email ad	ddress – if available
	* Whether filing electronically or i electronically, scan the form afte					ture on this j	form. If you	u are filing

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 lowa District Court for					County		
Upo	n	the Petition of			Equ	ity case no	
Pet	itic	oner Full name: first, middle,	last			Agreed Parenting	Plan
and	со	ncerning					
Res	pc	ondent Full name: first, mi	iddle, last				
		ormation for the Co The parties agree to the					
ı	В.	Children List all children	n born to or a	dopted by	Petiit	oner and Respondent.	_
		First, middle, & last initials of each child	Present age	Gend M	ler F	School	Grade
		(1)		0	0		
		(2)		0	0		
		(3)		0	\overline{O}		
		(4)		0	\overline{O}		
		(5)		0	\overline{O}		
		(6)		0	\overline{O}		
		☐ Check this box if you	are attaching	a sheet lis	sting a	dditional children.	•
(С.	Information about the	children				
		Check all that are true					
		(1) The children list	ed in B are t	he only c	hildre	n born to or adopted by these	parents.
						court case. If you check (2), and custody and visitation.	ttach a copy of the

Continued on next page

- (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.

	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) O Joint legal custody to both parents
	(2) O To Petitioner
	(3) O To Respondent
	(4) O To other person
	Full name of other person: first, middle, last
C.	Physical care should be
	Check one
	(1) \bigcirc To Petitioner If you check (1), use D for Respondent's visitation.
	(2) \bigcirc To Respondent If you check (2), use D for Petitioner's visitation.
	(3) \bigcirc Joint physical care to both parents If you check (3), use D(12) to explain the joint physical care schedule.
	(4) O 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. O Petitioner
	b. ORespondent

Rule 17.200—Form 229: Agreed Parenting Plan, continued

			on permission							
	с <i>п</i> а.	О	, b, <i>or</i> c. Visitation should no	t be allowed beca	use:					
	b.	0	Visitation should be	supervised becar	use:					
	C.		The supervisor for the superviso		Supervisor'	s full name: fir he parents aç		le, last		
		i. ii.	☐ Reasonable vi	sitation as the pare ation on these day V Th F		a.m. 		→	.m. .m.	
		iii.	Every weekend From	at	8	a.m. p.m. to	f week	at <i>Tir</i>	((ne	3a.m. p.m.
		iv.	Every other we From	at	me	a.m. p.m. to $Day o_{i}$	f week	at <i>Tir</i>	— ne	□ a.m. □ p.m.
		V.	Other Describe	,						
(3)	De		Visitation will start o	Month		Day,	20 Year	_		
(0)			edule tells on which hol		II be with eithe	r Petitioner or Re	spondent			
			ou do not have to fill in no already has the child		that is left blan	k means the chil $P = Petiti$			at day v e <i>spond</i>	
	Н	olida	у	Tin	ne	Every year P R	Even y	years R	Odd P	years R
	N	ew Y	ear's Eve	:	O a.m. O p.m.	00	0	0	0	0
	N	ew Y	ear's Day	:	O a.m. O p.m.	00	0	0	0	0
	N	lartin	Luther King, Jr. Day	:	O a.m. p.m.	00	0	O	0	\circ

President's Day	:	Q a.m. p.m.	00	00	00
Memorial Day	:	a.m. p.m.	00	00	0
Independence Day July 4th	:	a.m. p.m.	00	00	0
Labor Day	:	a.m. p.m.	00	00	0
Veterans' Day November 11th	:	a.m. p.m.	00	00	0
Thanksgiving Day	:	a.m. p.m.	00	00	0
Christmas Eve	:	a.m. p.m.	00	0	0
Christmas Day	:	Q a.m. p.m.	00	0	0
Mother's Day	:	O a.m. p.m.	00	0	0
Father's Day	:	a.m. p.m.	00	00	0
Petitioner's Birthday	:	a.m. p.m.	00	00	0
Respondent's Birthday	:	a.m. p.m.	00	00	0
Halloween October 31st	:	a.m. p.m.	00	00	0
Other: Describe	:	O a.m. p.m.	00	00	00
Other: Describe	:	a.m. p.m.	00	00	00

(4) Special rules for holidays

9	Jecia	Trules for floridays
C	neck o	ne
a.	0	If a holiday falls on a Friday or a Monday, the parent with the holiday will have the whole weekend.
b.	0	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.	0	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.	0	

Continued on next page

(5) Summer

Check one
a. O 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
- () - 2/

(9) Pick up and drop off
Check all that apply
a. O 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 or 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
Continued on next page

(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): Other issues: (13) Resolving disagreements Check one Before going to court to resolve disagreements, Petitioner and Respondent will Ask the following person to help them resolve disagreements: Relationship to parties Phone number Name ZIP code Present street address City State Go to mediation. Do not check if mediation will not work because of domestic violence or an injunction. Continued on next page

3.

4.

Rule 17.200—Form 229: Agreed Parenting Plan, continued

	torney Help						
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			
				111107710y 51 11111.	11000 1100 1		
	Business add	dress of attorney	or organization	City	State	ZIP code	
	()		_ ()	 ix number – optional			
_		hone number	Attorney's fo	ux number – optional	Attorney's ema	il address – optional	
В.	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.	Attorney's P.I.N. $\#$ – Ask the attorney		
	Business address of attorney or organization			City	State	ZIP code	
	(
	Attorney's phone number		Attorney's fo	x number – optional	Attorney's ema	il address – optional	
Th co	urt to approve thi Petitioner's Oat	ing Plan addres s Agreed Paren h and Signature	ting Plan and n	and visitation issue	final Decree.		
	l,		, certi	fy under penalty of pe	erjury and pursuan	t to the	
		s Agreed Parentir	ng Plan.	ed Parenting Plan, an	id i agree with the	Plan. Task the	
	Month		, 20 <u></u>	Petitioner's signa	uture*		
		/					
	Mailing address		City	ν	State	ZIP code	
	(Additional email address – if available			
	* Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing					-	
		can the form after s			your governer by your	2 ,	
			Continue	d on next page			

B.

Rule 17.200-Form 229: Agreed Parenting Plan, continued

Respondent's Oath	and Signati	ure				
I, Print Respondent's	пате	, ce	rtify under per	nalty of perjury a	nd pursuar	nt to the
laws of the State of lo court to adopt this Agr		•	reed Parenting	g Plan, and I agre	ee with the	Plan. I ask the
		, 20				
Month	Day	Year	Respond	lent 's signature*	•	
Mailing address			lity		State	ZIP code
() Phone number		Email address		Addition	al email ac	ddress – if available
* Whether filing electronically, scan the					form. If you	u are filing

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.

li	n the Iowa District C		· · · · · · · · · · · · · · · · · · ·		Clina dein Dannation Diam	County
			ounty wher	e you	are filing this Parenting Plan	
Jpon	the Petition of			Equ	ity case no	
					Proposed Parentin	g Plan
etitio	oner Full name: first, middle, i	ast				
nd co	ncerning					
espo	ondent Full name: first, mid	ddle, last				
am heck o	***					
леск о А.	Petitioner					
В.	Respondent					
Inf	ormation for the Co	urt				
A.	Children List all children	ı born to or a	dopted by F	Petitio	oner and Respondent.	
	First, middle, & last initials of each child	Present age	Gender M F		School	Grade
	(1)		0 (5		
	(2)		0 (5		
	(3)		00)		
	(4)		0)		
	(5)		Ŏ	5		
	(6)		0	5		
	Check this box if you a	re attaching i	a separate s	sheet	listing additional children.	
В.	Information about the	C				
	(1) The children lists	ed in A are th	ne only chi	ildrer	n born to or adopted by these	parents.
					court case. If you check (2), a d custody and visitation.	ttach a copy of th
	(3) There are children	en of Petition	ner or Resp	pond	lent not listed in B. Explain	
	 If there are chi Respondent, ch 			arrias	ge, who are not the children of l	Petitioner or of
	Respondent, ci	ieck (3) and e	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	ecial concerns about the children								
	Check al	that are true								
	(1)	Breastfeeding infant								
	(2)	Child with a disability								
	(3)	Other Explain								
D.	Informa	ation about the parents								
	Check al	l 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) \bigcirc	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 al	l 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.								
	. ,	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.
В.	Legal custody should be
	Check one
	(1) O 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) O Joint physical care to both parents If you check (3), use D(12) to explain the joint physical care schedule.
	(4) O 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:
	b. Visitation should be supervised because:
	b. Visitation should be supervised because.
	Dule 47 200 Farms 220

The supervisor for visitation should be _____

Rule 17.200-Form 230: Proposed Parenting Plan, continued

	_		Supervisor'	s full name: fir	st, middle last	
	c. Regular unsup	ervised visitation	schedule as t	the parents ag	gree:	
	_	visitation as the pa	rents agree			
		sitation on these da				
	M Tu	W Th F	., .			
			From	a.m. to	p.m.	_
	iii. O Every week		Q	a.m.		a.m.
	From	f week T	Time C	p.m. to	week at _	O p.m.
	iv. C Every other	weekend		a.m.		□ a.m.
	From	f week at	Time	p.m. to	week at	ime □ p.m.
	v. Other Desc					
	Visitation villata				20	
	vi. Visitation will sta	Month		\overline{Day}	Year	
(3)	Detailed holiday sched					
(-)	This schedule tells on which i		vill he with either	Petitioner or Res	spondent	
	You do not have to fill in ever	-			•	with the parent
	who already has the children			P = Petiti		lespondent
				Every year	I _	Odd years
	Holiday	Ti	ime	P R	P R	P R
	New Year's Eve	:	Q a.m.	00	00	00
	New Year's Day	:	0 a.m.	00	00	0
	Martin Luther King, Jr. D	Day :	a.m.	00	00	0
	President's Day	:	Q a.m. p.m.	00	00	0
	Memorial Day	:	a.m.	00	00	0
	Independence Day July	4th :	8 a.m.	00	00	0
	Labor Day	:	a.m. p.m.	00	00	0
	Veterans' Day November	11th :	a.m. p.m.	00	00	0
	Thanksgiving Day	:	a.m. p.m.	00	00	00
	Christmas Eve	:	O a.m.	00	00	00
	Christmas Dav		Q a.m.			

(4)

(5)

Rule 17.200-Form 230: Proposed Parenting Plan, continued

Mother	r's Day	:	O a.m.	00	00	00	
Father	's Day	:	O a.m.	00	00	00	
Petitio	ner's Birthday	:	O a.m.	00	00	00	
Respo	ndent's Birthday	:	Q a.m. Q p.m.	00	00	00	
Hallow	een October 31st	:	Q a.m. O p.m.	00	00	00	
Other:	Describe	:	Q a.m. Q p.m.	00	00	00	
Other:	Describe	:	Q a.m. O p.m.	00	00	00	
Check o a. b. c. d.	If a holiday falls on a whole weekend. If a holiday falls on a continue. If a holiday falls on a will continue. This me the children two weeks.	Monday or a Fi Monday or a Fi eans the parent ends in a row.	riday, the all	ternating wee ternating wee	kend schedule kend schedule	in 3.a.iii. will in D(2)c.iv.	
Summe Check o a. O b. O		ondent will ead	ch have one er parent.	e-half of the s The children	summer schoo will be returne	l vacation	
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.						

Continued on next page

Other Explain _____

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.
	 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. O 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 P.m.to P.m.
Phone number ()
b. Emailing the children at this address:
o. Guer 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 lease 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—F	orm 2	230: Proposed Parenting Plan, continued			
	C.	How the children's expenses will be paid: Fo	or example, expenses suc	h as clothe	s, activities,
	d.	How Petitioner and Respondent will deal with children (including changes due to the children)			nts about the
	e.	Other issues:			
(13)		solving disagreements			
		fore going to court to resolve disagreements, F	Petitioner and Resnon	dent will	
	a.	Ask the following person to help them reso	·	JCHE WIII	
)	
		Name Re	elationship to parties	Phone nur	nber
		Present street address Ca	ity	State	ZIP code
	b.	Go to mediation. Do not check if mediation or an injunction.	will not work because o	f domestic	violence

Continued on next page

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.									
	в. О	An attorney								
	Ŭ	If you check B		-						
		Name of attorn	ney or organiza	ution, if any	Attorney's P.I.N. $\#$ – Ask the attorney				ney	_
		Business addre	ess of attorney	or organizat	ion	City		State	ZIP code	_
		()_	ne numher	_ ()	number – optional	Attor	nov's om	ril address – antion	_ al
4.	Certif	ication of S						,	1	
••	Section	4 to be complete	ed only if filing	in paper or	if the	other party is exem se served on registe			filing.	
	I.				certify	that on			. 20	
	Print	your name		,	001111	that on		\overline{Day}	y Year	_
		d or gave a cop y at this addres		oosed Parei	nting	Plan to the other	party or	the othe	er party's	
	Name o	f person to whor	n I delivered o	r mailed it						
	Party's	or attorney's m	ailing address		City			State	ZIP code	_
5.	This Pr		ting Plan add			y and visitation is make it a part of t			rce. I want the	
	I,			,	certif	y under penalty o	of perjur	y and pu	rsuant to the	
	Prin	t your name								
						sed Parenting Placed Parenting Pla		l agree v	with the Plan and	t
	1.64			, 20	_	Your signature*				_
	Month		Day	Tear		1 our signature				
	Mailing	address			City			State	ZIP code	-
	()								
	Phone r	number		Email addre.	SS	Ā	dditiona	l email ac	ldress – if available	_
		er filing electroni he form after sign				e your signature on ti	his form.	If you are	filing electronically	,
Dec	ember 20	13		Rule 1	7.200-	-Form 230			Page 9 of	9

[Court Order December 19, 2013]

Forms 231 to 300: Reserved

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]

Read the Guide to Representing 1	Yourself in a Child Su	pport Modification Ca	<i>se in Iowa</i> on the I	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 lowa 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	vou must provide any	protected information in	full on form	311
Acres 1	If funit ciecu oniculity,	you must provide unity.	pi otectea information ii	i juii on joini.	JI

If filing in paper, you may use form 311 to provide any protected information in full.

n the	lowa District Court for	County of current chi	Could support order
Jpon	the Petition of	Equity case	no(As stated in the current support order)
	Oner e of Petitioner as it is in the original case	—— Арр	lication to Modify Child Support
ind co	oncerning		
ull nam Pe	ondent e of Respondent as it is in the original case ersonal Information Fill in all inf d fear for your safety, you may leave your Applicant's (the party seeking to	street address, phone num	ber, and email blank.
. Pe	ersonal Information Fill in all inference fear for your safety, you may leave your Applicant's (the party seeking to Full name: first, middle, last	street address, phone number modify child support) in	ber, and email blank. nformation: Birth year
. Pe	e of Respondent as it is in the original case ersonal Information Fill in all infold fear for your safety, you may leave your Applicant's (the party seeking to	street address, phone num	ber, and email blank. nformation:
. Pe	ersonal Information Fill in all inference fear for your safety, you may leave your Applicant's (the party seeking to Full name: first, middle, last	street address, phone number modify child support) in	ber, and email blank. nformation: Birth year
. Pe and A.	ersonal Information Fill in all inference dependent as it is in the original case ersonal Information Fill in all inference dependent of the party seeking to a	street address, phone number modify child support) in City	ber, and email blank. nformation: Birth year State ZIP code
. Pe and A.	ersonal Information Fill in all inference of Respondent as it is in the original case ersonal Information Fill in all inference of fear for your safety, you may leave your Applicant's (the party seeking to Full name: first, middle, last Applicant's present street address County	street address, phone number modify child support) in City	ber, and email blank. nformation: Birth year State ZIP code
iull name	ersonal Information Fill in all inference dear for your safety, you may leave your Applicant's (the party seeking to Full name: first, middle, last Applicant's present street address County Other parent's information:	street address, phone number modify child support) in City	ber, and email blank. Information: Birth year State ZIP code Email address

February 2014 Rule 17.300—Form 301 Page 1 of 6

	Ċ.	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	Ge	neral Information about this Case	
		Current child support order	
	,	(1) Date the current child support order was entered:	
		(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	
	R	Copy of current child support order Check one	
	٥.	(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 the	his
		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.	

E.	Other child support or	ders Check on	e		
	(1) There are no oth	ner child support	orders for th	e child or children involve	d in this case.
	(2) There are other	child support ord	ers for the c	hild or children involved in	this case.
	They are:				
	Case Number			unty	State
	Cuse I tumo er			uniy	State
	Case Number	,	Co	unty	State
		is box if you are at	ttaching a sep	arate sheet listing additiona	l child support
	orders.				
F.	The following children	are covered by	the curren	t child support order:	
	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 h	nave attached a seg	⊐ oarate sheet li	sting additional children.	
_	T. 131				
G.	The child support amo		_		
		ng support has c		vhere the child or children e children.	are living.
	If you check (1) , w	vrite the county wh	ere the juveni	le court order was entered d	and the case number.
	~				
	County	bla a alaitalaana lirra r	:41- 41	Case Number	
	` '	t order that sets		nt who is paying support.	
	(3) One or more of t			for child support.	
		income has gone			
	(5) ☐ Respondent's (c(6) ☐ Other reason Ex	other parent's) inc coloin	come has go	ne up.	
	(c) =	op teen			
Н.	Child support amount	should be	Check all that	apply	
	(1) Raised Explain				
	(2) Lowered Explain	n			
	(3) Stopped Explain	1			

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. <i>If you check</i> (2), <i>check</i> a <i>or</i> b:
	 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. <i>Explain</i>
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. <i>If you check</i> (2), <i>check</i> a <i>or</i> b:
	 A court order currently says who pays for health care expenses for the child or children and it should stay the same.
	 A court order currently says who pays for health care expenses and it should be changed. Explain
K.	The other party is Check each that is true
	(1) In the military service (2) In prison or jail at in
L.	Name of facility State 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			301: Application to Modify Child Support, continued
	M.	Other	information:
_	_		
3.			's Request
	A.		ant asks the court to:
		Check a	ill 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

4.	Attori	ney Help							
	A. □	An attorney o	lid not help r	me prepare o	r fill in this n	aner			
	A. □ B. □	An attorney h							
	5	If you check B,		•					
		Name of attorne	y or organizat	tion, if any	Attorney's	P.I.N. # -	- Ask the attorn	ney	
		Business addres	ss of attorney o	or organization	City		State	ZIP code	
		() Attorney's phon	ne number	_ () Attorney's fa	x number – opi	ional	Attorney's ema	il address – optional	
5.	Servi	ce Instructio							
	Check I	A or B only if Ap_{p}	plicant is filing	in paper, not el	ectronically				
	A. 🗌	Applicant will	accept serv	rice of docum	ents at the a	attorney	's address lis	sted above; or	
	В. 🗌	Applicant will	accept servi	ce of docume	nts in this ca	se at the	e mailing add	ress below.	
6.	Oath	and Signatu	re						
	I,			, have re	ad this App	lication,	and I certify	under penalty	
		ury and pursua Application is			e of lowa th	at the ir	nformation I h	nave provided	
		, фриосион ю	indo dind ooi	20					
	Signed	on: Month	Day	_, 20	Your signa	ture*			
	Mailing	address		<i>c</i>	ity		State	ZIP code	
	(<u> </u>	number	Email	l address		Additio	onal email addr	ess, 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 N	lotice to An	nlicant			
			See next r	Important N page for instru	-	•			
		•		serve this Ap		•	• •	on the other	
			parties.	\					
		•		d Support Red	-	. ,	is involved i	n this case,	
			you must a	also serve bo	th 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 <u>How to Register Pro Se (Self Represented) for eFiling.</u>
- After you have registered, log in to the electronic filing system to electronically file your Application.
- For help electronically filing your Application, see <u>How to eFile a New Case</u>.
- 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 <u>How to Resubmit a Returned Filing</u>.
- 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 <u>My Filings</u>
 <u>Reference Guide</u>.

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

February 2014

Rule 17.300—Form 302: Cover Sheet for an Application to Modify Child Support.

Applicant uses this form for j	paper filing only; do not f	file in electronic cases.		
For court use only	aber	County where case is filed	d	-
Applicant				
Applicant's first name	Middle name	Last name		-
Street address		City	State	ZIP code
() Phone number	 Email addres:	s		
Case name				
Petitioner's first name	Middle name	Last name		-
vs.				
Respondent's first name	Middle name	Last name		_
Nature of the Case:	EQUITY—Domest	tic Relations dren involved (CD-DC)		
	252A—Support action	. (22.20)		
	252A.18—Foreign sup			
	252B.11—Cost recove 252C—Administrative			
	252D—Income withhol			
	252E—Medical suppor	• ,		
	252K—UFISA (DR-R1)			

Note to Applicant

- Applicant must complete this cover sheet if filing in paper and give it to the district court clerk when filing an Application to Modify Child Support.
- . Do not serve this cover sheet on Respondent.
- This cover sheet is for statistical purposes only. It has no legal effect in the case.
- For electronic filers: You do not have to file this form. This information is automatically generated when you submit your documents electronically.

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.

lowa 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.

ln	the lowa District Court for	County where	County Application is filed
Uķ	oon the Petition of	Equity	case no.
	etitioner I name of Petitioner as it is in the Application	c	onfidential Information Form
an	d concerning		
	espondent I 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	1	
	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

	t	Birth date		ocial Security number
☐ Check this box if you have				-
Signature of Provider	of Informat	ion		
The party or parties submit this intused to enforce any support order	under the Code of	lowa, chapters 234, 25	2A, 252C, 252F,	252H, 252K, or 600B, as
provided for in section 598. If a painformation with the clerk of court	-		e party must prom	ptly file an update of this
	or the Child Suppor	rt Recovery Unit.		ptly file an update of this
information with the clerk of court	or the Child Suppor			ptly file an update of this
information with the clerk of court	or the Child Suppor	rt Recovery Unit.		ptly file an update of this
information with the clerk of court	or the Child Suppoi	rt Recovery Unit.		iptly file an update of this -1 , 20 -1 -1 -1 -1 -1 -1 -1 -1

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.

n the Iowa Distric	t Court for		Cou
		County where	e Application is filed
Jpon the Petition	of		Original Notice for Personal Service
Petitioner ull name of Petitioner as it is i	1 the Application	-	reisoliai service
nd concerning			
Respondent ull name of Respondent as it is	in the Application	-	
-o:			
Petitioner or Respo	ondent		
Other person recei	ving child support in this case	e, if any.	
	t Recovery Unit is involved in Recovery Unit" on the secon		
A copy of theApplicant is n		nild Support (f orney.	asking for a change in child support form 301) is attached to this Notice tion 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

February 2014 Rule 17.300—Form 304 Page 1 of 3*

*Upon electronic filing, a clerk's signature page will be attached to this document as page 3.

