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

Forms for dissolution of marriage with no minor or dependent adult children

Form 101: Petition for Dissolution of Marriage with no Minor

or Dependent Adult Children

Petition Cover Sheet for a Dissolution of Marriage Form 102:

with no Minor or Dependent Adult Children

Confidential Information Form Form 103: Original Notice for Personal Service Form 104: Form 104a: Original Notice for Personal Service

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Directions for Service of Original Notice Form 106: Motion and Affidavit to Serve by Publication Form 107:

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Application and Affidavit to Defer Payment of Costs Form 109: Affidavit of Service of Original Notice and Petition Form 110: for Dissolution of Marriage

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with no Minor or Dependent Adult Children

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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 Form 128:

with no Minor or Dependent Adult Children

Forms FL-17.129 to 17.300: Reserved

Forms for modifying child support

Form FL-17.301: Application to Modify Child Support Only

Form FL-17.302: Application Coversheet for a Modification of Child

Support Only

Confidential Information Form Form FL-17.303: Form FL-17.304: Original Notice for Personal Service

Form FL-17.305: Acceptance of Service

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Forms FL-17.307 to 17.308: Reserved

Form FL-17.309: Application and Affidavit to Defer Payment of Costs

Forms FL-17.310 to 17.314: Reserved

Answer to Application to Modify Child Support Only Form FL-17.315:

Form FL-17.316: General Answer to Application to Modify Child

Support Only

Forms FL-17.317 to 17.321: Reserved

Form FL-17.322: Motion

Form FL-17.323: Response to a Motion

Form FL-17.324: Child Support Modification Financial Statement

Form FL-17.325: Affidavit of Mailing Notice

Notice of Intent to File Written Application for Form FL-17.326:

Default Decree

Request for Relief in an Application to Modify Child Form FL-17.327:

Support Only

Settlement Agreement for an Application to Modify Child Support Only Form FL-17.328:

CHAPTER 17 FORMS FOR SELF-REPRESENTED LITIGANTS

Rule 17:1: Use of forms; mandatory for self-represented litigants. An individual who is not represented by an attorney must use these forms. An attorney may use these forms but is not required to do so. Instructions on how to use the forms can be found at www.iowacourts.gov/Court Rules and Forms/Family Law Forms/ on the judicial branch website.

[Court Order May 16, 2007]

Rules 17:2 to **17:99:** Reserved.

Rule 17:100: Family law forms.

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.

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

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

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

In the	Iowa District Court for		transition and	County
In Re	the Marriage of:	County where you are fil	ing this Petition	
Your cu	rrent legal name	Your spouse 's cu	urrent legal name	
Upon	the Petition of			
		For clerk's use only		
Petitio	Oner Your full name: first, middle, last		Dissolution of Dependent A	Marriage with dult Children
and co	ncerning			
Resp	ondent Your spouse's full name: first, midd	dle, last		
1. Pe	rsonal Information Fill in all in I you fear for your safety, you may leave	formation that you know. If yo your street address, phone ni	ou have been assa umber, and email l	ulted by your spouse blank.
anc	rsonal Information Fill in all ingly you fear for your safety, you may leave Petitioner's (your) birth year and	your street address, phone ni	umber, and email l	ulted by your spouse blank.
anc	l you fear for your safety, you may leave	your street address, phone m present residence:	umber, and email l	ulted by your spouse blank.
anc	l you fear for your safety, you may leave Petitioner's (your) birth year and	your street address, phone m present residence: Birth	umber, and email l year	blank. ZIP code
and A.	Petitioner's (your) birth year and Petitioner's present street address	your street address, phone m present residence: Birth City Phone number	year State Email a	blank. ZIP code ddress
and A.	Petitioner's (your) birth year and Petitioner's present street address County	your street address, phone m present residence: Birth City Phone number	year State Email a	blank. ZIP code ddress

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

2. General Information About the Marriage and the Parties A. Date and location of the marriage Month City State B. Children Check all that are true (1) There are no children under the age of 18 who are children of both Petitioner and Respondent. (2) There are no children under the age of 18 who were adopted or born during this marriage. (3) There are no children 18 years of age or older who still need support. (4) Neither Petitioner nor Respondent is pregnant. C. Petitioner's residence You cannot get a divorce in Iowa if your spouse does not live in Iowa and you have lived in Iowa for less than one year, or if you came to live in Iowa just to get a divorce. If you have questions about this, talk to an attorney. (1) The only reason that Petitioner (you are Petitioner) is living in lowa 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." (2) Petitioner has lived in Iowa for the last _____ years and ____ months _ county. If you have always lived in Iowa, count the time since your birth. If you have been a resident of another state, count the time since you last moved to Iowa. D. Parties' residence Check each that is true (1) Petitioner has lived in Iowa for more than one year. (2) Respondent (your spouse) is a resident of Iowa. E. Condition of the marriage Check all that are true The marriage is broken and cannot be saved. (2) This is the only divorce case going on involving this marriage. If you did not check (2), explain in H. You should also talk to an attorney. (3) This Petition is being filed in good faith for the purpose of ending the marriage

(4) Counseling will not save the marriage. If counseling may save the marriage, do not check (4).

3.

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

F.	•	ndent's status		
	Check e	ach that is true		
	(1)	Respondent (your spouse) is in the mili	-	f 1
		If you check (1), note that there are special if your spouse is in the military. You should		m going Jorwara
	(2)	Respondent is in prison or jail at	of facility	in
_	ъ.		f facility	State
G.	Check o	tive or no contact order		
	(1)	There is neither a "protective order" nor Respondent (your spouse).	a "no contact order" between Pe	titioner (you) and
	(2) 🔿	There is a "protective order" or a "no co If you check (2), fill in the following inform		nd Respondent.
		a. County and state