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 Appliant.

Important Notice

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

Persons who are

Rule 17.300—Form 304a: Original Notice for Personal Service

	icant must serve the Appl re to meet this deadline may	-		s after filing the Application.	
I	-	nting Yourself in a Chi	ld Support Modifi	ication Case in Iowa on the Iow	va Judicial
		cally, Applicant must co			
		Applicant must use thi			
f you	u do not understand how	to use this form, or if y	ou should use th	is form, talk to an attorney.	
n ti	ne Iowa District Co	ourt for			County
			County where	Application is filed	
Upo	on the Petition of				
				Original Notice for Personal Service	
	itioner ame of Petitioner as it is in the A	pplication			
and	concerning				
	spondent ame of Respondent as it is in the	Application	-		
To:					
	Petitioner or Responden	rt .			
	Other person receiving	child support in this ca	e, if any.		
	If the Child Support Rec list "Child Support Rec				
	support.			t asking for a change in cl	
	A copy of the AppApplicant is not reApplicant's contact	presented by an att	orney.	orm 301) is attached to thi	s Notice.
	Applicant's name				
	Mailing address	City	State	ZIP code	
	() Phone number	Email addres.	ÿ	-	

Important instructions on next page

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
		, lowa
	City	ZIP code

Important Notice

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

Rule 17.300—Form 305: Acceptance of Service

Applicant must complete this section:

In the lowa District Court for	County where Application is filed
Upon the Petition of	Equity case no
Petitioner Full name of Petitioner as it is in the Application	Acceptance of Service
and concerning	
Respondent Full name of Respondent as it is in the Application	
Applicant must file this form with clerk of co	t soon after the other party signs it.
	<u> </u>
Acceptance of Service, Oath, ar	Signature of Other Party Service, he or she must return this form to Applicant soon after
Acceptance of Service, Oath, are fithe other party completes this Acceptance signing it. Applicant will file it with the cleri	Signature of Other Party Service, he or she must return this form to Applicant soon after
Acceptance of Service, Oath, and If the other party completes this Acceptance signing it. Applicant will file it with the clerically, Print your name copy of the Original Notice and the Aservice. I certify under penalty of pe	Signature of Other Party Service, he or she must return this form to Applicant soon after of court.
Acceptance of Service, Oath, and If the other party completes this Acceptance signing it. Applicant will file it with the clerify. Print your name Copy of the Original Notice and the Acceptance and the Acceptance of the Acc	Service, he or she must return this form to Applicant soon after of court. , am the other party in this case. I received a plication for this case. I have read this Acceptance of any and pursuant to the laws of the State of Iowa that the other party and correct.
Acceptance of Service, Oath, and If the other party completes this Acceptance signing it. Applicant will file it with the clerk Print your name copy of the Original Notice and the Aservice. I certify under penalty of perinformation I have provided in this Acceptance. Signed: Month Day Year	Service, he or she must return this form to Applicant soon after of court. , am the other party in this case. I received a polication for this case. I have read this Acceptance of any and pursuant to the laws of the State of Iowa that the eptance of Service is true and correct. Other party's signature
I, Print your name copy of the Original Notice and the A Service. I certify under penalty of pe information I have provided in this Ac	Service, he or she must return this form to Applicant soon after of court. , am the other party in this case. I received a plication for this case. I have read this Acceptance of any and pursuant to the laws of the State of Iowa that the other party and correct.

Important Notice

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

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.

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 Person to be Served City State ZIP code oı	nty wher	e Application is filed	Equity case number			
Street address City State ZIP code B. Other process server Name of other process server serving the Notice Street address City State ZIP code Person to be Served Other party's name Address where the other party can be served City State ZIP code Phone number Address where the other party can be served Person Requesting Service Your (Applicant's) name Four (Applicant's) present mailing address City State ZIP code				eriff or Other Process Serve	r	
B. Other process server serving the Notice Street address City State ZIP code Person to be Served Other party's name Phone number Address where the other party can be served City State ZIP code Person Requesting Service Your (Applicant's) name Phone number Tour (Applicant's) present mailing address City State ZIP code		A. 🗆	•			
Name of other process server serving the Notice Street address City State ZIP code Person to be Served Other party's name Phone number Address where the other party can be served City State ZIP code Person Requesting Service Your (Applicant's) name Phone number Total City State ZIP code			Street address	City	State	ZIP code
Street address City State ZIP code Person to be Served Other party's name Phone number Address where the other party can be served Person Requesting Service Your (Applicant's) name Phone number City State ZIP code		В. 🗌	Other process server			
Person to be Served Other party's name Address where the other party can be served Phone number City State ZIP code Person Requesting Service Your (Applicant's) name Phone number City State ZIP code			Name of other process serve	r serving the Notice		
Other party's name Columber Phone number			Street address	City	State	ZIP code
Address where the other party can be served City State ZIP code Person Requesting Service (•	Perso	n to be Served			
Person Requesting Service (Other p	arty's name	Phone number		
Your (Applicant's) name Phone number Your (Applicant's) present mailing address City State ZIP code		Address	where the other party can be	e served City	State	ZIP code
Your (Applicant's) present mailing address City State ZIP code	•	Perso	n Requesting Servic	e		
		Your (A)	pplicant's) name	Phone number		
. Special Instructions for Service Provide information that will help the sheriff or process serv		Your (A)	pplicant's) present mailing a	ddress City	State	ZIP code
•		Speci	al Instructions for Se	ervice Provide information that will	help the sheriff o	r process serve

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 proceeding service.	cess server will notify the person				
	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 Equity case no. **Application and Affidavit to Defer Payment of Costs** Petitioner Full name of Petitioner as it is in the Application and concerning Respondent Full name of Respondent as it is in the Application 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) \(\sum \) 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 17.300—Form 309: Application and Affidavit to Defer Payment of Costs, continued

F.	My household has th	e following monthly expenses:
	(1) Rent or mortgage	\$
	(2) Utilities	\$
	(3) Phone	\$
	(4) Food	\$
	(5) Transportation	\$
G.	I have \$	in cash, checking, and savings.

Continued on next page

2. Attorney Help

Rule 17.300—Form 309: Application and Affidavit to Defer Payment of Costs, continued

	rume of uno	rney or organi	zation, if any	Attor	ney 's P.I.N.	#-Ask the attor	ney
	Business add	tress of attorne	y or organiza	ation City		State	ZIP code
	() Attorney's ph	none number	(ey 's fax numb	2r – optional	Attorney's em	ail address – op
Sectio	tification of on 3 to be comple document, if file	eted only if fili i	ng in paper o	or if the other	party is exen	npt from electron tered parties.	ic filing.
		-		•	_	-	20
', \overline{Pri}	nt vour name			, certify trial	Month		v Yea
Party	's or attorney's i	mailing addres	S	City		State	ZIP code
Oatl	h and Signa	ture		•			
Oatl	h and Signa	ture		•	ty of perjur		
Oatl	h and Signa	ture name	, certify	under penal		y and pursuan	to the laws
Oatl I, the S	h and Signa	name nat I have rea	, certify ad this Appl Affidavit is	under penal lication and true and col	Affidavit an rrect.		to the laws
Oatl I, the S provi	h and Signa Print your State of lowa th	name nat I have rea	, certify ad this Appl Affidavit is	under penal	Affidavit an rrect.	y and pursuan	to the laws
Oatl	Print your State of lowa the	name nat I have rea	, certify ad this Appl Affidavit is	under penal lication and true and col	Affidavit an rrect.	y and pursuan	to the laws
Oatl	Print your State of lowa the ded in this Apple don: Month	name nat I have rea	, certify ad this Appl Affidavit is	under penal lication and a true and col Your signat	Affidavit an rrect.	y and pursuan	to the laws

[Court Order March 6, 2014]

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 Dist	rict Court for	County where Appl	lication is filed	County			
Up	oon the Petition of		Equity ca	se no				
Pe	titioner Full name: first, mi	ddle, last		avit of Service of and Application	n to Modify			
an	d concerning			Child Suppo	ort			
Re	espondent Full name: fin	st, middle, last	_					
 1.	Affidavit							
	1		delivered a	copy of the Origin	al Notice and			
	I,Name of person – Can	not be Applicant, sheriff,	or process server	oopy or the origina	ar rection area			
	Application to Modify	Child Support for th	is case to:		Check one			
					☐ a.m.			
		on		. 20 at	□ p.m.			
	Name of Other Parent	Mon	th Do	$\frac{1}{ay}$, 20 at	Time			
	by handing the other p	party copies of the	attached papers.					
_	Ooth and Cinnetum							
2.	Oath and Signature To be completed by the per		lication to the other	nartv				
					والمستعدد المستعدد			
	l, Print your name		, nave read ti	nis Amaavit of Ser	vice, and i certify			
	•	mr and murauant to	the level of the C	tata af lawa that th	a information l			
		under penalty of perjury and pursuant to the laws of the State of lowa that the information I have provided in this Affidavit of Service is true and correct.						
	•			ot.				
	Signed on: Month	, 20						
	Signed on: Month	Day Year	Your signature*					
	Mailing address		City	State	ZIP code			
	() Phone number	Email address		Additional email ad	ldress – if applicable			
	* If you are filing electronical	lly, scan the form after si	gning it and then file e	lectronically.				
		D. J.	. 47 200 Farm 240		Dama 4 -54			
rep	ruary 2014	Rule	17.300—Form 310		Page 1 of 1			

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	Equity case no
Petitioner Full name of Petitioner as it is in the Application	Protected Information Disclosure
and concerning	
Respondent Full name of Respondent as it is in the Application	

For electronic filers:

When protected information, as defined in lowa 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 lowa 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.

Middle

Name

First

Protected Information Type Complete Information Redacted Information (See Rules 16.602 and 16.604) (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

Last

 ${\it Rule~17.300--Form~311:} \ {\it Protected~Information~Disclosure,} \ {\it continued}$

E.	Personal identification numbers	Full number	Partial only
F.	Other unique identifying numbers	Full number	Partial only
G.			
	Additional protected information	Full information	Partial information
Н.			
	Additional protected information	Full information	Partial information
I.			
	Additional protected information	Full information	Partial information
J.			
	Additional protected information	Full information	Partial information

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

2. Respondent

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

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

Rule 17.300—Form 311: Protected Information Disclosure, continued

3. Other Parties

Provide the complete version of protected information here, and the redacted version should be included in documents you file.

First	Middle	Last
Protected Information Type	Complete Information (See Rules 16.602 and 16.604)	
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
E. Personal identification numbers	Full number	Partial only
F. Other unique identifying numbers	Full number	Partial only
G. Additional protected information	Full information	Partial information
H. Additional protected information	Full information	Partial information
l. Additional protected information	Full information	Partial information

Partial information

4. Children

Additional protected information

Provide the complete version of protected information here, and the redacted version should be included in documents you file.

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

Full information Check this box if you are attaching a separate sheet listing additional information for other parties.

Rule 17.300—Form 311: Protected Information Disclosure, continued

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

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

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

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

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

Continued on next page

Month

Date information provided

Rule 17.300—Form 311: Protected Information Disclosure, continued

Day

Year

5. Information provided by:

Handwritten signature of party or attorney if filing in paper		Electronic signifiling electr		ty or attorney
Law firm, if applicable		-		
Mailing address	City		State	ZIP code
() Phone number				
Email address		Additional email	l address, if a	pplicable

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..

In the Iowa District Court for	County where Application is filed
Upon the Application of Petitioner Full name of Petitioner as it is in the Application	Equity case no Answer to Application to Modify Child Support
and concerning	
Respondent Full name of Respondent as it is in the Application	
If paragraph 1A of the Petiti	formation that you know. To modify child support) information Check one ion (form 301) is not correct, check (2) and fill in the blanks. The present residence, and contact information are correct in the
(2) Applicant's name, birth yea	r, present residence, and contact information are not correct in the
Application. The correct information is:	
	Birth year
The correct information is:	·

	B.	Your (other parent's) information If paragraph 1B of the Petiti		not correct, ch	eck (2) and fill in	the blanks.	
		(1)	Your (other parent's) name	e, birth year, pre	sent residence	, and contact info	rmation are corr	ect
			in the Application.					
		(2)	Your name, birth year, pres	sent residence,	and contact inf	ormation are not	correct in the	
			Application.					
			The correct information is	:				
			Full name		-	Birth j	vear	
			Present street address	Ci	ity	State	ZIP code	
				()			
			County	Phone num	ber	Email ad	ldress	
	C.	Other	person (non-parent) who	receives chil	d support	Check one		
		(1)	There is no non-parent wh	ho gets child su	pport in this c	ase.		
		(2)	There is a non-parent who	o gets child sup	port in this ca	se.		
		If y	ou check (2) check a or b.					
		a.	The information about t Application.	the other person	who receives ch	ild support is corr	ect in the	
			 If you check a skip to 	2.				
			• If paragraph 1C of t		form 301) is not	t correct, check b	ınd fill in the bla	nks.
		b.	The information about the Application. The correct			ild support is not	correct in the	
		\overline{Fui}	ll name: first, middle, last			Bir	th year	
			•				,	
		\overline{Pre}	esent street address	City		State	ZIP code	
				()			
		Con	unty	Phone num	ber	Email ac	ldress	
2	C •	noral	Information about thi	ic Coco				
2.				is Case				
	Α.		nt child support order	Forma 201) is so at	anneat aleadele	and fill in the black	u lea	
			graph 2A of the Application (f		отесі, спеск в	ana jiii in ine ota	aks.	
		(1) Da	te order entered Check one The Application provide		ate of the child :	support order		
		b.	☐ The Application does n				rder. The corre	st.
		D.	date is:	ior bioxide rile C	oneol dale of li	ie oriiia support o	rder. THE COITE	JL
			Month	Dan	Vaar			
			Month	Day	Year			

	(2)	Co	unty	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:
			Coi	inty State
	(3)	Ca	se ni	umber of the current child support order Check one
	(0)	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
		D.		order. The correct case number is:
	/ <i>A</i> \	Do	man	Case number
	(4)		ISON	who pays child support Check one
		a.	Ш	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)		rson	who receives child support Check one
		a.	Ш	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)	Cu	rrent	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
В.	Со	ру	of cu	urrent child support order Check one
	(1)		Ас	opy of the current child support order was attached to the Application.
	(2)		Αc	opy of the current child support order was not attached to the Application.

). Child (1) [Support Recovery Unit (CS The Child Support Recovery	,	ck one		
(2)		, ,			
(/ _					
). Colle (1) [ection Services Center (CSC The Collection Services Cel	•		ed in this case	
('/ L		1101 (000) 101	111011	od 111 1110 oddo.	
(2)	The CSC number is: The Collection Services Ceres Cer	nter (CSC) is	not in	volved in this case	
(/ –		, ,			
		e <i>ck one</i> oport orders fo	r tha	child or children involved	d in this case
(1) L (2) E		•			
(2) L	They are:	it orders for tr	ie crii	ia or chilaren mvolvea in	triis case.
	They are.				
	Case Number		Cour	nty	State
	Case Number		Cou	nty	State
	☐ Check this box if you orders.	are attaching a	separ	rate sheet listing additiona	l child support
Child	ren covered by current child	support order		Check one	
(1)	The Application correctly ide order.	entifies the ch	ildren	covered by the current of	child support
(2)	The Application does not co support order. The following				
	First, middle, & last initials of each child	Birth year		First, middle, & last initials of each child	Birth year
	(a)			(d)	
	(b)			(e)	
	(c)			/f\	1
	1 (0)			(f)	1

G.	Αm	our	nt of	child support
	(1)	Ju	/enile	e 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)	Wh	o chi	ildren live with <i>Check</i> a <i>or</i> b
		a. b.		It is correct that one or more of the children now live with the person paying support. None of the children now live with the person who is ordered to pay support.
	(3)	Qu	alifyi	ing 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.
	(1)	۸n	nlica	int's income Check a or b
	(4)	a.	рпса П	I agree that Applicant's income has gone down.
		a. b.		I do not agree that Applicant's income has gone down.
	(5)		inco	ome Check a or b
	(0)	a.		I agree that my income has gone up.
		b.		I do not agree that my income has gone up.
	(6)			ponse to Applicant's "other reason" for requesting a change in child support:
	(0)	,	.00	series to rippingarite strict reason for requesting a strainge in stilla capport.
		_		
		_		
		_		
Н.	Ch	ild s		port amount should be Check all that apply
	(1)		Rai	ised Explain
	(2)		Lov	wered Explain
	(3)		Sto	pped Explain
	(4)		Not	t be changed Explain

I.	Tax de	edu	ction for the children $Check(1) or(2)$	
	(1)	Th	nere is no court order at this time on tax deductions for the children.	
	(2) <i>If</i> y		nere is a court order at this time on tax deductions. Check (2), check a or b:	
	a.		A court order currently says who gets the tax deduction for the child a should stay the same.	or children and it
	b.		A court order currently says who gets the tax deduction for the child should be changed. $Explain$	or children and it
J.	Health	 n cai	re expenses for the children Check (1) or (2)	
	(1)		nere is no court order at this time on who pays health care exper	ises.
	(2) []	Th	nere is a court order at this time on who pays health care expens check (2), check a or b:	
		a.	A court order currently says who pays for health care expenses f children and it should stay the same.	or the child or
		b.	A court order currently says who pays for health care expenses a be changed. <i>Explain</i>	and it should
K.	•		er party) am Check each that is true the military service	
	(2)	In	prison or jail at $\underline{\hspace{1cm}}$ in $\underline{\hspace{1cm}}$ State	·
L.	Protec	tive	or no contact order Check (1) or (2)	
	(1)	Th	nere is neither a "protective order" nor a "no contact order" between me an	d Applicant.
	(2)		nere is a "protective order" or "no contact order" between me and Applicant you check (2), fill in the following information:	i.
		a.	County and state where the order came from: County	State
		b.	Court case number:	
		₽.	Source on the Harrison.	

3. I (the other parent) deny anything in the Application that I have not agreed is correct.

4. My (the other parent's) Request

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

Attori	ney Help 🤇	Check one						
A. 🗌	An attorney	did not help	me prep	are or	fill in this paper			
В. 🗌	An attorney	helped me į	prepare o	r fill in	this paper.			
	If you check B	3, you must fill t	in the follov	wing inf	ormation:			
	Name of attor	ney or organiza	ation, if any	,	Attorney's P.I.N.	# -Ask	the attori	ney
	Business addr	ress of attorney	or organiza	ation	City		State	ZIP code
	()_		_ ()_	number – optional			
	Attorney's pho	one number	Attorn	ey's fax	number – optional	Attor	ney's ema	til address – optiona
Servi	ce Instructi	ions for Fil	ing in Pa	aper				
		ou are filing in	_	•	nically			
A. 🗆	I will accept	service of do	cuments	at the a	attorney's addre	ss listed	d above;	or
в. П	l will accept	service of do	cuments i	n this c	ase at the mailin	a addre	ess belov	v
J	· ······ accopt	0011100 01 00			accidentallin	g addire	,00 80.01	••
					livery for Filir			
					plicant is exempt fr			ng.
		-		-	be served on regist	_		
I,				₋ , certif	y that on <i>Month</i>			, 20
							•	
l maile	d or gave a	copy of this /	Answer to	Applic	cant or Applicar	nt's atto	rney at	this address:
				_				
Name 0	f person to who	om I delivered o	or mailed it					
Dawto 'a	or attornous's m	nailing address		City			State	ZIP code
rariy s	or anomey s m	iaiung aaaress		City			State	zir coue
Oath	and Signat	ure						
I.				. have	read this Answ	er. and	I certify	under penalty
	your name			,		,	,	, ,
				e State	of lowa that the	e inforn	nation I I	have provided
in this	Answer is tru	ue and corre	ct.					
		. :	20					
Signed	on: Month	Day .	Year	Your	signature*			
Mailing	address			City			State	ZIP code

Phone r	umber	E m a	ail address		Ada	ditional e	email addi	ress – if available
					e your signature on t	this form.	If you are	filing electronically,
scan t	he form after sig	ning it and then f	'ile electronic	cally.				
			Continu	ed on	next page			

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 <u>How to Register Pro Se (Self Represented)</u>
 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 <u>directly log in to EDMS</u>; or from the judicial branch website menu, you may select "eFiling > eFile (EDMS) Login."
- For help, see <u>How to eFile to an Existing Case</u>.
- 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 <u>How to Resubmit a Returned Filing</u>.
- 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

February 2014

Instructions for Rule 17.300-Form 315

Page 1 of 1

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	e lowa District Court for	ounty where Application is filed
Upon	the Petition of	Equity case no
Petiti Full nam	Oner e of Petitioner as it is in the Application	General Answer to Application to Modify Child Support
and c	oncerning	
	ondent e of Respondent as it is in the Application	
1. Aı	nswer	
Α.	I admit that the following paragraphs in List the numbers of the paragraphs in the Applic paragraphs you list here are not true, it may be	cation that you think are true. If you decide later that the
В.	I deny that the following paragraphs in t List the numbers of the paragraphs in the Application	• •
C.		cation that you are not sure about. If you cannot say a
	paragraph or a part of a paragraph is true or no as a date, place, or when something happened.	ot true, it may be because you do not know something, such

	D. I deny anything in the Application that is no	ot admitted in this	Answer.	
	E. Other information:			
2.	Request If you do not know what you want, talk to	an attorney.		
	l ask the court to: Write here what you would like the amount of child support you pay or receive to stay the			
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 ir			
	If you check B, you must fill in the following in	• •		
	Name of attorney or organization, if any	Attorney's P.I.N.	# – Ask the attori	пеу
	Business address of attorney or organization	City	State	ZIP code
	()(). Attorney's phone number Attorney's fa			
	Attorney's phone number Attorney's fa	x number – optional	Attorney's ema	il address – optional
4.	Service Instructions If the party answering the Application is filing i A. will accept service of documents at the			o. or
		-		
	B. will accept service of documents in this	case at the mailin	ig address beid	JVV.

Continued on next page

l,		certify that on		, 20
Print your name		Month	Day	Year
I mailed or gave a copy of	this Answer to A	Applicant or Applicant's	attorney at t	his address
Name of person to whom I deliv	vered or mailed it			
Party's or attorney's mailing a	ddress	City	State	ZIP code
Oath and Signature				
l,	,	have read this Answer,	and I certify	under pena
	the laws of the S			
I, Print your name of perjury and pursuant to in this Answer is true and	the laws of the S	State of lowa that the inf		
I, Print your name of perjury and pursuant to	the laws of the S			
I, Print your name of perjury and pursuant to in this Answer is true and	the laws of the scorrect, 20	State of lowa that the inf		
I, Print your name of perjury and pursuant to in this Answer is true and Signed on: Month Day	the laws of the scorrect, 20	State of lowa that the inf Your signature* City	formation I h	ave provide

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 <u>How to Register Pro Se (Self Represented)</u>
 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 <u>directly log in to EDMS</u>; or from the judicial branch website menu, you may select "eFiling > eFile (EDMS) Login."
- For help, see <u>How to eFile to an Existing Case</u>.
- 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 <u>How to Resubmit a Returned Filing</u>.
- 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

February 2014

Instructions for Rule 17.300-Form 316

Page 1 of 1

[Court Order June 17, 2008; March 6, 2014]

Forms 317 to 321: Reserved

Rule 17.300—Form 322: Motion in a Child Support Modification

(1) Change the hearing date that has been set for

(3) Other request Explain ____

(2) Set a hearing date for modification of child support.

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

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 Upon the Petition of Equity case no. ___ **Motion in a Child Support** Petitioner Modification Full name of Petitioner as it is in the Application and concerning Respondent Full name of Respondent as it is in the Application l am Check each that applies A. Detitioner 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.

Continued on next page

Month

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 If you check B, you must fi			er.						
	ij you check D, you musi ji	u m me jonon	ing injormation.							
	Name of attorney or organ	ization, if any	Attorney	's P.I.N. # -	- Ask the attorn	ney				
	, ,		•							
	Business address of attorn	ey or organiza	tion City		State	ZIP code				
	/	,	`							
	() Attorney's phone number	() ev 's fax number – .	optional .	Attorney 's ema	il address – option				
				-	•	-				
3.	Certification of Service by									
	Section 3 to be completed only if file	ing in paper o	r if the Applicant	or the other	party is exemp	t from electronic				
	filing. This document if filed electronically	ill autom	itiaally ba samiad	on vocietovo	dnautica					
	This document, if filed electronicall		•	_	-					
	I,		, certify that on	16 4		, 20				
	Print your name I mailed or gave a copy of this				-					
	Party's or attorney's mailing addre	ee e	City		State	ZIP code				
		.5.5	City		State	ZII COGE				
4.	Oath and Signature									
	l,		, certify under p	enalty of p	perjury and p	ursuant to the				
	Print your name									
	laws of the State of Iowa that I	have read t	his Motion and t	that the inf	formation I ha	ave provided in				
	this Motion is true and correct.									
		20								
	Signed on: Month Day	Year	Your signature	*						
	Mailing address		City		State	ZIP code				
	waiing address		City		State	zii code				
	()			_						
	Phone number En	nail address		Additio	onal email addr	ess – if available				
	* Whether filing electronically or in pa	ner vou must h	andwrite vour sion	uture on this	form If you are	filing electronically				
	scan the form after signing it and the			itare on inis j	orm. 1, you are	nung ereen onicuity				
			•							

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 where the Application is filed
Upon the Petition of	Equity case no
Petitioner Full name of Petitioner as it is in the Application	Response to a Motion in a Child Support Modification
and concerning	
Respondent Full name of Respondent as it is in the Application	_
l am	
Check each that applies	
A. Petitioner	
B. Respondent	
C. Applicant	
1. Motion	
The other party filed a Motion on	, 20 Day Year
2. Response Check A or B.	Day Tear
A. I agree with the Motion.	
B.	he Motion because: Explain
Continu	ed on next page

Rule 17.300—Form 323: Response to a Motion in a Child Support Modification, continued

	orney Help							
		did not help	me nren:	are or fill in this naner				
	 An attorney did not help me prepare or fill in this paper. An attorney helped me prepare or fill in this paper. If you check B, you must fill in the following information: 							
	Name of attor	ney or organiza	tion, if any	Attorney's P.I.N. #	– Ask the attorne	y		
	Business addr	ress of attorney	or organiza	ation City	State	ZIP code		
	()_ Attorney's ph	one number	_ (Attorn	ey's fax number – optional	Attorney's emo	til address – option		
Secti filing	ζ.	ted only if filing	in paper o	or Delivery or if Applicant or the other atically be served on regist		om electronic		
		•			-	20		
I,	int your name			, certify that on		, 2U , Year		
Party	y's or attorney's n	nailing address		City	State	ZIP code		
	th and Signat							
				, certify under penalty on that his Response and that				
	is Response is	true and corre	ect.			·		
Sign	ed on: Month		Year	Your signature*				
Mail	ing address			City	State	ZIP code		
(Phor	ne number	Ema	il address		litional email addi	ress – if available		
	hether filing electron on the form after sign			nandwrite your signature on ti cally.	his form. If you are	filing electronically		

Job:

Title:
(3) Other income

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** Equity case no. Child Support **Petitioner Modification Financial** Full name of Petitioner as it is in the Application Statement and concerning Respondent Full name of Respondent as it is in the Application I am Check each that applies A.

Petitioner B. Respondent C. Applicant , state that this is a true and complete statement of my assets, debts, and present income as of the ____day of _____, 20___. 1. My Income *How often is income paid? $W = Weekly \quad B = Bi$ -weekly (every other week) $M = Monthly \quad T = Two times a month$ Gross Income Net Income A. Current income from employment and other sources How often?* How often?* **Net Amount** Sources of income, not required to list name of amount W,B,M,TW,B,M,TAfter taxes employer Before taxes (1) Wages from employer Job: \$ \$ Title: (2) Wages from employer

\$

\$

(4) Other income Describe source:		\$	\$
(5) Other income Describe source:		\$	\$
Total gross and net income from employment and other sources		\$ Gross income total	\$ Net income total
B. Deductions allowed for child			
support calculations			
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 Guidelines allow one exemption for parent	1		
Children			
(2) Income tax withheld Federal			\$
State			\$
(3) FICA Social Security & Medicare			\$
(4) Mandatory pension contribution			\$
(5) Mandatory occupational license fees			\$
(6) Union dues			\$
(7) Prior court-ordered child support Paid to:			\$
Paid to:			\$
Paid to:			\$
(8) Prior court-ordered medical support Paid to:			\$
Paid to:			\$
Paid to:			\$

	(9) Prior court-ordered spousal support (alimony) Paid to:						\$			
	(10) Actual child care expenses due to employment <i>custodial parent only</i>							\$		
	Т	otal	dedu	ctions					\$	
		C	heck i	this box if you have attached	a sheet with	additional info	rmation on your in	come and d	leductions.	
2.	So	cia	ıl Se	curity Disability (SSD):					
	A.	SS	SD b	enefits paid to you						
		(1)	Am	ount paid for your expe	nses		\$		per	month
		(2)	Ber	nefit paid for each child	in your ho	me	\$		per	month
			a.	Number of children rec	eiving ber	nefits	c	hildren		
			b.	List the children in you	r home wh	o receive SS	SD benefits Use	e initials o	nly	
				First, middle, & last initials of each child	Birth yea	ar	First, middle, 8 initials of each		Birth year	
				i.			iv.]
				ii.			V.			
				iii.			vi.			
				Check this box if you and receive Social S			sting additional c	hildren wh	no live in you	r home
	В.	Be	nefit	s paid to other perso	n children	are living v	vith			
		(1)	Ber	nefit paid for each child	in other pe	erson's home	nome \$ per month			
		(2)	Nur	mber of children receivi	ng benefits	3	children			
		(3)		the children who receivinitials only:	ve SSD be	nefits but live	e with someone	other tha	ın you.	
				First, middle, & last initials of each child	Birth yea	ar	First, middle, 8 initials of each		Birth year	
				i.			iv.]
				ii.			V.			
				iii.			vi.			
	Check this box if you have atta home and receive Social Secur						hildren wh	no do not live	in your	

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.	Extraordinar	y visitation	For noncustodial	parent onl	3

Ì	 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) I	(2) Physical care							
ć	а. 🗌	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.						
k	э. 🗌	The court did not order equally shared physical care for the children.						

Continued on next page

5. Assets Things you own.

A. Real estate

Property Address	Purchase Price	Debt Total amount you still owe on it
(1)	\$	↔
(2)	\$	\$

Ш	Check this box i	if vou have	attached a s	sheet with	additional i	nformation c	on other real	estate.
---	------------------	-------------	--------------	------------	--------------	--------------	---------------	---------

B. Vehicles

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

Make Make (e.g. Ford)	Year	Market value What it would sell for
(1)		\$
(2)		\$
(3)		\$

ı	- 1	Check i	this b	ox it	vou i	have	attach	ed a	sheet	with	addition	ıl in	formation	on of	her ve	hicles	₹.
L	_	CITO CIO	11000	000 0	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10110	or ce ce ce e	000	511000	,, reit	Ce Ceccette C / Ic		701111000001	0/1 01	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	٠.

\mathbf{c}	Securities.	stacks	ጲ	honds
◡.	oecuniles.	SIUCKS.	œ	DUITUS

Current value of:						
(1) Stocks	\$					
(2) Bonds	\$					

D. Life insurance *Owner: P = Petitioner R = Respondent J = Joint (Both)

Life insurance Company name	Owner*	Cash value Not death benefit	Loan from cash value Total amount still owed on loan	Cash value Minus loan owed
(1)		\$	\$	\$
(2)		\$	\$	\$
(3)		\$	\$	\$

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

E. Bank accounts

Checking and savings accounts Bank or Credit Union name If you do not use bank accounts, write "Cash"	Account type Checking or Savings	Net value Cash value minus loan / overdraft owed
(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)

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

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

Type of expense	Paid to	How often paid?* W,B,M,T,A	Monthly payment
(1) House payment or rent			\$
(2) Food At home & restaurants			\$
(3) Transportation (gas, bus fare) Not car loan payments – see (12).			\$
(4) Clothing			\$

(5) Medical, dental Not health insurance payments – see (10).		\$
(6) Utilities (gas, electric)		\$
(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 Identify:		\$
(15) Other expense Identify:		\$
(16) Other expense Identify:		\$
(17) Totals from attached sheets, if any		
Check this box if you have attached a sheet with additional information on your expenses.	\$	
Total expenses		\$

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

Payable to	Item or service	Amount	How often paid?* W,B,M,T,A	Balance Due
A.				\$
B.				\$
C.				\$
D.				\$
E. Totals from attached sheets, if any				\$

Check this box if you have attached a sheet with additional information on other debts, and enter the total.		
Total other debts		
Including amounts shown on attached		_

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	Gross II	ncome	Net Income	
and other sources Sources of income, not required to list name of employer	How often?* W,B,M,T	Gross amount Before taxes	How often?* W,B,M,T	Net Amount After taxes
(1) Wages from employer Job: Title:		\$		\$
(2) Wages from employer Job: Title:		\$		\$
(3) Other income Describe source:		\$		\$
(4) Other income Describe source:		\$		\$
Total gross and net income from employment and other sources		\$ Gross income total		\$ Net income total

9. Attorney Help

Ch	eck o	one							
A.		☐ An attorney did not help me prepare or fill in this paper.							
В.		An attorney helped me prepare or fill in this paper.							
		If you check B , you must fill in the following							
		Name of attorney or organization, if any		's P.I.N. # − As	k the attor	ney			
	Business address of attorney or organization		City		State	ZIP code			
		())						
		Attorney's phone number Attorney's	fax number –	optional Atto	rney 's emo	ail address – optiona			

10. Certification of Service by Mailing or Delivery

	, certify th	at on		, 20
Print your name		Month	Day	Year
mailed or gave a copy of this Ch r the other party or Applicant's c	* *			
Jame of person to whom I delivered or	mailed it			
arty's or attorney's mailing address	City		State	ZIP code
Dath and Signature				
Print your name	, certify ur	der penalty of pe	rjury and p	ursuant to th
aws of the State of lowa that I have pro	vided in this State			al Statemen
, 20)			
igned on: Month Day	Year Your sign	ature*		
	City		State	ZIP code

^{*} 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	ty where the Application is filed
Upon the Petition of	Equity case no
Petitioner Full name of Petitioner as it is in the original case	Affidavit of Mailing Notice
and concerning	
Respondent Full name of Respondent as it is on the Application	
1. Attorney Help Check one A. An attorney did not help me prepare of B. An attorney helped me prepare or fill in If you check B, you must fill in the following in Name of attorney or organization, if any Business address of attorney or organization (n this paper.

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

Oath and Signature						
l,	, certify under penal	ty of perjury and _l	oursuant to the			
Print your name						
laws of the State of lowa that on the \overline{D}	day of ay Month	, 20, I se	ent by ordinary			
mail with proper postage, the following	paper or papers:					
Check one						
Notice of Intent to File a Written Ap support, or	plication for Default Dec	cree for modificatio	n of child			
Other document (describe):						
to the other party's last-known address	s below.					
Other party's street address	City	State	ZIP code			
, 20						
Signed on: Month Day Year	Applicant's signatur	e*				
Mailing address	City	State	ZIP code			
Phone number Email addres	SS	Additional email add	ress – 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 C	ourt for			County
		County where your case is filed		
Upon the Petition of		Equity case no		
Petitioner Full name of Petitioner as it is in the	original case	Notice of Intent to Application for D		
and concerning				
Respondent Full name of Respondent as it is in to	he Application			
To party receiving th	is Notice:			
First name	Middle name	Last name		
Date of Notice:		. 20		
Month	Day .	, 20		
Handwritten signature of part or attorney if filing in paper The person who provided the		r Electronic signature of poor attorney if filing electron the information below.		nis Notice
Present street address (If	attorney, firm address)	City	State	ZIP code
()	Email add	1		
Instructions for party fili		aress		
☐ Filing your Notice	=			
EDMS will automati filing requirements.	cally serve the party receiv	ing this Notice unless that party i	s exempt fi	om electronic
Filing your Notice	e in paper (if you have rec	ceived permission from the court	to file in pa	aper)
Complete form 3:	25 and file the original at the of this form (326) at the cle		rson.	
February 2014	Rule 17	7.300—Form 326		Page 1 of 1

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) as	Use this form	only if you have	ve filed or answered	an Application to Mod	lify Child Support (301) an
--	---------------	------------------	----------------------	-----------------------	-----------------------------

- 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.

- [4] 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.
- [a] 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.

n the Iowa District Court for	County where Applicati	ion is filed	County
Upon the Petition of	Equity case n	0	
Petitioner Full name of Petitioner as it is in the Application and concerning		for Relief in oort Modifica	
Respondent Full name of Respondent as it is in the Application			
 Personal Information Fill in all and you fear for your safety, you may le A. I am 	ave your street address, phone nu	nber, and email b	olank.
Check each that applies (1) ☐ Petitioner (2) ☐ Respondent (3) ☐ Applicant B. Your information: Birth year	ur		
 (1) Petitioner (2) Respondent (3) Applicant B. Your information: 	City	State	ZIP code
 (1) ☐ Petitioner (2) ☐ Respondent (3) ☐ Applicant B. Your information: Birth year		State Email ad	

 $Rule\ 17.300 — Form\ 327: \textit{Request for Relief in a Child Support Modification}, continued$

D	. Other p	erson (non-parent) who re	eceives child suppo	Birth year	•	
	Full n	name: first, middle, last				
	\overline{Prese}	nt street address	City		State	ZIP code
	Coun	ty	() . Phone numbe	r	Email a	ddress
2. R	equest	for Relief				
Α	. Child s	support				
		ach that is true, and fill in th	e blanks for the item	ıs you check		
	(1)	Child support should be ra	ised from \$	per mo	onth to \$_	
		per month, beginning		, 20	for	·
		Mon			ear	
		First, middle, & last initials of each child	Birth year	First, middle, 8 initials of each		Birth year
		a.		d.		
		b.		e.		
		c.		f.		
		Check this box if you he	ave attached a sepai	rate sheet listing add	itional ch	ildren.
	(2)	Child support should be lo	wered from \$	per mo	onth to \$_	
		per month beginning			for	
		Mon	nth	Day 1	^r ear	
		First, middle, & last initials of each child	Birth year	First, middle, & initials of each		Birth year
		a.		d.		
		b.		e.		
		c.		f.		
		Check this box if you ha	ave attached a separ	rate sheet listing add	itional ch	ildren.
	(3)	Check here if you want chi amount. If you check this, w				Support Guideline
		a. Amount requested: \$	per mo	onth		

Rule 17.300—Form	327: Request for Relief in a Child Sup	pport Modification, continu	ed	
	b. Child support should be	oe different than the	Guidelines amount becau	use:
(4)	Child support should be sto	opped 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 ha	ve attached a separat	e sheet listing additional chi	ldren.
Check ((1) □ (2) □	eduction for the children 1) or (2) There is no court order at There is a court order at the court check (2), check a or b:			
a.	 A court order currently should stay the same. 	says who gets the	tax deduction for the child	l or children and i
b.	A court order currently should be changed as		tax deduction for the child below. Explain	l or children and i
	First, middle, & last initials of each child	Birth year	Person who should now tax deduction	claim child for
	i.			
	ii.			
	iii.			
	iv.			
	v.			
	☐ Check this box if yo	u have attached a sep	arate sheet listing additiona	l 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)		ere i		time on who pays	s health insurance or cash medical	
	If you check (2), check a or b						
		a.		A court order currently s children and it should s		nealth care expenses for the child or	
		b.		A court order currently s be changed as set forth		nealth care expenses and it should Explain	
				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 sepa	rate sheet listing additional children.	
	(3) Ish	nould	l pay	%	of the out-of-pocket	health care expenses.	
		e oth		arent should pay %	c	f the out-of-pocket health care	
	(5) Ish	nould	l pay	% i	in cash medical sup	pport.	
	(6) The	e oth	er pa	arent should pay %	ir	n cash medical support.	
D.	Court F						
	(1)	Allo	court	fees should be paid by	me.		
	(2)	All	court	fees should be paid by	the other parent.		
	(3)	The	oth	er parent and I should p	ay one-half of the r	emaining court fees.	
	(4)	The	oth	er parent and I should p	ay one-half of the t	otal court fees.	

Rule 17.300—Form 327: Request for Relief in a Child Support Modification, continued

	E. Aπorney's Fees Check one	
	(1) My attorney's fees	
	a. I have no attorney's fees.	
	b.	
	c.	for my attorney's fees.
3.	Necessary Documents I ask that the court require each of us to sign and be needed to carry out the terms of the Decree N	·
4.	. Other Request for Relief Attach additional sheet	s if necessary
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	n the Application to Modify Child Support.
	 I want the court to approve this Request for R Modifying Child Support. 	elief and make it part of the final Decree

Continued on next page

 $Rule\ 17.300 — Form\ 327: \textit{Request for Relief in a Child Support Modification}, continued$

6.	Attorney Help Check one					
	(1) An attorney did not	t help me prepare	e or fill in this pa	aper.		
	(2) ☐ An attorney helped If you check (2), you must f	l me prepare or f	ill in this paper.			
	Name of attorney or or	ganization, if any	Attorney's l	P.I.N. # – Ask	k the attor	ney
	Business address of att	_	•		State	ZIP code
7.	Attorney's phone numb			onal Attor	rney's emo	ail address – optiona
	Section 7 to be completed only if filing. This document, if filed electronic	f filing in paper or i	f Applicant or the			om electronic
	1.	. 0	ertify that on			. 20
	I, Print your name	,	$\overline{\lambda}$	lonth	\overline{Day}	y Year
	Name of person to whom I deliv	ered or mailed it				
	Party's or attorney's mailing ac	ldress	City		State	ZIP code
8.	Oath and Signature					
	I,	,	nave read this F	Request, an	nd I certif	y under penalty
	Print your name of perjury and pursuant to in this Request is true and	correct.	State of lowa tha	at the inforr	mation I	have provided
		, 20	Your signature*			
	Signed on: Month Day	Year	Your signature*			
	Mailing address		City		State	ZIP code
	() Phone number	Email address		Additional	email add	ress – if available
	* Whether filing electronically or i scan the form after signing it and	in paper, you must han				-

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.

- $oxed{oxed}$ 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.

the	lowa District Court for	County where Application	n was filed	Count
Jpo	n the Petition of	Equity case no)	
ull na	ioner ne of Petitioner as it is in the Application concerning		nt Agreeme ion to Modit Support	
	oondent			
	ne of Respondent as it is in the Application	information that you know Ifa	you have been as	saultad by your
. Ap	oplicant's Information Fill in all buse and you fear for your safety, you may	information that you know. If y leave your street address, pho	ou have been as one number, and	saulted by your email blank.
Ap	oplicant's Information Fill in all buse and you fear for your safety, you may Applicant's information:	information that you know. If y leave your street address, pho th year	ou have been as one number, and	saulted by your email blank.
Ap	oplicant's Information Fill in all buse and you fear for your safety, you may Applicant's information:	eave your street address, pho	ou have been as one number, and State	saulted by your email blank. ZIP code
Ap spc	oplicant's Information Fill in all puse and you fear for your safety, you may Applicant's information:	v leave your street address, pho th year	one number, and	email blank.
Ar spo A.	Applicant's present street address	th year City	one number, and State	email blank.
Ap spo A.	Applicant's present street address County	th year City Phone number	one number, and State	email blank. ZIP code

Rule 17.300—Form 328: Settlement Agreement on an Application to Modify Child Support, continued

	Full n	ame: first, middle, last				
	Presen	nt street address	City		State	ZIP code
	Count	'y	() Phone numbe	r	Email a	ddress
Ag	reeme	nt				
	Child s	upport ach that is true, and fill in th	ne blanks for the iten	ns you check.		
	(1)	Child support should be ra	aised from \$	per i	month to \$_	
		per month beginning	nth		0 for <u>Year</u>	:
		First, middle, & last initials of each child	Birth year	First, middle initials of ea		Birth year
		a.		d.		
		b.		e.		
		c.		f.		
	(2)	Check this box if you h Child support should be lo	owered from \$	_	month to \$_	
		First, middle, & last initials of each child	Birth year	First, middle	e, & last	Birth yea
		а.		d.		
		b.		e.		
		c.		f.		
		Check this box if you h	ave attached a sepa	rate sheet listing a	dditional ch	ildren.
	(3)	Check here if you want chamount. If you check this, va. a. Amount requested: \$ b. Child support should	write the amount you	want and explain w	hy in (b).	

	day of Day Month		for:	
	First, middle, & last initials of each child	Birth year	First, middle, & last initials of each child	Birth ye
	a.		d.	
	b.		e.	
	c.		f.	
	Check this box if you	have attached a sepa	rate sheet listing additional ch	ildren.
`	f you check (2), check a or b:	ntly says who gets t ne.	eductions. he tax deduction for the chil	d or children
k			he tax deduction for the chil able below. Explain	d or children
t.	should be changed First, middle, & las	as set forth in the t	able below. Explain Person who should now	
k	should be changed	as set forth in the t	able below. Explain	
k	First, middle, & las initials of each chil	as set forth in the t	able below. Explain Person who should now	
k	First, middle, & las initials of each chil	as set forth in the t	able below. Explain Person who should now	
k	First, middle, & las initials of each chil i. ii.	as set forth in the t	able below. Explain Person who should now	
k	First, middle, & las initials of each chil i. ii.	as set forth in the t	able below. Explain Person who should now	
k	First, middle, & las initials of each chill i. ii. iii. v.	as set forth in the t	able below. Explain Person who should now	claim child f
:. Hea	First, middle, & las initials of each chill i. ii. iii. v.	t Birth year Birth year	Person who should now tax deduction.	claim child f
c. Hea	First, middle, & las initials of each chil i. ii. ii. iv. v. Check this box if Ith insurance or cash me k (1) or (2)	as set forth in the to the desired and the des	Person who should now tax deduction.	claim child f

Rule 17.3	00—Form 328: Se	ettlement Agreement on an Applicatio	on to Modify Child Support,	continued
	a.	A court order currently children and it should s		nealth care expenses for the child or
	b.	A court order currently be changed as set fort		nealth care expenses and it should . 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	u are attaching a sepai	rate sheet listing additional children.
	(3) Applicat	nt should pay %	of the	out-of-pocket health care expenses.
	(4) The oth expense			of the out-of-pocket health care
	(5) Applicat	nt should pay %	in cas	sh medical support.
	(6) The oth	er parent should pay %	in cash me	edical support.
D.	Court Fees Check one	:		
	(1) 🗆 All o	court fees should be paid by	y Applicant.	
	(2) 🗌 All c	court fees should be paid by	y the other parent.	
	(3) 🗌 The	e other parent and Applican	t should pay one-hal	f of the remaining court fees.
	(4) 🗌 The	e other parent and Applican	t should pay one-hal	f of the total court fees.

Continued on next page

Rule 17.300—Form 328: Settlement Agreement on an Application to Modify Child Support, continued

ı		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.
4. (ma	e ask that the court require each of us to sign and deliver to each other any papers that by be needed to carry out the terms of the Decree Modifying Child Support. The Agreements Attach additional sheets if necessary
-		
-		
	۹.	orney Help 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:
		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
		(
ı		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:

		Name of attorney	or organiza	tion, if any	Attorney's P.I.N.	# - Ask the atto	rney
		Business address		-	City	State	ZIP code
		Attornay's phone	mumb av	Attornous's for	x number – optional	Attornan's an	agil addragg
_	_			Allorney S Ja.	x riumoer – opnonai	Allorney's en	iaii auuress – opiiona
6.		ths and Signatu					
	a fu	s Settlement Agreen Ill disclosure of our in art of the final Decre	ncome to the	e court. We wa			
		Applicant's Oath an					
		I, Print your name	•		y under penalty of pe	erjury and pursu	ant to the
		laws of the State of lo like the court to addre attorney about this Ag Agreement be presen	ss the issues reement. I a	in this child supp m voluntarily sigr	oort modification. I k ning this Agreement.	now I have the r I am asking tha	ight to talk to an
				20			
		Month	Day	_, 20 <u></u>	Applicant's signa	ture*	
		Mailing address		City	,	State	ZIP code
				Email address			
		Phone number	I	Email address	A	dditional email (address – if available
		* Whether filing electronically, scan to				on this form. If y	ou are filing
	B.	The other party's O	ath and Sigr	nature		. ,	
		I, Print your name		, certif	y under penalty of pe	erjury and pursu	ant to the
		laws of the State of lo like the court to addre attorney about this Ag Agreement be presen	wa that I hav ss the issues reement. I a	e read this Settle in this child supp m voluntarily sigr	ment Agreement and port modification. I k ning this Agreement.	d it accurately st now I have the r I am asking tha	ates how I would ight to talk to an
				. 20			
		Month	Day	_, 20 <u></u> <u>Year</u>	Other party's sign	nature*	
		Mailing address		City	,	State	ZIP code
		()		Email address		Jaliei a.s. al. a.s. =:1	- d-d
		Phone number					address – if available
		* Whether filing electronically, scan the				on this form. If y	ou are filing

February 2014 Rule 17.300—Form 328 Page 6 of 6

[Court Order June 17, 2008; March 6, 2014]

Forms 329 to 400: Reserved

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]

legal advice.

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 lowa	District Court for $\frac{1}{Cou}$	nty where you are filing thi	SPetition County
Upon the Petition of		For clerk's use only	
Petitioner Full name: The parent who files the Petition	first, middle, last		Custody and Visitation ents not Married)
and concerning			
Respondent Full name:	first, middle, last		
parent and you fear for	your safety, you may leave y	our street address, phone	ave been assaulted by the other e number, and email blank.
parent and you fear for	your safety, you may leave y	our street address, phone	e number, and email blank.
parent and you fear for A. Petitioner's (you	your safety, you may leave y	our street address, phone nt residence: Birth yea	e number, and email blank. r State ZIP code
parent and you fear for A. Petitioner's (you Petitioner's present	your safety, you may leave y ur) birth year and preser nt street address	our street address, phone It residence: Birth year City Email address	e number, and email blank.
parent and you fear for A. Petitioner's (you Petitioner's present	your safety, you may leave y ur) birth year and preser nt street address Phone number the other parent's) birth	our street address, phone It residence: Birth year City Email address	e number, and email blank. T State ZIP code

August 2019 Rule 17.400—Form 401 Page 1 of 6

Persons who are hearing or speech impaired may call Relay lowa TTY (1-800-735-2942). Disability coordinators cannot provide

 $Rule\ 17.400 - Form\ 401: Petition\ for\ Custody\ and\ Visitation\ (Parents\ not\ Married),\ continued$

	Full name: first, middle, last						
	Petitioner's present street address		City	,		State ZII	o code
	()						
	County Phone m	ımber	\overline{E}	mail addres	S		
!. G	eneral Information about t	he Partie	s and the	e Childre	en		
A.	. Children Check all that are true						
	 A.	r age 18 wh	no are the I	biological c	hildren of	both Petitic	oner and
	B. There are children under by the other party.	r age 18 wh	no are the I	biological c	hildren of	one party a	and adopte
	C. There are children under	r age 18 wh	no were ad	opted by b	oth parties	i.	
	D. Detitioner or Responder	nt is pregna	nt.				
В.	. Identification of children						
		Child (4)	Child (3)	Child (3)	Child (4)	Child (E)	Child (6)
	First middle 9 last initials	Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
		1	1	l		1	
	First, middle, & last initials						
	Birth year						
С		ched a sepai	rate sheet lis	sting additio	nal childre	n.	
С	Birth year Check this box if you have atta	if legal parei	nts have bee	n establishe	ed and how.	If establish	ned by genet
С	Birth year Check this box if you have atta Legal parents For each child of the parties, state testing or paternity affidavit, check	if legal parei	nts have bee	n establishe	ed and how.	If establish	ned by genet
С	Birth year Check this box if you have atta Legal parents For each child of the parties, state	if legal parei the box mar	nts have bee ked "Other	n establishe " and explai	d and how. in on section	If establish 1 4 below.	
С	Birth year Check this box if you have atta Legal parents For each child of the parties, state testing or paternity affidavit, check	if legal parei the box mar	nts have bee ked "Other	n establishe " and explai	d and how. in on section	If establish 1 4 below.	
С	Birth year Check this box if you have attaged. Legal parents For each child of the parties, state testing or paternity affidavit, check Legal parents established?	if legal parei the box mar	nts have bee ked "Other	n establishe " and explai Child (3)	d and how. in on section	If establish a 4 below.	
С	Birth year Check this box if you have attaged. Legal parents For each child of the parties, state testing or paternity affidavit, check Legal parents established? Yes	if legal parei the box man	nts have bee ked "Other	n establishe " and explai	cd and how. in on section Child (4)	If establish a 4 below. Child (5)	
С	Birth year Check this box if you have attacted. Legal parents For each child of the parties, state testing or paternity affidavit, check Legal parents established? Yes No	if legal parenthe box man	nts have beeked "Other" Child (2)	n establishe and explai	cd and how. n on section Child (4)	If establish 14 below. Child (5)	Child (6)
С	Birth year Check this box if you have attace. Legal parents For each child of the parties, state testing or paternity affidavit, check Legal parents established? Yes No Unknown	if legal parenthe box man	nts have beeked "Other" Child (2)	n establishe and explai	cd and how. n on section Child (4)	If establish 14 below. Child (5)	Child (6)
С	Birth year Check this box if you have attace. Legal parents For each child of the parties, state testing or paternity affidavit, check Legal parents established? Yes No Unknown If established, state how:	if legal parei the box man	nts have beeked "Other" Child (2)	n establishe " and explai	cd and how. n on section Child (4)	If establish a 4 below. Child (5)	Child (6)

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.

		Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
(1)	Children's initials						
	Lived with		Adult Name		Ci	ty	State
	Dates	From mn	n/dd/yyyy	To mm/	/dd/yyyy		
		Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
(2)	Children's initials	(1)	· · · · · · · · · · · · · · · · · · ·	- · · · · · · · · · · · · · · · · · · ·	- · · · · · · · · · · · · · · · · · · ·		(c)
	Lived with		Adult Name		Cı	ity	State
	Dates	From mn	n/dd/yyyy	To mm/	dd/yyyy		
		Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
(3)	Children's initials				•		•
	Lived with		Adult Name		Cı	ity	State
	Dates	From mn	n/dd/yyyy	To mm/	/dd/yyyy		
		Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
(4)	Children's initials	, ,	, ,	, ,	`,	, ,	, ,
	Lived with		Adult Name		Cı	ty	State
	Dates	From mn	n/dd/yyyy	To mm/	/dd/yyyy		
		Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
(5)	Children's initials						
	Lived with		Adult Name		Ci	ity	State
	Dates	From mn	n/dd/yyyy	To mm/	/dd/yyyy		

☐ 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

	Ch	•		ent's status that is true	
	(1)) 🗆	<i>If y</i>	espondent (the other parent) is in the military service. you check (1), there are special rules that may prevent your case from going ger parent is in the military. You should talk to an attorney.	forward if the
	(2)) 🗆	Res	spondent is in prison or jail at	in State
F		otec eck c		or no contact order	
	(1)) 🗆		ere is neither a "protective order" nor a "no contact order" between Pend Respondent (the other parent).	etitioner (you)
	(2)) 🗆		ere is a "protective order" or a "no contact order" between Petitioner and contact (2) , fill in the following information:	nd Respondent.
			a.	County and state where the order came from:	
				County	State
			b.	Court case number:	
	Othe neck A			es about the Children	
A.		Th	ere	are no other cases about the children. If you check A, skip to 4.	
В.		Th	oro	are other cases about the children.	
В.	. Ш		ere	are other cases about the children.	
Б.	No abl	te: I le to	f the	ere is a court order from out of state about the children, an Iowa court me an order about custody or visitation. The rules are complicated and you attorney.	
Б.	No abl	te: I le to talk	f the issue to ar	ere is a court order from out of state about the children, an Iowa court me e an order about custody or visitation. The rules are complicated and yo	
υ.	No abl	te: I le to talk ou c	f the issue to ar heck venil	ere is a court order from out of state about the children, an Iowa court me an order about custody or visitation. The rules are complicated and you attorney. E.B., fill in the applicable information below.	
Ь.	No abl	te: I le to talk ou c	f the issue to ar heck venil	ere is a court order from out of state about the children, an Iowa court me an order about custody or visitation. The rules are complicated and you attorney. B. fill in the applicable information below.	
Б.	No abl	te: I le to talk ou c	f the issue to ar heck venil	ere is a court order from out of state about the children, an Iowa court me an order about custody or visitation. The rules are complicated and you attorney. E.B., fill in the applicable information below.	
Б.	No abl	te: I le to talk ou c Ju	f the issue to ar heck venilleck a	ere is a court order from out of state about the children, an Iowa court me an order about custody or visitation. The rules are complicated and you attorney. The court is a pulcable information below. There is no juvenile court case. There is a juvenile court case.	
Б.	No abl	te: I le to talk ou c Ju Ch	f the issue to ar heck venilleck a	ere is a court order from out of state about the children, an Iowa court me an order about custody or visitation. The rules are complicated and you attorney. B. fill in the applicable information below. le court a or b There is no juvenile court case.	
Б.	No abl	te: I le to talk ou c Ju Ch	f the issue to ar heck venilleck a	ere is a court order from out of state about the children, an Iowa court me an order about custody or visitation. The rules are complicated and you attorney. The court is a pulcable information below. There is no juvenile court case. There is a juvenile court case.	
Б.	No abl	te: I le to talk ou c Ju Ch	f the issue to ar heck venil eck a	ere is a court order from out of state about the children, an Iowa court me an order about custody or visitation. The rules are complicated and you attorney. E.B., fill in the applicable information below. Ide court A or b There is no juvenile court case. There is a juvenile court case. You check b, fill in the following information: County and state of the juvenile court case:	ou may need
Б.	No abl	te: I le to talk ou c Ju Ch	f the issue to ar heck venilleck a	ere is a court order from out of state about the children, an Iowa court me an order about custody or visitation. The rules are complicated and you nattorney. E.B., fill in the applicable information below. Ide court a or b There is no juvenile court case. There is a juvenile court case. You check b, fill in the following information: County and state of the juvenile court case: County	ou may need
Б.	No abl	te: I le to talk ou c Ju Ch	f the issue to ar heck venilleck a	ere is a court order from out of state about the children, an Iowa court me an order about custody or visitation. The rules are complicated and you nattorney. E.B., fill in the applicable information below. Ile court In or b There is no juvenile court case. There is a juvenile court case. There is a juvenile court case. County and state of the juvenile court case: County Juvenile court case number: Check one	ou may need
Б.	No abl	te: I le to talk ou c Ju Ch	f the issue to ar heck venilleck a	ere is a court order from out of state about the children, an Iowa court me an order about custody or visitation. The rules are complicated and you nattorney. E.B., fill in the applicable information below. Ile court a or b There is no juvenile court case. There is a juvenile court case. There is a juvenile court case. You check b, fill in the following information: County and state of the juvenile court case: County Juvenile court case number: Check one	ou may need

 $Rule~17.400\\ --Form~401: \textit{Petition for Custody and Visitation (Parents not Married)}, continued$

			ght not be able to get custody in Iowa if there is a custody order entered in another a or b	state.
	a.	П	There is no custody order.	
	b.	_	There is a custody order.	
	υ.	_	ou check b, fill in the following information:	
		۰ <i>۰</i> ٫۰	County and state where the custody order came from:	
		١.	County	State
		ii.	Court case number:	
C.			upport order a or b	
	a.		There is no child support order.	
	b.		There is a child support order.	
		If y	ou check b, fill in the following information:	
		i.	County and state where the child support order came from:	_
			County	State
		ii. iii.	Court case number: List the children the support case covers (initials only):	
			Request s the court to:	
Petitio	ner all th	ask aat a	•	you want,
Petitio Check	ner all th	ask aat a _l ey.	s the court to:	you want,
Petitio Check to an a	ner all th	ask aat aj ey. De	s the court to: pply. The court will only consider items that are checked. If you do not know what	you want,
Petitio Check to an a	ner all th	ask aat a ey. De Esi	s the court to: pply. The court will only consider items that are checked. If you do not know what cide custody and visitation.	you want,
Petitio Check to an a A. B.	ner all th	ask aat ap ey. De Est	s the court to: pply. The court will only consider items that are checked. If you do not know what cide custody and visitation. tablish legal parent.	you want,
Petitio Check to an a A. B. C.	ner all th	ask aat ap ey. De Est Ord Ord	s the court to: pply. The court will only consider items that are checked. If you do not know what cide custody and visitation. tablish legal parent. der child support and medical support. der that Respondent pay the court fees. der that Respondent pay for Petitioner's attorney's fees	you want,
Petitio Check to an a A. B. C. D.	ner all th	ask aat ap ey. De Est Ord Ord	s the court to: pply. The court will only consider items that are checked. If you do not know what cide custody and visitation. tablish legal parent. der child support and medical support. der that Respondent pay the court fees.	you want,
Petitio Check to an a A. B. C. D.	ner all th	ask aat ap ey. De Est Ord Ord	s the court to: pply. The court will only consider items that are checked. If you do not know what cide custody and visitation. tablish legal parent. der child support and medical support. der that Respondent pay the court fees. der that Respondent pay for Petitioner's attorney's fees	you want,
Petitio Check to an a A. B. C. D.	ner all th	ask aat ap ey. De Est Ord Ord	s the court to: pply. The court will only consider items that are checked. If you do not know what cide custody and visitation. tablish legal parent. der child support and medical support. der that Respondent pay the court fees. der that Respondent pay for Petitioner's attorney's fees	you want,
Petitio Check to an a A. B. C. D.	ner all th	ask aat ap ey. De Est Ord Ord	s the court to: pply. The court will only consider items that are checked. If you do not know what cide custody and visitation. tablish legal parent. der child support and medical support. der that Respondent pay the court fees. der that Respondent pay for Petitioner's attorney's fees	you want,
Petitio Check to an a A. B. C. D.	ner all th	ask aat ap ey. De Est Ord Ord	s the court to: pply. The court will only consider items that are checked. If you do not know what cide custody and visitation. tablish legal parent. der child support and medical support. der that Respondent pay the court fees. der that Respondent pay for Petitioner's attorney's fees	you want,
Petitio Check to an a A. B. C. D.	ner all th	ask aat ap ey. De Est Ord Ord	s the court to: pply. The court will only consider items that are checked. If you do not know what cide custody and visitation. tablish legal parent. der child support and medical support. der that Respondent pay the court fees. der that Respondent pay for Petitioner's attorney's fees	you wan

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

3. An atto If you ch Name of an Business a	rney helped me eck B, you must fill ttorney or organiza ddress of attorney o	prepare or fill l in the following tion, if any	information: Attorney's PIN—		
If you ch Name of a Business a	eck B, you must fill torney or organiza ddress of attorney o	in the following	information: Attorney's PIN—	Ask the attorney	
Business a	ddress of attorney (Ask the attorney	
(.)	or organization			
(.)	, ,	City	State	ZIP code
	phone number	() Attorney's fo	x number – optional	Attorney's ema	ril address – optional
Theck one A. □ Petition B. □ Petition Oath and Signature Print your name of perjury and	er will accept se gnature pursuant to the	ervice of docu ha	ments in this case	e at the mailing	g address below
igned on: Month	Day	, 20 <u>Year</u>	Your signature*		
Mailing address		Tity	,	State	ZIP code
)					
hone number	4	Email address	A	dditional email ac	ldress – if available
3 (Petition Petition Petition Path and Signath and Signed on: Month	Petitioner will accept sets. Petitioner will accept sets. Petitioner will accept sets. Print your name Frint your name f perjury and pursuant to the rovided in this Petition is true signed on: Month Day dailing address	Petitioner will accept service of docu Petitioner will accept service of docu Dath and Signature	Petitioner will accept service of documents at the attored. Petitioner will accept service of documents in this case. Dath and Signature	Petitioner will accept service of documents at the attorney's address Petitioner will accept service of documents in this case at the mailing Dath and Signature have read this Petition, and I certify Print your name f perjury and pursuant to the laws of the State of lowa that the information provided in this Petition is true and correct. Igned on: Month Day Year Your signature* Mailing address City State

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 <u>eFile User Guide</u> and the instructions on the <u>eFile Instructions page</u> 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 <u>Managing your filings</u>.

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 402: Petition Cover Sheet for Custody and Visitation

Case number	County where	case is filed
etitioner		
Petitioner's first name	Middle name	Last name
Street address	City	State ZIP code
()_ Phone number	Email address	
ase name		
Petitioner's first name	Middle name	Last name
VS.		

Nature of the Case: EQUITY— Domestic Relations Custody and Visitation

Note to Petitioner

- Petitioner must complete this cover sheet if filing in paper and give it to the clerk of court when filing a Petition for Custody and Visitation (401).
- Do not serve this cover sheet on Respondent.
- This cover sheet is for statistical purposes only. It has no legal effect in the case.
- Electronic filers: Do not use this form. The information on this form is automatically generated when you submit your documents electronically.

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.

lowa 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		Count	y
	C	ounty where your case i	s filed	
pon the I	Petition of	Equity case no.		
etitioner ne parent who fil	Full name: first, middle, last les the Petition	Confiden	tial Informatio	n Form
nd concerr	ning			
Responde ne other parent	nt Full name: first, middle, last			
. Petition	ner's Information			
Full name	: first, middle, last	 Birth date	Social Sect	rity number
	: first, middle, last ndent's Information	Birth date		
. Respor	ndent's Information	Birth date January Ja		
Full name				
Full name Childre	e: first, middle, last			- urity number
Full name Childre	e: first, middle, last n's Information Full name	Birth date	Social Security	- urity number
Full name Childre	e: first, middle, last n's Information Full name	Birth date	Social Security	- urity number
Full name Childre Child (1)	e: first, middle, last n's Information Full name	Birth date	Social Security	- urity numbe
Full name Childre Child (1) (2)	e: first, middle, last n's Information Full name	Birth date	Social Security	- urity number
Full name Childre Child (1) (2) (3)	e: first, middle, last n's Information Full name	Birth date	Social Security	- urity number

Continued on next page

Rule 17.400—Form 403: Confidential Information Form, continued

٠.	Signature of Provider	of information	
	Information provided by:	Print your full name: first, middle	e, last
	Your signature	Month	
	Tour signature	<i>worth</i>	Day Tear
	Do not give c	Important Notice opies of this form to anyone	

Rule 17.400—Form 404: Original Notice for Personal Service

Petitioner must serve the Petition on Respondent within 90 days after filing the Petition.

Failure to meet this deadline may result in the court dismissing the custody and visitation case.

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

- If filing electronically, Petitioner must complete this form.
- If filing in paper, Petitioner must use form 404a.

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

In the Iowa District Court for $_{Cou}$	nty where the Petition is file	County
Upon the Petition of	Equity case no	
Petitioner Full name: first, middle, last	Original Notice	e for Personal Service
and concerning		
Respondent Full name: first, middle, last		
 To Respondent Named Above Petitioner (the other parent) has filed a custod A copy of the Petition for Custody and Visitation 	on is attached to this N	otice.
Petitioner's contact information during the Petitioner's name	custody and visitation	on case.
	City	State ZIP code
()		

Important instructions for Respondent on next page

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

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 404a: Original Notice for Personal Service

Petitioner: Use this form only if you are filing documents in paper.

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

- If filing electronically, Petitioner must use form 404.
- 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.

Upon the Petition of Petitioner Full name: first, middle, last	Equity case no. Original Notice for	_	
Petitioner Full name: first, middle, last	Original Notice fo	_	
and concerning		r Perso	onal Service
Respondent Full name: first, middle, last			
 A copy of the Petition for Custody and Visitatio Petitioner asks the court to address custody and Petitioner's contact information during the custody Mailing address	nd visitation.	State	ZIP code
()		2000	
Phone number Email address			
Instructions to Respondent Named Abo You must file an Answer or a Motion with the clerk of this Original Notice. If you do not file an Answer or the court may enter a judgment against you giving If you received Petition form 401, you may use Anse After you file your Answer or Motion, you must serv	court in the above county with Motion within 20 days after re Petitioner what he or she aske wer form 415.	eceiving this	s Original Notice,
(SEAL)			
Clerk	of Court	_	
Important Notice to Respondent You should talk to an attorney at once to protect your interests. City If you need assistance to participate in court due to a disability, call the Persons who are hearing or speech impaired may call Relay lowa TT	ne disability coordinator (informat	, lo	ty Courthouse owa ZIP code (www.iowacourts.gov)

August 2019 Rule 17.400—Form 404a Page 1 of 1

[Court Order July 19, 2019, effective September 1, 2019]

Rule 17.400—Form 405: Acceptance of Service

Petitioner must complete this section:

In the lowa District Court for <u>Coun</u>	nty where Petition is filed	Co	unty
Upon the Petition of	Equity case no		
Petitioner Full name: first, middle, last	Acceptance	e of Servi	ce
and concerning			
Respondent Full name: first, middle, last	_		
Petitioner must file this form with the clerk of court soc	on after Respondent signs it.		
Respondent must complete this section: Respondent's Acceptance of Service,	Oath, and Signature		
If Respondent completes this Acceptance of Service, Re signing it. Petitioner will file it with the clerk of court	espondent must return this form to	Petitioner s	oon after
I, Print your name	_, am Respondent in this c	ase. I rece	ived a copy
of the Original Notice and the Petition for this I certify under penalty of perjury and pursuant information I have provided in this Acceptance	t to the laws of the State of	lowa that t	
Signed:, 20	Respondent's signature		
Respondent's mailing address	City	State	ZIP code
(_	

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.

oı	nty wher	re Petition is filed E	quity case number		
1		and Location of Sheriff on the and fill in the blanks	r Other Process Serv	er	
	A. 🗆	Sheriff In county where Responde	nt will be served _County		
		Street address	City	State	ZIP code
	В. 🗌	Other process server			
		Name of other person serving the No	ptice		
		Street address	City	State	ZIP code
•	Perso	on to be Served			
	The other	er parent's name	Phone number		
	Address	where the other parent can be serve	cd City	State	ZIP code
•	Perso	n Requesting Service			
	Your na	те	Phone number		
	Your pre	esent mailing address	City	State	ZIP code
		al Instructions for Service	Provide information that wi	ll help the sheriff or	process serve
		ng papers to Kesponaent.			

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.	
	Date Signed: Month Day Year Your signature	

Page 1 of 3

Rule 17.400—Form 407: Motion and Affidavit to Serve by Publication

Petitioner: Use this form only if you do not know where the other parent 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 (form 408) in your custody and visitation 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 fo	r County where the Petiti		ounty
Upon the Petition of	Equity case no		
Petitioner Full name: first, middle, last	Motion	and Affidavi Publication	t to Serve by on
Full name of Petitioner as it is in the original case			
and concerning			
Respondent Full name: first, middle, last			
A. Respondent's residence Check each that applies (1) Respondent lives outside of lowa. (2) Respondent's residence and place B. Respondent's last known residence:		nknown.	
Street address	City	State	ZIP code
County	()_ Phone number	Email a	ddress
C. Most recent date Respondent is know	n to have been at the	e address abo	ve:

Rule 17.400—Form 407: 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

Page 3 of 3

Rule 17.400—Form 407: Motion and Affidavit to Serve by Publication, continued

А. L	☐ An attorney did	not neip me	prepare of	r fill in this pa	per.		
В. [☐ An attorney help If you check B, you						
	Name of attorney o	r organization,	, if any		Attori	ney's PIN	– Ask attorne
	Business address o	f attorney or or	rganization	Ci	ty	State	ZIP code
	(<u>)</u> Attorney's phone n	() _ o. Attorney	's fax no. – o	ptional Attorr	ney's email add	dress – opti	onal
Oatl	()	()_ o. Attorney	's fax no o	ptional Attorn	ney's email add	dress – opti	onal
Oatl	, ,	o. Attorney					
l, <u></u>	h and Signature		, hav	e read this N	lotion and A	ffida∨it, a	and I certify
I <u>,</u> Pri unde have	h and Signature int your name er penalty of perjury e provided in this M	and pursua otion and Afi	, hav int to the la fidavit is tr	re read this Maws of the Stue and corre	lotion and A ate of lowa t	ffida∨it, a	and I certify
I <u>,</u> Pri unde have	h and Signature int your name er penalty of perjury e provided in this M	and pursua otion and Afi	, hav int to the la fidavit is tr	re read this Maws of the St	lotion and A ate of lowa t	ffida∨it, a	and I certify
I, Pri unde have	h and Signature int your name er penalty of perjury e provided in this M	and pursua otion and Afi	, hav int to the la fidavit is tr	re read this Maws of the Stue and corre	lotion and A ate of lowa t ct.	ffidavit, a	and I certify
I, Pri unde have	th and Signature int your name er penalty of perjury e provided in this Me ed on: Month	and pursua otion and Afi	, have the last fidavit is true. Year	re read this Maws of the Stue and corre	lotion and A ate of lowa t ct.	ffidavit, a	and I certify

Rule 17.400—Form 407

August 2019

Rule 17.400—Form 408: Original Notice by Publication

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

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

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

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

Newspaper: Publish only the information below this line.

In the lowa District Court for $\frac{1}{Cc}$	ounty where the Petition is fil	County
Upon the Petition of	Equity case no.	
Petitioner Full name: first, middle, last		ce by Publication
and concerning		
Respondent Full name: first, middle, last		
 Petitioner (the other parent) has filed a custody an Petitioner's contact information during the custody Petitioner's name: First, middle, last Petitioner's present street address 		State ZIP code
County () Phone number	Email address	
2. Respondent's Deadline for Filing a Responsible You must file an Answer or a Motion with the clerification of this notice. ———————————————————————————————————		nty within 20 days after

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 lowa 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 lo	wa Dis	trict Cour	t for	County when	re you filed th	ne Petition	_Count	У
Jpon	the Petiti	ion of			Equ	ity case no)		
Petitic	oner Full n	ame: first, n	niddle, last		-	Proof of	Service by	Public	ation
ınd co	oncerning								
Respo	ondent	Full name: j	first, middle, last		-				
1. In	formatio	n and F	Requests						
A.	Petitioner	publish	ed notice in	this news	paper:				
A.	Petitioner	publish	ed notice in	this news	spaper:	Jame of news	paper		
			ed notice in ed notice o		λ	Iame of news	paper		
		publish	ied notice o	n these th	λ ree dates:	Jame of news _l	paper		, 20
		publish	ed notice o	n these th	Aree dates:	Jame of news _l	paper	Day	, 20 <u> </u>
B.	Petitioner Month Petitioner (Form 401	Day mailed to the	ned notice o 20	n these the Month ne Original nt's last know	nee dates: Day Notice by	20Year	paper	Day	
B.	Petitioner Month Petitioner (Form 401	Day mailed t's Last K	Year a copy of the Responder	n these the Month ne Original nt's last know	nee dates: Day Notice by own addre	20Year	paper Month	Day B) and th	e Petition
B.	Month Petitioner (Form 401 Respondent on this da	publish Day mailed 1) to the t's Last K	aed notice o 20 Year a copy of the Responder	Month ne Original nt's last knowleddress	nee dates: Day Notice by own addre	20Year	paper Month	Day B) and th	e Petition

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

2.	Attorney Help Check one						
	A. An attorney did no	ot help me prepare	or fill in this par	per.			
		ed me prepare or fill nust fill in the following					
	Name of attorney or	organization, if any	Attorney's P.	IN – Ask th	e attorney	1	
	Business address of a	attorney or organization	i City		Sta	nte	ZIP code
	()_ Attorney's phone num	nber (Attorney's) fax number – option	nal Atto	rney's em	ail addi	ESS – option
3.	Oath and Signature						
	l,	, ha	ave read this M	otion and	Affidavit	, and l	certify
	under penalty of perjury a have provided in this Mot	•			a that the	infor	nation I
	Signed on:	20					
	Month	, 20 Day	Your signature	?*			
	Mailing address	Cit	y		State	ZIP o	ođe
	Phone number	Email address	_	Additiona	l email ad	dress – į	f available
*	* Whether filing electronically or i scan the form after signing it and		rite your signature o	n this form.	If you are j	filing ele	ctronically,

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 walved. 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 lowa District Court for \overline{C}	County where the petition is filed		
Jpon the Petition of	Equity case no.		
Petitioner Full name: first, middle, last	Application and Affidavit to Defer Payment of Costs		
and concerning			
Respondent Full name: first, middle, last			
Request and Information			
A. I am Petitioner.			
B. For my Application and Affidavit, I state t Check all that apply	that:		
(1) I am unable to pay the filing fee or se	ervice costs or other court costs.		
(2) \(\sum \) I ask the court for permission to prod	eed without prepayment of costs and fees.		
(3) I am filing this Application and Affida	vit in good faith.		
(4) I believe I am entitled to what I am a	sking for in this case.		
C. Household			
There are people living in my hous	sehold.		
D. My household income is \$	per month.		
- · · · · · · · · · · · · · · · · · · ·	efore 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.		
Consin	ied on next page		

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

F.	My household has the	e 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. Atto	orney Help k one						
А. Г	☐ An attorney did	not help me	e prepare or	fill in this paper			
В. [
	Name of attorney or organization, if any		n, if any	Attorney's PIN	- Ask the attorney	he attorney	
	Business address o	of attorney or o	organization	City	State	ZIP code	
	()_ Attorney's phone i			x number – optional	_		
Section	tification of Serving 3 to be completed of document, if filed elec	nly if filing in	paper or if the	other party is exer		ic filing.	
1		•		_	_	20	
1, <u> </u>	nt your name		, cert	ify that on		, 20 <u></u> w Year	
	e of person to whom I d	delivered or ma					
Party	's or attorney's mailir	ng address	City		State	ZIP code	
I, the S provi	Print your name State of lowa that I lided in this Applicated on:	nave read th	is Application				
signe	Month	Day, 2	Year	Your signature*			
Maili	ng address		City		State	ZIP code	
(Phon	e number	Emai	il address	<i>Aa</i>	lditional email ad	ldress – if available	
* Wheth	e number er filing electronically of the form after signing it a	r in paper, you n	nust handwrite j				

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 lowa	District C		County where ti	he Petition is		unty
pon the Petition of			Equity case		ico of O	riginal Nation
etitioner Full name: first, n	niddle, last					riginal Notice and Visitation
nd concerning						
espondent Full name: first,	middle, last					
Affidavit						
l, Name of person – Cannot			, delivered a	copy of th	ne Origina	l Notice and
Name of person - Cannot						
	1 3 6 14 41	for this co	se to:			Check one
Petition for Custody an	d Visitation	i ioi unis ca				☐ a.m.
Petition for Custody and	d Visitation			, 20	0at _	□ a.m. □ p.m.
Petition for Custody and Name of Respondent		on <i>Mo</i>	nth	, 20	0at Year T	_
Petition for Custody an		on <i>Mo</i>	nth	, 20	0at_ Year T	_
Name of Respondent by handing Respondent	it copies of	on <i>Mo</i> the attache	<i>nth</i> ed papers.		0at_ Year T	_
Name of Respondent by handing Respondent Oath and Signature To be completed by the pers	nt copies of	on Mo	nth ed papers. and Original No	otice to Resp		— □ p.m. 'ime
Name of Respondent by handing Respondent Oath and Signature To be completed by the pers I, Print your name	nt copies of on who gave	on Mo	nth ed papers. and Original No , have read	otice to Resp this Affidav	vit of Serv	p.m. ime
Name of Respondent by handing Respondent Oath and Signature To be completed by the pers I, Print your name under penalty of perjun	nt copies of on who gave y and pursi	on Mo	nth ed papers. and Original No. , have read	otice to Resp this Affidav	vit of Serv	p.m. ime
Name of Respondent by handing Respondent Oath and Signature To be completed by the pers I, Print your name under penalty of perjury have provided in this Air	nt copies of on who gave y and pursi	on Mo the attache the Petition of	nth ed papers. and Original No. , have read	otice to Resp this Affidav	vit of Serv	p.m. ime
Name of Respondent by handing Respondent Oath and Signature To be completed by the pers I, Print your name under penalty of perjun	nt copies of on who gave y and pursi	on Mo	nth ed papers. and Original No. , have read	otice to Resp this Affidav State of lov	vit of Serv	p.m. ime
Name of Respondent by handing Respondent Oath and Signature To be completed by the pers I, Print your name under penalty of perjury have provided in this At	nt copies of on who gave y and pursi	on Mo the attache the Petition of	nth ed papers. and Original No. , have read laws of the Sue and corre	otice to Resp this Affidav State of lov	vit of Serv	p.m. ime

Rule 17.400—Form 411: Protected Information Disclosure

It is the responsibility of coursel, 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 lowa District Court for $_$	ounty where the case is filed County
Upon the Petition of	Equity case no.
Petitioner Full name: first, middle, last	Protected Information Disclosure
and concerning	
Respondent Full name: first, middle, last	

For electronic filers:

When protected information, as defined in lowa 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 lowa 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.

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. Date of birth	/ / mm/dd/yyyy	Year only
C. Individual taxpayer identification numbers	 <i>XXX-XX-XXXX</i>	Last four digits only

Rule 17.400—Form 411: Protected Information Disclosure, continued

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

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.

First	Middle Lo	ust
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. Date of birth	/ / mm/dd/yyyy	Year only
C. Individual taxpayer identification numbers	 XXX-XX-XXXX	Last four digits only
Personal identification numbers (if no social security number)	Full number	Partial only
E. Other unique identifying numbers	Full number	Partial only
F. Additional protected information	Full information	Partial information
G. Additional protected information	Full information	Partial information
H. Additional protected information	Full information	Partial information
l. Additional protected information	Full information	Partial information

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

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

Partial information

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.

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

4. Children

Additional protected information

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

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

Full information Check this box if you are attaching a separate sheet listing additional information for other parties.

Rule 17.400—Form 411: Protected Information Disclosure, continued

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

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

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

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

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

Rule 17.400—Form 411: Protected Information Disclosure, continued

5. Information provided	b	١	١	١	١	į				į	į	١	١	١	١	١	1	1	1	1		1	1	1	1				1	ľ	į	Ì	Ì	Ì	Ì	Ì	ļ	ì	į	į	Į	į	Į
o				١	١	١	١	١	١	١	١	١	١																								ı	ļ)))))
O				١	١	١	١	١	١	١	١	١	١)))))

	/s/		
Handwritten signature of Petitioner or attorney if filing in paper	Electronic signat if filing electronic		or attorney
Law firm, if applicable			
Mailing address	City	State	ZIP code
()Phone number			
Email address	Additional email add	lress, if applicab	le
Month Day Year Date signed			

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

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

In the Iowa District Co	ourt for		C	ounty
in the lowe bistrict of	ouit 101	County where your case is filed		
Upon the Petition of		Equity case no.		
Petitioner Full name: first, middle, last and concerning	Joint State	ment to Disesta Parent	ablish Lega	
Respondent Full name: first, middle	, last			
1. Legal Parent Petitioner's or Respondent's name following child or children:		arent but not a biok	ogical parent of	the
List each child's initials and b	irth year			
Initials only: First, middle, & last	Birth <u>year</u>		ls only: middle, & last	Birth <u>year</u>

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.

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:

	First,	ls only: middle, & last s of each child	Biological parents	
	(1)			
	(2)			
	(3)			
	(4)			
	(5)			
	(6)			
3.	Ger	netic Tests		
	A.	We agree to co	operate 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 t	rests have not been done.	
			tests* have been done and showis not the all parent.	ne
		verified documer	c tests: Genetic testing must be done by an accredited laboratory with natation of the chain of custody, and the laboratory must send the evaluation the clerk of court. See lowa Code sections 600B.41 and 600B.41A.	
4.	Chi	ld Support Re	covery Unit (CSRU)	
	Check o			
,	A. 🗆	CSRU is provid	_	
		· ·	ve a copy of this Motion to CSRU if it is providing services.	
	В. 🗆	CSRU is not pro	oviding services.	

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

5.	5. Best Interests of the Children		
lt i	It is in the best interests of the child(ren) that		
is	$\overline{\textit{Petitioner's or Respondent's}}$ is found not to be a legal parent of the child(ren).	name	
6.	6. Request		
W	We ask the court to:		
A.	A. Appoint a guardian ad litem (an attorney) for the child or children. Very that we may have to pay the costs of the guardian ad litem.	Ve unde	rstand
B.	B. Order genetic tests if needed and order that Petitioner, Responden go for testing. We understand that we may have to pay for any ge the court orders.	-	
C.	C. Find that, if excluded by genetic test	ting, is n	ot a
7	biological parent of the child or children listed in section 1 above, a disestablish that person as a legal parent of the child or children.	ind that t	the court
1.	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:		
	if you check (2), you must fin 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 Attorne	ey's email	a ddusaa
	Attorney's phone number Attorney's fax number - optional Attorne	ey s emaii	adaress
	1. Barrandard of 1		
	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 o	attorney	
	Business address of attorney or organization City	State	ZIP code
	(ney 's email	l addrass
	Auorney's prione rumoer Auorney's jax rumoer – optional Attorn	iey s email	adaress
	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 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. Petitioner's signature" Month Mailing address City State ZIP code 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 , 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. Month Respondent's signature* City ZIP code Mailing address State 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	ounty where your case is filed	County
Upon the Petition of		Equity case no	
Petitioner Full name first, middle	e, last	Motion to Disestablish	ı Legal Parent
and concerning			
Respondent Full name first,	middle, last		
Petitioner's or Respondent's not of the following child or child sinitials are	ame hildren:	rent but may not be a biologica	l parent
Initials only:	Birth <u>year</u>	Initials only: First, middle, & last	Birth <u>year</u>
First, middle, & last initials of each child		initials of each child	
		initials of each child (4)	
initials of each child		initials of each child	

3.

4.

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:

First,	ls only: middle, & last Is of each child	Biological parents	
(1)			
(2)			1
(3)			
(4)			1
(5)			1
(6)			1
Gene	tic Tests		•
Α.	I agree to coop	erate with getting any genetic test that the court orders.	
B.	I understand th	at 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 showis no Petitioner's or Respondent's name	t the
	biologica		
	verified documer	ic tests: Genetic testing must be done by an accredited laboratory with ntation of the chain of custody, and the laboratory must send the evaluation the clerk of court. See lowa Code sections 600B.41 and 600B.41A.	on
Child	Support Reco	overy Unit (CSRU)	
Check o	one		
A. 🗆	CSRU is provid Note: You must give	ling services. ve a copy of this Motion to CSRU if it is providing services.	
В. 🗆	CSRU is not pr	roviding 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			
	is four	nd not to be a legal parent of the child(r		s or Respor	ndent's name
6.	Requ	est			
	l ask t	he court to:			
		ppoint a guardian ad litem (an attorney) ay have to pay the costs of the guardiar		l underst	and that I
	go	der genetic tests if needed and order the for testing. I understand that I may have urt orders.			
	bio	nd that, Petitioner's or Respondent's name blogical parent of the child or children lisestablish that person as a legal parent		_	
7.	Attor	ney Help			
	Check o	one			
	A. 🗆	An attorney did not help me prepare of	or fill in this paper.		
	В. 🗌	An attorney helped me prepare or fill i	n this paper.		
		If you check B, you must fill in the following is	nformation:		
		Name of attorney or organization, if any	Attorney's PIN – Ask the	attorney	
		Business address of attorney or organization	City	State	ZIP code
		(ax number – optional Attor	ney's emai	l address – optional
	Party's	or attorney's mailing address Cia	ty	State	ZIP code

Rule 17.400—Form 413: Motion to Disestablish Legal Parent, continued

l,		_, certify that	on		, 20
Print your name			Month	Da	ay 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 deliv	 vered or mailed it				
Oath and Signature					
l,		_, certify unde	r penalty of perju	ry and purs	uant to the
Print your name					
Print your name laws of the State of lowa that I					
Print your name					
Print your name laws of the State of lowa that I		Motion and tha	t the information		
Print your name laws of the State of Iowa that I Motion is true and correct.		Motion and tha			
Print your name laws of the State of lowa that I Motion is true and correct. Signed on:	have read this	Motion and tha	t the information		
Print your name laws of the State of lowa that I Motion is true and correct. Signed on: Month	have read this	Motion and tha	t the information	I have prov	rided in this

* 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.

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

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

In the Iowa District Court for County	County where the other parent filed the Petition
Upon the Petition of	Equity case no.
Petitioner first, middle, last The other parent's full name	Answer to Petition for Custody and Visitation
and concerning	
Respondent first, middle, last Your full name	
 Personal Information Fill in all information the A. Petitioner's information Check one If paragraph 1A of the Petition (form 401) is not of (1) Petitioner's (the other parent's) birth y 	
(2) Petitioner's birth year and present res The correct information is: Birth year	•
Present street address () County Telephone number	City State ZIP code Email address

2.

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

B.	Respo		nformation		
			f the Petition (form 401) is not co	orrect, check (2) and fill in t	he blanks.
	(1)	Respond	lent's (your) birth year and pre	esent residence are corre	ct in the Petition.
	(2)	Respond	lent's birth year and present re	esidence are not correct i	in the Petition.
		The corre	ect information is:	_	
			Birth year		
		Present st	treet address	City	State ZIP code
				•	
		County	() Telephone number	Email address	
C.	Fill in a Check o	is much info one	f any, who has visitation or branding as you know.		
	If parag	graph 1C oj	f the Petition (form 401) is not co	orrect, check (2) and fill in t	he blanks.
	(1)		mation for the other person w is correct in the Petition.	ho has visitation or custo	dy rights of the
	(2)		mation for the other person was not correct in the Petition.		
		Full name	e: first, middle, last		
		Present si	treet address	City	State ZIP code
			()		
		County	Telephone number	Email address	
Ge	eneral	Informa	tion about the Parties a	and the Children	
A.	Childre Check of	one	f the Petition (form 401) is not co	orrect check (2) and comple	ete section A(2)
		-	Petition provides the correct in	• • • • • • • • • • • • • • • • • • • •	, ,
			Petition does not provide the		
	(2)		plete section A(2) below. If nece		
			There are children under ag Petitioner and Respondent.		cal children of both
			There are children under ag adopted by the other party.	ge 18 who are the biologic	cal children of one party and
			There are children under ag	ge 18 who were adopted l	by both parties.
			Petitioner or Respondent is	pregnant.	

В.	Identification of children							
	If paragraph 2B of the Petition (for about the children's identification.	rm 401) is n	ot correct, c	check (2) an	d provide th	ne correct in	formation	
	(1) The children are identifi	ed correctl	y in the Pe	tition.				
	(2) The children are not ide	ntified corr	ectly in the	Petition.	The correc	t informatio	on 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 attachir	ıg a separat	e sheet listii	ng additiona	al children.		
C.	Legal parents		0 1		O			
•	Check one							
	If paragraph 2C of the Petition (for about the legal parents of the child		ot correct, c	check (2) an	d provide th	ne correct in	formation	
	(1) The legal parents of th	e children	are identifi	ed correctly	in the Pet	tition.		
	(2) The legal parents of the information is:	e children a	are not ider	ntified corre	ectly in the	Petition. T	he correct	
	For each child of the parties, state testing or paternity affidavit, check						hed by gene	tic
		Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)	
	Legal parents established?							
	Yes							
	No							
	Unknown							
	If established, state how:							
	Prior court order							
	On birth certificate							
	Other (explain in section 4)							

D. 1	Children's	livina	arrangements
------	------------	--------	--------------

Check of	•	arrangement	is .				
	graph 2D of th he children's r	e Petition (fon esidence.	n 401) is not co	orrect, check (2	2) and provide	the correct in	formation
(1)	The informa	ation about wh	nere the child	ren have lived	d is listed con	ectly in the F	Petition.
(2)		ation about wh information is		ren have lived Idren by initial		correctly.	
		Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
i.	Children's initials						
	Lived with		Adult Name		Ci	ty	State
	Dates	From mn	n/dd/yyyy	To mm/	/dd/yyyy		
		Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
ii.	Children's initials						
	Lived with		Adult Name		Ci	ty	State
	Dates	From mn	n/dd/yyyy	To mm/	/dd/yyyy		
		Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
iii.	Children's initials						
	Lived with		Adult Name		Ci	ty	State
	Dates	From mn	n/dd/yyyy	To mm/	/dd/yyyy		
		Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
İV.	Children's initials						
	Lived with		Adult Name		Ci	ty	State
	Dates	From mn	n/dd/yyyy	To mm/	/dd/yyyy		
		Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
V.	Children's initials						
	lived with						

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

Adult Name

From mm/dd/yyyy

Dates

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.

City

To mm/dd/yyyy

State

E.		•		ent's status	
		eck o		2E of the Petition (form 401) is not correct, check (2) and provide the correct information	
				ndent's status.	
	(1)		The	e information about Respondent's status is listed correctly in the Petition.	
	(2)		The	e information about Respondent's status is not listed correctly. The correct informatio	n
				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 atin Name of facilityin 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.	-	rote eck o		e or no contact order	
	If p	arag	raph	2F of the Petition (form 401) is not correct, check (2) and provide the correct information ab is status.	out
	(1)			information about a "protective order" or "no contact order" is listed correctly in the tition.	
	(2)			e information about a "protective order" or "no contact order" is not listed correctly. Therect information is:	ne
				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.			r Ca	ases about the Children	
A	۵. 🗆	Al	l of t	the information in section 3 in the Petition on other cases about the children is	ò
			rrect	t. heck A, skip to 4.	
В	. 🗆	ab <i>If</i> 3 (1)	out i ou ch Ju	or all of the information in section 3 in the Petition on other cases the children is not correct. The correct information is: heck B, fill in the correct information below. venile court or b.	
		a.		There is no juvenile court case.	

	-1'01111	415: Answer to Petition for Custody and Visitation, continued	
	b.	☐ There is a juvenile court case. The correct information is: <i>If you check</i> b, <i>fill in the following information:</i>	
		i. County and state of the juvenile court case:	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 (per child custody cannot be decided in this case. You should talk to an at	
	(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:	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):	
Resp	onde dition	formation ent denies anything in the Petition that Respondent has not agreed is on, Respondent provides the following information: All of the basic information this form. Provide other information only if you need to explain something	ion you need

5.	Respo	ondent's Request ondent asks the court to: eck all that apply. The court will only consider items that is to an attorney.	are checked. If	'you do not know who	ut you want,
	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 atto	orney's fees		
	F. 🗆	Other request:			
6.		ney Help			
	Check o		•		
	A. B.	,	per.		
		Name of attorney or organization, if any	\overline{At}	torney's PIN – Ask a	ttorney
		Business address of attorney or organization	City	State ZII	o code
		() () Attorney's phone no. Attorney's fax no optional A	ttorney's email	address – optional	
7.		ce Instructions pondent is filing in paper one			
	A . 🗆	Respondent will accept service of documents a or	it the attorne	y's address listed	above;
	B. □	Respondent will accept service of documents in below.	n this case a	t the mailing addr	ess
		Continued on n	ext page		

l, Print your name		, ce	rtify that on		, 20_	
Print your name			Month	L	ay Y	ear
I mailed or gave a co address:	opy of this An	swer to the	other party or the	other party's	attorney a	it th
Name of person to whon	ı I delivered or ı	mailed it				
Oath and Signatu	re		City	-		P co
Party's or attorney's mo	re	, ha	City ve read this Answ	-		
Oath and Signatu I, Print your name of perjury and pursu in this Answer is true	ant to the law	s of the Sta	ve read this Answ ate of lowa that th	er, and I cert	ify under pe	ena
Oath and Signatu I,	ant to the law	s of the Sta	ve read this Answ	er, and I cert	ify under pe	ena

* 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 <u>eFile User Guide</u> and the instructions on the <u>eFile Instructions page</u> 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

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 lowa District Court for Con	County unty where the Petition was filed
Jpor	the Petition of	Equity case no.
	ioner r parent's full name: first, middle, last	General Answer to a Petition for Custody and Visitation
and c	oncerning	
	oondent I name: first, middle, last	
	Respondent's Answer You are Respondent Respondent admits that the following para List the numbers of the paragraphs in the Petition to the paragraphs you list here are not true, it may be	graphs in the Petition are true: hat you think are true. If you decide later that
A.	Respondent admits that the following para List the numbers of the paragraphs in the Petition to	graphs in the Petition are true: hat you think are true. If you decide later that too late to change your answer.
A.	Respondent admits that the following para List the numbers of the paragraphs in the Petition to the paragraphs you list here are not true, it may be	graphs in the Petition are true: that you think are true. If you decide later that too late to change your answer. graphs in the Petition are true:

D. Children's living arrangements

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

		Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
(1)	Children's initials						
	Lived with		Adult Name		Ci	ity	State
	Dates	From mn	n/dd/yyyy	To mm /	/dd/yyyy		
		Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
(2)	Children's initials	Omia (1)	Omiu (2)	Omia (o)	O.m.a (),	Omia (o)	Omia (o)
	Lived with		Adult Name		Ci	ity	State
	Dates	From mn	n/dd/yyyy	To mm /	/dd/yyyy		
		Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
(3)	Children's initials						
	Lived with		Adult Name		Ci	ity	State
	Dates	From mn	n/dd/yyyy	To mm /	/dd/yyyy		
		Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
(4)	Children's initials	•		•	, ,		•
	Lived with		Adult Name		Ci	ity	State
	Dates	From mn	n/dd/yyyy	To mm /	/dd/yyyy		
		Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
(5)	Children's initials						
	Lived with		Adult Name		Ci	ity	State
	Dates	From mn	n/dd/yyyy	To mm/	/dd/yyyy		

 $\begin{tabular}{ll} \hline & Check this box if you have attached a separate sheet listing additional children. \\ \hline \end{tabular}$

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.

Ε.		tive 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.
		e is an order from out of state about the children, an Iowa court may not be able to issue an about custody or visitation. The rules are complicated and you may need to talk to an ev.
		heck F(2), fill in the applicable information below.
	a. Ju	venile court
	Ch	eck 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.
		ustody order
		ou might not be able to get custody in Iowa if there is a custody order entered in another state. eck i or ii.
	i.	☐ There is no custody order.
	ii.	☐ There is a custody order. If you check ii, fill in the following information:
		(a) County and state where the custody order came from:
		County State
		(b) Court case number:

		C.	Chi	ldsı	pport order		
			Che	ck i	r ii.		
			i.		There is no child support order.		
			ii.		There is a child support order.		
			If yo	ou cl	eck ii, fill in the following information:		
				(a)	County and state where the child support orde		
						County	State
				(b)	Court case number:		
	G.	Re	spo	nde	nt denies anything in the Petition that is	s not admitted in this Answe	er.
			•				
	Н.	Ot	her i	nfo	mation:		
	_						
2.	Re	sp	ond	ent	s Request If you do not know what you	ı want, talk to an attorney.	
					ks the court to: Write here what you would		le, tell the
	cou	rt w	hat yo	ou w	nt for custody and visitation. Be brief. Do no	ot write long descriptions.	
	_						
	_						

	Check	rney Help										
,	A. 🗆] An attorne	y did not	help me	e prepa	re or fill	in this	paper.				
١	В. 🗆	An attorne If you check	-		•			r.				
		Name of atto	orney or or	ganizatio	n, if any				Attorney	's PIN –	Ask	attorney
		Business ad	dress of atte	orney or	organiza	tion		City		State	\overline{Z}	IP code
		()_ Attorney 's p	hone no.	(Attorne	y's fax n	O. – optior	al Atto	orney's en	ıail addre	SS – option	al	
	Serv	ice Instruc	tions									
	If Re	spondent is	filing in pa	aper								
		Responde	nt will acc	cept ser	vice of o	docume	nts at th	e attorne	ey's add	ress list	ed a	above; o
] Responde							-			
1	Section	ification of n 5 to be compl ocument, if filed	eted only if	filing in	paper or	if the oth	er party i			tronic filir	ng.	
) 1	Section This de I, Prin I mail	n 5 to be complocument, if filed at your name led or gave a	eted only if d electronic	filing in eally, will	paper or automat	if the oth	er party i served or certify t	n registere hat on _	d parties. Ionth		Day	
	Section This do I, Prin I mail addre	n 5 to be complocument, if filed at your name led or gave a	leted only if d electronic a copy of	filing in cally, will	paper or automati	if the oth	er party i served or certify t	n registere hat on _	d parties. Ionth		Day	
1 1 3 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	Section This do I, Prin I mail addre	n 5 to be complete comment, if filed at your name led or gave a less:	leted only if d electronic a copy of t	filing in cally, will this Ans	paper or automati	if the oth	er party is served or certify the party	n registere hat on _ Ñ or the of	d parties. Ionth		Day rney	
1	Section This do I, Prin I mail addre	n 5 to be comple ocument, if filed at your name led or gave a ess:	leted only if d electronic copy of mom I delive mailing ad	filing in cally, will this Ans	paper or automati	if the oth	er party i served or certify t	n registere hat on _ Ñ or the of	d parties. Ionth	ty's atto	Day rney	/ at this
1	Section This do I, Prin I mail addre	n 5 to be complete comment, if filed at your name led or gave a less: of person to what is or attorney's hand Sign	deted only if delectronic copy of the mom I delive mailing ad ature	filing in cally, will this Ans ered or m	paper or automati	if the oth	er party is served or certify the party	n registere hat on	d parties. Ionth ther part	ty's atto	Day rrney	y at this
1	Section This do I, Prin I mail addre Name Party' Oatl	n 5 to be complete comment, if filed at your name led or gave a less: of person to what is or attorney's hand Sign	leted only if d electronic copy of mom I delive mailing ad	filing in cally, will this Ans ered or m	paper or automati	if the oth	er party is served or certify the party	n registere hat on	d parties. Ionth ther part	ty's atto	Day rrney	y at this
	Section This do This do I, Print I mail addre Name Party' OatI I, Print of per	n 5 to be complete comment, if filed at your name led or gave a less: of person to what is or attorney's hand Sign	detectionical detection of the copy of the	filing in cally, will this Ansered or m	paper or automati	if the other ically be	er party is served or certify the party Cies and this	ty Answer	d parties. Tonth ther part	ty's atto	Day	y at this ZIP code
	Section This do This do I, Print I mail addre Name Party' OatI I, Print of per	n 5 to be complete comment, if filed at your name led or gave a less: of person to what sor attorney's hand Sign att your name rjury and pure son answer is to see the complete the son and see the complete the less than the complete the less than the les	detectionical detection of the copy of the	this Ans ered or m dress the laws	paper or automati	if the other ically be	er party is served or certify the party Cies and this flows the control of the certify the certify the certify the certification is served as the certification in the certification is served as the certification is s	ty Answer	d parties. Tonth ther part	ty's atto	Day	y at this ZIP code
	Section This do This do I, Print I mail addre Name Party' OatI I, Print of per in this	n 5 to be complete comment, if filed at your name led or gave a less: of person to what sor attorney's hand Sign att your name rjury and pure son answer is to see the complete the son and see the complete the less than the complete the less than the les	detectionical detection of the copy of the	filing in cally, will this Ansered or m	paper or automati	if the other ically be	er party is served or certify the party Cies and this	ty Answer	d parties. Tonth ther part	ty's atto	Day	y at this ZIP code
	Section This do This do I, Print I mail addre Name Party' OatI I, Print of per in this	n 5 to be complete comment, if filed at your name led or gave a less: of person to what sor attorney's hand Sign attyour name rjury and pure a Answer is the don:	detectionical detection of the copy of the	this Ans ered or m dress the laws	paper or automation automation automation is swer to the ailed it	if the other ically be	er party is served or certify the party Cies and this flows the control of the certify the certify the certify the certification is served as the certification in the certification is served as the certification is s	ty Answer	d parties. Tonth ther part	ty's atto	Day	ziP code penalty
	Section This do This do I, Print I mail addre Name Party' OatI I, Print of per in this	n 5 to be complete comment, if filed at your name led or gave a less: of person to what your name right your name right your name at your name at your name of Answer is the fon: Month	detectionical detection of the copy of the	this Ans ered or m dress the laws	paper or automation automation automation is swer to the ailed it	have re	er party is served or certify the party Cies and this flows the control of the certify the certify the certify the certification is served as the certification in the certification is served as the certification is s	ty Answer	d parties. Tonth ther part	ty's atto	Day rrney	ziP code penalty

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

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- 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 <u>Resubmitting a</u>
 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

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- 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

August 2019

Instructions for Rule 17.400—Form 416

Page 1 of 1

[Court Order July 19, 2019, effective September 1, 2019]

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 lowa District Court for	ounty where the case is filed			
Upon	the Petition of	Equity case no. Affidavit for Temporary Custody and			
Petitio Full name	NET as it appears on the Petition: first, middle, last	Visitation			
and co	ncerning				
Respor	ndent as it appears on the Petition: first, middle, last				
1. St	atement				
A.	My name is Full name of witness: first, middle, last				
	ruu name oj wuness: jirsi, midale, lasi				
B.	My relationship to First middle last name of parts	r; or initials of child (Do not use child's full name.)			
	_				
	is:				
	I understand that a judge may consider this visitation of the children in this case. If I we Attach additional pages if necessary.	s Affidavit to determine temporary custody and ere present in court, I would testify as follows:			
	Check here if there are additional pages attached	ed.			
	Continued	l on next page			

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

B.		An attorney he If you check B, y							
Name of attorney or organization, if any				on, if any		Attorney's	s PIN –	Ask the	attorney
		Business addres.	s of attorney or	r organizati	ion (City		State	ZIP cod
			,	,					
		Attorney's phone	e no Attori	ov's far na	- optional Atto	rnev's email ado	dross_o	ntional	
		()_ Attorney's phone	e no. Attori	ney's fax no	. – optional Atto	rney's email add	dress – o	ptional	
Oa	ath a				. – optional Atto	rney's email add	dress – o	ptional	
Oa		and Signatui	re of Witne	ss					
l,		and Signatui	re of Witne	ess 	certify under pe	enalty of perjur	y and	pursua	nt to the
I,_ lav	ws of	and Signatur	re of Witne	ess 		enalty of perjur	y and	pursua	nt to the
I,_ lav in t	ws of this A	and Signatur the State of lo	re of Witne wa that I hav and correct.	ess , ve read thi	certify under pe s Affidavit and	enalty of perjur that the inform	y and	pursua	nt to the
I,_ lav in t	ws of this A	and Signatur the State of lo	re of Witne wa that I hav and correct.	ess , ve read thi	certify under pe s Affidavit and	enalty of perjur that the inform	y and	pursua	nt to the
I,_ lav in t	ws of this A	and Signatur	re of Witne wa that I hav and correct.	ess , ve read thi	certify under pe s Affidavit and	enalty of perjur that the inform	y and	pursua	nt to the
l,_ law in t	NS of this A	the State of loafidavit is true and Month	re of Witne wa that I hav and correct.	re read thi	certify under pe s Affidavit and	enalty of perjur that the inform ure*	y and	pursua	provided
I,_ law in t	NS of this A	and Signatur the State of lo	re of Witne wa that I hav and correct.	re read thi	certify under pe is Affidavit and Your signat	enalty of perjur that the inform ure*	y and nation ∣	pursua I have _I	provided
I, law in t Sign	ws of this A gned o	the State of loafidavit is true and Month	wa that I have and correct.	re read thi	certify under pe is Affidavit and Your signat	enalty of perjur that the inform ure*	y and nation	pursua I have I	orovideo

 $\bullet \ \ \textit{If the witness is either Petitioner or Respondent in this case, attach the \textit{Affidavit to your Motion (form 422)}. \\$

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

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

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

In the lowa District Court fo	or 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	
l am Check one A. □ Petitioner B. □ Respondent	
Request A. I ask the court to Check all that apply. If you check any box in A, y	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 visit	
(3) Order temporary child support and	
(4) Set a hearing date for a Custody a	•
(5) Award me attorney's fees before to	
(6) Order genetic testing to decide parappear for testing.	ternity and require that Petitioner, Respondent, and child
(7) ☐ Other request Explain	
B. I am making the request(s) in this Moti	on because:

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

	Check o A . □		ot help me prepare o	or fill in this pap	er.		
		An attorney helps					
		If you check B, you n	nust fill in the following	nformation:			
	Name of attorney or orga		organization, if any		Attorney's PIN	ey's PIN – Ask the attorne	
		Business address of a	attomey or organization	City		State	ZIP co
		()	Attomey's fax no.				
			v if filing in paper or if th		empt from electro zistered parties.	nic filing.	
			-		_		
	l,	your name d or gave a copy o	of this Motion to the	rtify that on			20 <u>Year</u> y at this
;	Print I maile addres	your name d or gave a copy o	of this Motion to the o	rtify that on <i>Mo</i> other party or th		attorne	y at this
	Print I maile address Name of Party's	your name d or gave a copy of the second sec	of this Motion to the o	rtify that on			y at this
	I,	your name d or gave a copy of ss: fperson to whom I del or attorney's mailing and Signature	, ce of this Motion to the of this Motion to the of this Motion to the of the office o	rtify that on	ne other party's	s attorne	y at this
	I,	your name d or gave a copy of ss: fperson to whom I del or attorney's mailing and Signature	of this Motion to the o	rtify that on	ne other party's	s attorne	y at this
	I, Print I maile address Name of Party's Oath I, Print I laws of	your name d or gave a copy of ses: f person to whom I delease or attorney's mailing and Signature your name the State of lowa to	, ce of this Motion to the of divered or mailed it address, ce	rtify that on	ne other party's	s attorne State	y at this
	I, Print I maile address Name of Party's Oath I, Print I laws of	your name d or gave a copy of ses: f person to whom I delease or attorney's mailing and Signature your name the State of lowa to	, ce of this Motion to the of livered or mailed it address, ce	rtify that on	ne other party's	s attorne State	y at this
-	I, Print I maile address Name of Party's Oath I, Print I laws of	your name d or gave a copy of ess: f person to whom I del or attorney's mailing and Signature your name i the State of lowa to otion is true and cor on:	of this Motion to the oblivered or mailed it address , cell that I have read this Motion to the oblivered or mailed it	rtify that on	ne other party's	s attorne State	y at this
.	I, Print I maile address Name of Party's Oath I, Print I laws of this Mo	your name d or gave a copy of ss: f person to whom I del or attorney's mailing and Signature your name the State of lowa to	, ce of this Motion to the of divered or mailed it address, ce	rtify that on	ne other party's	s attorne State	y at this
-	I, Print I maile address Name of Party's Oath I, Print laws of this Mc	your name d or gave a copy of ess: f person to whom I del or attorney's mailing and Signature your name i the State of lowa to otion is true and cor on:	of this Motion to the oblivered or mailed it address , cell that I have read this Motion to the oblivered or mailed it	rtify that on	ne other party's	s attorne State	y at this
- 1	I, Print I maile address Name of Party's Oath I, Print laws of this Mc	your name d or gave a copy of ses: f person to whom I delete or attorney's mailing and Signature your name the State of lowa to the State and core minimum and core Month	that I have read this Morect. I ask the court to the day, 20, 20	rtify that on	the other party's the information ion.	s attorne State d pursua I have pu	y at this

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 lowa District Court for_	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	
l am Check one A. □ Petitioner B. □ Respondent	
Motion The other party filed a Motion on	. 20
Month 2. Response Check A or B.	Day Year
 A.	apply. If you check any box in B, you must tell the court sebeen set for
 (2) Order temporary custody and vis (3) Order temporary child support ar (4) Set a hearing date for a custody (5) Award attorney's fees before the 	nd medical support. and visitation order by default.

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
C.	l di	sag	ree with the Motion because:
	_		

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

3.		ney Help						
	Check o		. I I	cu :- u	•			
		An attorney did no						
	B. □	An attorney helped		-	-			
		If you check B, you m	ust fill in the follo	wing information	n:			
		Name of attorney or o	rganization, if an	y	Atto	orney's PIN –	Ask the	attorney
		Business address of a	ttorney or organiz	ration	- City		State	ZIP code
		()	Attornay's for	V 110 antiqual	Attornau's and	ail addrass	unti ou al	
	Contit	lication of Comic	o by Mailing	or Dolivory				
4.	Section	fication of Servic 3 to be completed only cument, if filed electron	if filing in paper o	or if the other pa	rty is exempt f		e filing.	
	THIS GO	ситет, у зней елестоп	icany, win automo	ancany de serve	a on registere	a parnes.		
	l,	Print your name		_, certify that	on		,	20
	I	rint your name			Month	D_{ℓ}	ay	Year
	addre	ed or gave a copy o ss:	i tilis Motion to	the other par	ity of the ot	ner party 5 a	attorrie	y at tills
	Name o	f person to whom I deli	vered or mailed it		•			
	Party's	or attorney's mailing a	ddress	City		<u> </u>	State	ZIP code
5.	Oath	and Signature						
••		g						
	l,	your name		_, certify unde	er penalty o	f perjury and	d purs	uant to the
		<i>your name</i> If the State of Iowa	that I have read	d this Motion	and that the	e informatio	n I hav	/e
		ed in this Motion is						
	Signed	on:	, 20					
		Month	Day Year	Your sig	gnature*			
	Mailing	g address		City		State	ZIP	code
	(Phone :) oumhar	 Email addre	ogg		ional email ad	ldrass	if available
	1 none i	iuni0er	ътан аааге	.3.3	Audil	оны стан аа	w.e.ss —	ij uvanavie
*		filing electronically or in form after signing it and			ature on this fo	rm. If you are j	îling ele	ctronically,

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.

In the Iowa District Court for_	County where the case is filed		
Upon the Petition of Petitioner first, middle, last	Equity case no. Custody and Visitation Financial Statement of		
Respondent first, middle, last	Check one ☐ Petitioner ☐ Respondent		
Print your name	state that this is a true and complete stateme come as of the ${Day}$ day of ${Month}$, ${Ye}$		

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

Rule 17.400—Form 424: Custody and Visitation Financial Statement, continued

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

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

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.	So	cia	I S	ecurity Disability (SSD):					
	Α.	SS	Db	penefits paid to you						
		(1)	Ar	nount paid for your expen	ses		\$		pe	er month
		(2)	Ве	nefit paid for each child in	your hon	ne	\$		p	er month
			a.	Number of children recei	iving bene	fits		children		
			b.	List the children in your h	nome who	receive S	SSD bene	fits Use i	nitials only	,
					Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
				First, middle, & last initials		(-)		(.)		(1)
				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.							er month			
			US	e initials only:						
				First, middle, & last initials	Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
				Birth year						
				Check this box if you hav and receive Social Securi			g additiona	l children w	ho live in yo	our home

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	t, middle, & last initials							
	Birtl	h year							
	Check this box if you have attached a sheet listing additional children for the qualified additional dependent deduction.								
4. Extrao	rdinar	y Visitation For none	custodial pa	rent only					
(1)	If this n	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)	Physic Check of	ysical care ock one							
	a. The court ordered equally shared physical care for the children.								
		If the court ordered equivisitation credit does no		physical car	re for the ch	ildren, the e	extraordina	y	
	b. 🗌	The court did not orde	er equally s	hared phys	sical care f	or the child	ren.		

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?* W,B,M,T,A	Monthly payment
(1) House payment or rent			\$
(2) Food At home & restaurants			\$
(3) Transportation (gas, bus fare) Not car loan payments – see (12).			\$
(4) Clothing			\$
(5) Medical, dental Not health insurance payments— see (10).			\$
(6) Utilities (gas, electric)			\$
(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 Identify:			\$
(15) Other expense Identify:			\$
(16) Other expense Identify:			\$
(17) Totals from attached sheets, if any Check this box if you have attached a sheet	\$		
Total expenses	\$		

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	yable to $ \begin{array}{c c} \text{Item or} & \text{Amount} & \text{How often} \\ \text{paid?*} & \text{paid?*} \\ W,B,M,T,A \end{array} $		Balance due	
A.				\$
В.				\$
C.				\$
D.				\$
E. Totals from attached sheets, if any Check this box if you have attached a stacked as the total.	\$			
Total debts	\$			

7. The other parent's income

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

*How often is income received?

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

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

Rule 17.400—Form 424: Custody and Visitation Financial Statement, continued

8.	Atto Check	rney Help							
	A .□	An attorney o	lid not help r	ne prepar	e or fill in tl	nis 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		Attorne	y's PIN –	Ask the	Attorney
		Business address	of attorney or o	rganization		City		State	ZIP code
		() Attorney's phone	no. () ey's fax no. –	optional Atto	rney's email d	ıddress – o	ptional	
9.	Sectio	tification of Sei on 9 to be completed This document, iffil	only if filing in p	aper or if the	other party is				
	ı			cer	tify that on				20
	', <u> </u>	Print your name		, 001	M	onth		,	20 Year
	Party	of person to whom l	ing address	niled it	City		<u>.</u>	State State	ZIP code
10.	Oath	h and Signatur	e						
	Print to th info	your name ne laws of the S rmation I have p nt this Motion. don:	tate of lowa	that I have	e read this	Motion an	nd that th	he	
	213110	Month	Day,	<u>Year</u>	Your signati	ıre*			
	Mailii	ng address		City			State	ZIP d	code
	(Phone	e number	Email	l address		Additiona	ıl email ad	ldress – į	f available
*		er filing electronically onically, scan the form			-	on this form.	If you are f	îling	
Augus	et 2019			Pule 17 400—F	orm 424				Page 7 of 7

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 (rt for County County where the Case is filed
Upon the Petition of	Equity case no
Petitioner Full name of Petitioner as it is in the original case	Affidavit of Mailing Notice
and concerning	
Respondent Full name of Respondent as it is on the Application	
1. Attorney Help Check one	
_	prepare or fill in this paper.
B. An attorney helped me p If you check B, you must fill i	
Name of attorney or organiza	if any Attorney's PIN – Ask the attorney
Business address of attorney	ganization City State ZIP code
() Attorney's phone number	ney'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

Oath and Signature				
I,	_ , certify under pena	Ity of perjury	and pur	suant to the
Print your name				
laws of the State of lowa that on the _	day of	, 20	, I sent	by ordinary
_	ay Month	Year		
mail with proper postage, the following	paper or papers:			
Check one				
☐ Notice of Intent to File a Written Ap	plication for Default Or	der for Custod	y and Vi	sitation or
			•	
Other document (describe):				
to the other party's last-known address	s below.			
, ,				
Other party's street address	City		State	ZIP code
Signed on:, 20	4 *	*		
Month Day Year	Applicant's signatu	re "		
Mailing address	City		State	ZIP code
Phone number Email address		Additional ema	il address	5 – if available

scan the form after signing it and then file electronically.

* Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing 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 D	istrict Court for	County where	your case is fil	County	
Upon the Petition of	Equity case no. Notice of Intent to File Written Application for Default Decree				
Petitioner Full name of Petitioner as it is in the orig					
and concerning					
Respondent Full name of Respondent as it is on the I	Petition				
To party receiving this	Notice:				
First name	Middle name		Last name		
Date of Notice: Month	$\frac{1}{Day}$	20 <u> </u>	g this Notic	ce:	
You are in default because 10 days from the date of you without a hearing, a	=	er for Custody	and Visitation	will be entered ag	gainst
Handwritten signature of party fi or attorney if filing in paper	ling this Notice or		nic signature oj mey if filing ele	f party filing this ctronically	Notice
The person who provided the sig	nature above must fill in t	the information	on below.		
Present street address (If att	orney, firm address)		City	State	ZIP code
() Phone number Instructions for party filing Filing your Notice el		ress			
EDMS will automatical filing requirements.	ly serve the party receiving	ng this Notice	unless that par	ty is exempt from	electronic
 Deliver a copy of thi Complete form 425 a 	paper (if you have received and file the original at the clerk records.	ing this Notic	ce by mail or in		r)

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.

In the Iowa Distr	County where your case is filed County
Upon the Petition of	Equity case no
Petitioner Full name: first, middle, last and concerning Respondent Full name: first, middle, last	Request for Relief in a Custody and Visitation Case Check one Petitioner Respondent
	information that you know. If you have been assaulted by the other
	ay leave your address, phone number, and email blank.
parent and you fear for your safety, you I am Check A or B and fill in C and D. A. □ Petitioner B. □ Respondent	ent residence: Birth year
parent and you fear for your safety, you I am Check A or B and fill in C and D. A. □ Petitioner B. □ Respondent C. Petitioner's birth year and pre	ent residence: Birth year City State ZIP companies and small blank.

2. Request for Relief

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

A.	Child	ren Check all that are true			
	(1)	 Petitioner and Responder Parenting Plan (form 429) Relief. Petitioner and Respondent I filed a Proposed Paren). A parenting plan i ent do not agree	must be provided to the court wi about custody and visit	ith the Request for ation.
	(3)	with the Request for Relief.	• ,		-
		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 separa	te sheet listing additional chi	ldren.
	(4)	Petitioner and Responde children. Check this box if there is a di	_		•
		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 Explain who are the pa	-	te sheet listing additional chi	ldren.
	(5)	Petitioner has taken the	children in the r	niddle course. Attach cert	ificate
	(6)	Respondent has taken t	he children in th	e middle course. Attach o	certificate
В.	Finan	icial affidavits Check one			
	(1)	I filed a Financial Affidation			sclosed all
	(2)	l am asking that the cou	rt not require m	e to file a Financial Affida	avit because:
t 20°	19	F	Rule 17.400—Form 42	7	Page 2 of 6

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

(2)	Petitioner will hav child s		ondent in the amount of	
	T chilorier will pay crilla s	upport to a third	d party in the amount of	\$per mo
	Third party's full name: first,	middle, last		
	Present street address		City	State ZIP code
	County			
(3)	Respondent will pay chil	d support to Pe	titioner in the amount of	\$ per mo
(4)	Respondent will pay chil			
,				
	Third party's full name: first,	middle, last		
	D			
	Present street address		City	State ZIP code
	County			
(5)	Child support payments	: will begin on t	he day of	, 20
(0)	for the following childre	_	Month	, 20 <u></u> Ye
		Ι	1 [
	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	e attaching a sepa	rate sheet listing additional	children.

F.

G.

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

	exemption	

(1)	I ask the court to	set the tax de	duction as follows:	Check o	ne for eac	h 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)					
	(2)					
	(3)					
	(4)					
	(5)					
	(6)					
	☐ Check this box if	you are attachin	ng a separate sheet listing additional c	hildren.		
(2)	The deduction wi	ll start in tax y	ear Year			
l as Peti	alth care expenses sk the court to set	s the health car	e expenses as follows: Check a		oly	
		-	ical support (health insurance).		اء ما	
(2)	me	edical expense	\$of es for the children. After that ar medical expenses will be paid			
	_	% by	Petitioner and% by	Respon	dent.	
(3)	□ □ wi	ll pay cash me	edical support in the amount of	\$	per	month.
Che	urt fees <i>ck one</i> sk that					
(1)	☐ Petitioner pay	all court fees				
(2)	☐ Respondent p	oay all court fe	es.			
(3)	☐ Petitioner and	l Respondent	each pay one-half of the remair	ning cou	rt fees.	
(4)	☐ Petitioner and	l Respondent	each pay one-half of the total c	ourt fees	6.	

3.

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

Н.	Attorney's fees Check one
	(1) I have no attorney's fees.
	(2) U sill pay my own attorney's fees.
	(3) \(\sum \) I ask that my spouse pay me \$for attorney's fees.
I.	Necessary documents
	I ask that the court require each of us to sign and deliver to each other any papers that may be needed to carry out the terms of the Custody and Visitation case.
J.	Other request for relief
	☐ Check this box if you have attached a separate sheet listing additional requests for relief.
	atements of Understanding and Fact eck all that apply
A.	☐ I have made a full disclosure of my property and debts to the court.
В.	☐ 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.

Rule 17.400—Form 427: Request for Relief in a Custody and Visitation Case, continued

4. Attor	ney Help one									
	A. An attorney did not help me prepare or fill in this paper.									
	An attorney help	•								
	Name of attorney of	r organization, if any		Attorney's PIN — Ask the Attorn						
		f attorney or organizati		iity	State ZIP code					
Section	fication of Servi	o. Attorney's fax n ice by Mailing or ly if filing in paper or ij delectronically, will au	Delivery f the other party is	exempt from electron	nic					
			•							
	of person to whom I de		City		State ZIP code					
6. Oath	and Signature									
to the	laws of the State led in this Motion	of lowa that I have is true and correct.	read this Motion	on and that the inf	formation I have					
	Month	Day Year	Your signatu	re*						
Mailing	g address	\overline{C}	lity	State	ZIP code					
	filing electronically or	Email address in paper, you must handver signing it and then file		Additional email a	•					
			ř							

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.

In the Iowa Distric		ounty where your case is fi	County	
Jpon the Petition of		Equity case no		
Petitioner Full name: first, middle, last		Settlement Agre and \	eement for C /isitation	ustody
nd concerning				
Respondent Full name: first, middle, l	ast			
		Birth vear		
Petitioner's present street of	address	Birth year City	State	ZIP code
(address () Phone number		State	ZIP code
(()_ Phone number	City Email address	State	ZIP code
County 1	()_ Phone number r and presen	City Email address t residence:	State	
County 1 B. Respondent's birth yea	()_ Phone number r and presen	City Email address t residence: Birth year		ZIP code

2	. Ag	ree	me	ents							
	We	e agı	ee	to the following):						
	A.	Chi	ldre	en Check all that	n Check all that are true						
		(1)		We agree to the	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.							
г					Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)	
	First,	, mic	ldle	, & last initials							
	Birth	yea	r								
			C_i	heck this box if you	u have attache	d a separate s	heet listing ad	lditional childi	ren.		
		(4)	П	Petitioner has to	aken the child	dren in the m	iddle course	Attach certi	ficate		
		. ,		Respondent has							
		(0)	ш	r coportaerit ria	o taken the o	i marori iri cire	Triidale oodi	oo. muuon ee	rigicale		
	В.	Fin	anc	ial affidavits <i>Ci</i>	heck one						
				Petitioner or Re		s filed a Fina	ıncial Affidavi	t (424).			
		` '		If you check (1),	•			,			
							ffidavit. Petit e identity and				
							l Affidavit. Re				
				has full debts.	y disclosed a	II income an	d the identity	and amount	of all expens	ses and	
		(2)		We are asking t	hat the court	not require	us to file Fina	ıncial Affidav	its because:		

C.	Note: Th	ne amount of child su	pport Check all that are true amount of child support is determined using the lowa Child Support Guidelines. The lowa Department of vice provides a child support estimator on its website. Go to: https://childsupport.ia.gov/ .						
	(1)	Petitioner will	pay child supp	port to Respo	ndent in the a	amount of \$ _	pe	er month.	
	(2)	Petitioner will	pay child supp	port to a third	party in the a	mount of \$ _	pe	r month.	
		Third party's ful	l name: first, n	niddle, last					
		Present street o	eddress		<i>c</i>	ity	State	ZIP code	
		County							
	(3)	Respondent war	ill pay child s	upport to Peti	tioner in the a	mount of \$_		_ per	
	(4)	Respondent w month.	ill pay child s	support to a th	ird party in th	ne amount of	\$	_ per	
		Third party's ful	l name: first, n	niddle, last					
		Present street o	ddress			ity	State	ZIP code	
		County							
	(5)	Child support	payments w	ill begin on th	neday of	Month	, 20	O <u></u> , <u>Year</u>	
		for the followi	ng children:			Monin		Teur	
			Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)	
First,	, middle	, & last Initials							
Birth	year								
		Check this box if	you have attac	ched a separat	te sheet listing	additional ch	ildren.		
	(6)	Check here if you			_				
		a. Amount rec	uested:\$	per	month				
		a. Amount requested:\$ per monthb. Child support should be different from the Guidelines amount because:							
			Co	ntinued on	next page				

_	_			
D.	Tax	$\Delta V \Delta$	mn	tınn
D.	IUA	-		LIOII

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

		Child		, middle, & st initials	Birth year	Parent who shou claim child for tax o		Every year	Even years	Odd years
		(1)								
		(2)								
		(3)								
		(4)								
		(5)								
		(6)								
		Note: The Tax forms	ne parent v s are avail ed income		st sign IRS Form S website: http:// the same as the	e tax exemption.			e deductio	n.
E.	We	ask the	e expei e court Respond	to set the he	ealth care e	xpenses as follows	: Check a	ll that app	ply	
	(1)		_		medical supp	oort (health insurance	e).			
	(2)			the children. will be paid	After that a	of u mount is spent, then	uncovere	d medica	expense al expens	s for ses
	(2)		П			ner and pport in the amount o			nor m	nth
F.	Chec We (1) (2) (3)	urt fees ck one ask tha Pet Res	at itioner v sponder itioner a	vill pay all cou nt will pay all d and Responde	urt fees. court fees. ent will each	pay one-half of the re	emaining c	court fees		ли.
	(7)		101161 6	ina responde	ZIR WIII COUL	pay one-hall of the ti	Jai Guit I			

G.	Attorney's	s fees	
		ner's attorney's fees	
	Check		
		Petitioner has no attorney's fees.	
	b. 🔲	Petitioner will pay Petitioner's attorney's fees.	
	с. 🗌	Respondent will pay \$	_ for Petitioner's attorney's fees.
		ndent's attorney's fees	
	Check		
	a. 🗌	Respondent has no attorney's fees.	
	b. 🔲	Respondent will pay Respondent's attorney's fe	ees.
	c. 🔲	Petitioner will pay \$	_ for Respondent's attorney's fees.
Н.	Necessar	y documents	
	_	n and promptly deliver to each other any papers	that may be needed to carry out this
	Settlemeni	t Agreement.	
I.	Other agr		
	Attach addi	tional sheets if necessary.	

3.				Help at apply								
	A.	Pet	Petitioner									
		(1)		An attorney did not he	elp me prepare or	fill in this	paper.					
		(2)		An attorney helped m	e prepare or fill in	this paper	г.					
				If you check (2), you mu	ıst fill in the followi	ing informa	tion:					
			Nar	me of attorney or organiz	cation, if any		Attorney's PIN – Ask the attorney					
			Business address of attorney or organization				City		State	ZIP code		
			(Atta	orney's phone number	() Attorney's fax no	. – optional	Attorn	ey's email addre	SS – opi	tional		
		(3)		A mediator,, who is an attorney, helped mediator prepare or fill in this paper, but did not represent me as a party.								
	В.	Re	Respondent									
		(1)		An attorney did not he								
		(2)		An attorney helped m								
			Nar	me of attorney or organiz	vation, if any	Attorney	's PIN –	Ask the attorney	ı			
			Bus	siness address of attorney	or organization	City		State	$-{ZI}$	P code		
			(_)	()_							
			Atte	orney's phone number	Attorney's fax	: number – d	optional	Attorney's em	ıail add	dress – optional		
		(3)		A mediator,				_, who is an att	orney,	helped me		
				Name of n prepare or fill in this p		represent i	me as a	party.				

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.

I,			ure												
Pri	I,, certify under penalty of perjury and pursuant to the Print your name														
				Settlement Agreement and it a											
l wou	ıld like the cour	t to address	the issues in	my custody and visitation case	e. Iknow Ih	ave the									
_		•	-	ent. I am voluntarily signing thi	-										
	asking that this Settlement Agreement be presented to a judge for approval and														
oourt	court.														
Monti	h	Dav	_, 20 <u></u>	Petitioner's signature*											
				- ·······											
Maili	ng address				State	State ZIP code									
				City	Diale	ZII COUE									
Phone) e number	– Email a	ddress	Additional em	ail address –	if available									
				t handwrite your signature on thi		-									
eiectr	onically, scan th	ie form after .	signing it and ti	hen file electronically.											
B. Resp	ondent's Oat	th and Sign	ature												
I,			, cer	tify under penalty of perjury an	d pursuant t	o the									
				_	•	laws of the State of Iowa that I have read this Settlement Agreement and it accurately states how									
1	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														
	to talk to an att	ornev about	this Aareeme	ent. I am voluntarily signing thi											
right t		•	•		s Agreemen	t. I am									
right t	g that this Sett	•	•	ent. I am voluntarily signing thi sented to a judge for approval	s Agreemen	t. I am									
right i askin	g that this Sett	lement Agre	eement be pre	sented to a judge for approval	s Agreemen	t. I am									
right i askin	g that this Sett	lement Agre	•		s Agreemen	t. I am									
right i askin court	g that this Sett	lement Agre	eement be pre	sented to a judge for approval	s Agreemen	t. I am									
right i askin court <i>Monti</i>	g that this Sett	lement Agre	eement be pre	sented to a judge for approval	s Agreemen	t. I am									
right in askin court Montin	g that this Sett	lement Agre	eement be pre	sented to a judge for approval Respondent's signature*	s Agreemen and filing wi	t. I am th the									
right in askin court Montin	g that this Sett h	lement Agre	eement be pre _, 20 Year	sented to a judge for approval Respondent's signature*	s Agreemen and filing wi	t. I am th the ZIP code									
right i askin court Monti Mailin	g that this Sett	Day Email a	eement be pre _, 20 Year	sented to a judge for approval Respondent's signature* City Additional em	s Agreemen and filing wi State	t. I am th the ZIP code									
right i askin court Monti Mailii (g that this Sett	Day Email a	eement be pre _, 20 Year ddress paper, you mus	sented to a judge for approval Respondent's signature* City	s Agreemen and filing wi State	t. I am th the ZIP code									

Rule 17.400—Form 429: Agreed Parenting Plan

Use this form if both parents agree to everything in the plan regarding child custody and visitation.

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

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

In the lowa District Court for County wh					here you are filing this Parenting Plan			
Up	Upon the Petition of				Equi	ty case no		
Pe	Petitioner Full name: first, middle, last					Agreed Parentin	g Plan	
an	d co	ncernin	g					
Re	spo	ondent	Full name: first, middle,	last				
1.			on for the Court					
	B.	Childre	n List all children bo	rn to, adopte	ed by, c	or whos	e legal parents are Petitioner	and Respondent.
		Child	First, middle, & last initials	Present age	Gei M	nder F	School	Grade
		(1)						
		(2)						
		(3)						
		(4)						
		(5)						
		(6)						
		☐ Che	ck this box if you are a	ttaching a s	heet lis	sting ad	ditional children.	
	C.	Informa	ation about the chil	dren				
		Check a	ll that are true					
		(1)	The children listed in are Petitioner and R			hildren	born to, adopted by or wh	ose legal parents
		(2)					court case. If you check (2), d custody and visitation.	attach a copy of the

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.

	the main nome 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

			on permission , b, <i>or</i> c.
	a.		Visitation should not be allowed because:
	b.		Visitation should be supervised because:
	D.		Visitation should be supervised because.
			The supervisor for visitation should be
	C.	□ Che	Regular unsupervised visitation schedule as the parents agree: eck all that apply
		i. ii.	 □ Reasonable visitation as the parents agree. □ Mid-week visitation on these days: M Tu W Th F □ a.m. □ a.m. □ □ □ □ □ From □ p.m. to □ p.m.
		iii.	☐ Every weekend ☐ a.m. ☐ a.m. ☐ a.m. From at ☐ p.m. to at ☐ p.m. Day of week Time ☐ p.m.
		iv.	☐ Every other weekend ☐ a.m. ☐ a.m. ☐ a.m. From at ☐ p.m. to at ☐ p.m. Day of week Time ☐ Day of week Time ☐ p.m.
		V.	Other Describe
		vi.	Visitation will start on
E.	-	-	ical care plan
	Но	w Pe	both Petitioner and Respondent will have joint physical care etitioner and Respondent will make decisions about the children: For example, decisions of, medical care, religion, and other decisions parents make for their children.
	_		

(2)	Also use section F for holidays, school breaks, birthdays, and other issues.
(3)	How the children's expenses will be paid: For example, expenses such as clothes, activities, and school fees.
(4)	How Petitioner and Respondent will deal with major changes or disagreements about the children (including changes due to the children's age and development):
(5)	Other issues:

F. Other Custody and Visitation Considerations

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

(1) Detailed holiday schedule

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

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

(2)) Special rules for holidays Check one					
	a.		If a holiday falls on a Friday or a Monday, the parent with the holiday will have the whole weekend.			
	b.		If a holiday falls on a Monday or a Friday, the alternating weekend schedule in 2.D(2)c.iv. will continue. This means the parent who has the children on the holiday weekend may have the children two weekends in a row.			
	C.		The parents will cooperate and rearrange the alternate weekend schedule so that neither parent will have the children more weekends in a row without contact with the other parent.			
	d.		Other Explain			
(3)	Su	mm	er			
(-)		eck o				
	a.		Summer school vacation will be divided as Petitioner and Respondent agree.			
	b.		Petitioner and Respondent will each have one-half of the summer school vacation with alternate weekends to the other parent. The children will be returned to the parent with physical care at least one week before school starts. If a joint physical care arrangement exists, the parents will return to that joint physical care arrangement at least one week before school starts.			
	C.		The parent without physical care will have two weeks of uninterrupted summer visitation with the children and the parent with physical care will have two weeks of uninterrupted summer visitation with the children. During the rest of the summer the weekly visitation schedule should be followed.			
	d.		The joint physical care arrangement will continue unchanged.			
	e.		Other Explain			
(4) Winter school holiday Check one			•			
	a.		Winter school holidays will be divided as Petitioner and Respondent agree.			
	b.		Petitioner and Respondent will each have one-half of the winter school holiday and alternate the first and second half each year.			
	C.		Other Explain			

(5)		_	school break ill 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
(G)	Th	a ah	sildran's hirthdays
(0)		e cr eck o	nildren's birthdays
	a.		Petitioner and Respondent will have contact with the children on their birthdays as the parents may agree.
	b.		A child's birthday will be spent with the parent who has the child on that day.
	C.		Each child's birthday will be alternated from year to year between Petitioner and Respondent.
	d.		Petitioner and Respondent will each have no less than two hours of personal contact with the child on the child's birthday.
	e.		Other Explain
(7)			up and drop off ill that apply
	a.		The parents will agree about pick up and drop off for each visit.
	b.		The parent starting that parent's time with the children will pick up the children at the other parent's residence.
	C.		Only certain people can help the parents with transportation. If persons other than Petitioner and Respondent will help them provide transportation of the children, only the following persons are permitted to help:
	d.		Other arrangements for visitation For example, Petitioner and Respondent will meet
			at a location between their residences. Explain

(8)			rent without the children may contact the children by Il that apply
	a.		Calling the children
		Che	eck one
		İ.	☐ At reasonable hours
		ii.	□ a.m. □ a.m. □ a.m. □ p.m. to □ p.m.
		•••	
			Phone number ()
	b.		Emailing the children at this address: <i>Email where children can be contacted</i>
	C.		Other Explain
(9)	Ch	ang	es to the schedule
	Che	eck a	ll 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)		solv eck o	ring disagreements ne
	Bef	fore	going to court to resolve disagreements, Petitioner and Respondent will
	a.		Ask the following person to help them resolve disagreements:
			No.
			Name Relationship to parties Phone number
			Present street address City State ZIP code
	b.		Go to mediation. Do not check if mediation will not work because of domestic violence
		_	or an injunction.

3. Attorney Help

Check all that apply

A.	Petitioner						
	(1) An attorney did not help me prepare or fill in this paper.						
	(2) An attorney helped me	prepare or fill in this paper	r.				
	If you check (2), you mus	t fill in the following informa	tion:				
	Name of attorney or organize	ution, if any	Attorney's PIN	– Ask the at	torney		
	Business address of attorney	or organization	City	State	ZIP code		
	()	() Attorney's fax no optional	Attornev's email a	address – opt	ional		
		Tr. d	, who is a	n attorney,	helped me		
	Name of me	e <i>alator</i> liper, but did not represent l	me as a narty				
	prepare or hill in this pe	iper, but did not represent i	me as a party.				
B.	Respondent						
	(1) An attorney did not he	p me prepare or fill in this p	oaper.				
		prepare or fill in this paper of fill in the following informa					
	Name of attorney or organize	ution, 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 a	address – opt	ional		
	•	ediator aper, but did not represent i	, who is a		helped me		

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.

l,	pr's name	, cei	tify under penalty of perjur	y and pursuant to the
laws of the Sta		have read this	Agreed Parenting Plan, a	nd I agree with the Plan. I
		_, 20	Petitioner's signature*	
Month	Day	Year	Petitioner's signature*	
Mailing address			City	State ZIP code
, ,				
electronically, so	lectronically or in can the form after	signing it and i	Addition st handwrite your signature o hen file electronically.	al email address – if available n this form. If you are filing
* Whether filing eigelectronically, so	lectronically or in can the form after Oath and Sigi	paper, you mu. signing it and i	st handwrite your signature o hen file electronically.	n this form. If you are filing
* Whether filing enelectronically, so 3. Respondent's I,	lectronically or in can the form after Oath and Sigi	paper, you musigning it and in the nature, cel	st handwrite your signature of then file electronically. tify under penalty of perjur s Agreed Parenting Plan, a	n this form. If you are filing y and pursuant to the
* Whether filing enelectronically, so 3. Respondent's I,	lectronically or in can the form after Coath and Signal lent's name te of lowa that I Coadopt this Agre	paper, you mu. signing it and i nature, cei have read this eed Parenting	st handwrite your signature of then file electronically. tify under penalty of perjur s Agreed Parenting Plan, a	n this form. If you are filing y and pursuant to the nd I agree with the Plan. I
* Whether filing eigelectronically, so 3. Respondent's I,	lectronically or in can the form after S Oath and Signate lent's name te of lowa that I adopt this Agree Day	paper, you mu. signing it and i nature, cei have read this eed Parenting	st handwrite your signature of then file electronically. tify under penalty of perjur s Agreed Parenting Plan, a Plan.	n this form. If you are filing y and pursuant to the nd I agree with the Plan. 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 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.

In the Iowa District Co	ourt for _	Yazuatu zulaa		are filing this Par	vantina Dlau	_ County
Upon the Potition of		ounty whe	ere you	ure jung inis Fur	enung Fian	
Upon the Petition of			Equit	y case no		
				Proposed	l Parentii	ng Plan
Petitioner Full name: first, middle, lo	ast			<i>heck one</i> 1 Petitioner		
and concerning				Responder	t	
Respondent Full name: first, mid	ldle. last					
l am						
Check one						
A. Detitioner						
B. Respondent						
A. Children List all children	born to or a	I		ner and Responde	nt.	
		Gende		ner and Responde Schoo		Grade
A. Children List all children First, middle, & last	born to or a	Gende M	er			Grade
A. Children List all children First, middle, & last initials of each child	born to or a	Gende M	er F			Grade
First, middle, & last initials of each child	born to or a	Gende M	er F			Grade
A. Children List all children First, middle, & last initials of each child (1) (2)	born to or a	Gende M	er F			Grade
A. Children List all children First, middle, & last initials of each child (1) (2) (3)	born to or a	Gende M	er F			Grade
A. Children List all children First, middle, & last initials of each child (1) (2) (3) (4)	born to or a	Gende M	er F			Grade

C.	Specia	al concerns about the children
	Check a	ill that are true
	(1)	Breastfeeding infant
	(2)	Child with a disability
	(3)	Other Explain
D.		ation about the parents
	Check a	ill 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.	•	Il concerns about the parents
		ill that are true
	(1)	Petitioner has an alcohol or drug problem.
	(2)	Respondent has an alcohol or drug problem.
	(3)	Petitioner does not have a driver's license.
	(4)	Respondent does not have a driver's license.
	(5)	Petitioner's home environment is not suitable. Explain in 11
	(6)	Respondent's home environment is not suitable. Explain in 11
	(7)	Petitioner is in jail or a mental health institution. Explain in 11
	(8)	Respondent is in jail or a mental health institution. Explain in 11
	(9)	Petitioner is protected under a Domestic Abuse Protective Order. Explain in 11
	(10)	Respondent is protected under a Domestic Abuse Protective Order. Explain in 11
	(11)	Explain:

2. Plan

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

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

_	
В.	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 visitation schedule for the other parent to see the children.

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

ı, u	ic pe	ai crii	with the fourt physical care, aren step and section and complete section I histeria.
(1)		itatio e <i>ck o</i>	on for ne
	a.		Petitioner
	b.		Respondent
(2)		_	
(2)			on permission , b, <i>or</i> c.
	a.	Ш	Visitation should not be allowed because:
	b.	П	Visitation should be supervised because:
	D.	Ц	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:
		_	ck 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.
			Fromat p.m. toat p.m. **Day of week Time Day of week Time*
		٧.	Other Describe
		vi.	Visitation will start on
			Month Day Vaar

E. Joint physical care plan

 $\textit{Use} \to \textit{only if both Petitioner and Respondent will have joint physical care.}$

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

(1)	How Petitioner and Respondent will make decisions about the children: For example, decisions on school, medical care, religion, and other decisions parents make for their children.
(2)	How the children's time will be divided between Petitioner and Respondent: Also use section F for holidays, school breaks, birthdays, and other issues.
(3)	How the children's expenses will be paid: For example, expenses such as clothes, activities, and school fees.
(4)	How Petitioner and Respondent will deal with major changes or disagreements about the children (including changes due to the children's age and development):
(5)	Other issues:

F. Other Custody and Visitation Considerations

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

(1) Detailed holiday schedule

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

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

P = Petitioner R = Respondent

				- гени			Respon	
Holiday	Tim	е	Every P	year R	Even P	years R	Odd y P	years R
New Year's Eve	:	□a.m. □p.m.						
New Year's Day	:	□a.m. □p.m.						
Martin Luther King, Jr. Day	:	□a.m. □p.m.						
President's Day	:	□a.m. □p.m.						
Memorial Day	:	□a.m. □p.m.						
Independence Day July 4th	:	│						
Labor Day	:	□a.m. □p.m.						
Veterans' Day November 11th	:	│						
Thanksgiving Day	:	│						
Christmas Eve	:	□a.m. □p.m.						
Christmas Day	:-	│						
Mother's Day	:	□a.m. □p.m.						
Father's Day	::	□a.m. □p.m.						
Petitioner's Birthday	:	□a.m. □p.m.						
Respondent's Birthday	:	□a.m. □p.m.						
Halloween October 31st	:	□a.m. □p.m.						
Other: Describe	:	□a.m. □p.m.						
Other: Describe	:	□a.m. □p.m.						

(2)	Sp	ecial	rules for holidays Check one
	a.		If a holiday falls on a Friday or a Monday, the parent with the holiday will have the whole weekend.
	b.		If a holiday falls on a Monday or a Friday, the alternating weekend schedule in 2.D(2)c.iv will continue. This means the parent who has the children on the holiday weekend may have the children two weekends in a row.
	C.		Other Explain
(3)	Su	mme	er Check one
	a.		Summer school vacation will be divided as Petitioner and Respondent agree.
	b.		Petitioner and Respondent will each have one-half of the summer school vacation with alternate weekends to the other parent. The children will be returned to the parent with physical care at least one week before school starts.
	C.		The parent without physical care will have two weeks of uninterrupted summer visitation with the children and the parent with physical care will have two weeks of uninterrupted summer visitation with the children. During the rest of the summer the weekly visitation schedule should be followed.
	d.		Other Explain
(4)	Wi	nter	school holiday Check one
	a.		Winter school holidays will be divided as Petitioner and Respondent agree.
	b.		Petitioner and Respondent will each have one-half of the winter school holiday and alternate the first and second half each year.
	C.		Other Explain
(5)	Sp	ring	school break Check one
	a.		Spring school break will be divided as Petitioner and Respondent agree.
	b.		Spring school break will be alternated every other year between Petitioner and Respondent.
	C.		Petitioner and Respondent will each have one-half of each spring school break.
	d.		Other Explain

(6)	The	e chi	Idren's birthdays Check all that apply
	a.		Petitioner and Respondent will have contact with the children on their birthdays as the parents may agree.
	b.		A child's birthday will be spent with the parent who has the child on that day.
	C.		Each child's birthday will be alternated from year to year between Petitioner and Respondent.
	d.		Petitioner and Respondent will each have no less than two hours of personal contact with the child on the child's birthday.
	e.		Other Explain
(7)	Pi	ck u	p and drop off Check all that apply
	a.		The parents will agree about pick up and drop off for each visit.
	b.		The parent with visitation will pick up the children at the other parent's residence at the beginning of visitation and the parent with physical care will pick up the children at the end of visitation.
	C.		Only certain people can help the parents with transportation. If persons other than Petitioner and Respondent will help them provide transportation of the children, only the following people are permitted to help:
	d.		Other arrangements for visitation (for example, Petitioner and Respondent will meet at a location between their residences): <i>Explain</i>
(8)	The	-	rent without the children may contact the children by Check all that apply Calling the children
		Che	eck one
		İ.	At reasonable hours
		ii.	☐ a.m. ☐ a.m. ☐ a.m. ☐ p.m. to ☐ p.m.
			Phone number () Phone no. where children can be contacted
	b.		Emailing the children at this address: Email where children can be contacted
	C.		Other Explain

(9)		_	es to the schedule Il that apply			
	a.		The parties may agree to additional visitation	or changes to the sche	edule.	
	b.		If one parent fails to arrive at the appointed to	ime, then the other pare	ent will v	vait for at least
			minutes before cancelling the vi	sit.		
	C.		No changes allowed except by a court order			
	d.		Other Explain			
(10)	Re	solvi	ng disagreements			
(10)		eck o				
	Bef	fore	going to court to resolve disagreements, Pe	titioner and Responde	nt will	
	a.		Ask the following person to help them resolv	e disagreements:		
				_	,	,
			Name	Relationship to partie	s Phon	_) ne number
				• •		
			Present street address	City	State	ZIP code
	b.		Go to mediation. Do not check if mediation we or an injunction.	rill not work because of a	lomestic	violence

Attorney Help

Rule 17.400—Form 430: Proposed Parenting Plan, continued

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's PIN — Ask the Attorney's phone no. Attorney's fax no.—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
If you check B, you must fill in the following information: Name of attorney or organization, if any
Name of attorney or organization, if any Business address of attorney or organization City State Attorney's PIN – Ask the Attorney is PIN – Ask the Attorney's phone no. Attorney's fax no. – optional Attorney's email address – optional 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
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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,
I mailed or gave a copy of this Motion to the other party or the other party's attorney a address: Name of person to whom I delivered or mailed it Party's or attorney's mailing address City State ZIII Oath and Signature
I mailed or gave a copy of this Motion to the other party or the other party's attorney a address: Name of person to whom I delivered or mailed it Party's or attorney's mailing address City State ZIII Oath and Signature
Name of person to whom I delivered or mailed it Party's or attorney's mailing address City State ZII Oath and Signature
_
_
I,, certify under penalty of perjury and pursuar
Print your name
to the laws of the State of Iowa that I have read this Motion and that the information I provided in this Motion is true and correct. I ask the court to grant this Motion.
Signed on:
Month Day Year Your signature*
Mailing address City State ZIP code
Dhous worker Email address Additional email address it
Phone number Email address Additional email address - if ave
* 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.
* Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing
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Forms 431 to 500: Reserved

Rules 17.401 to 17.499 Reserved.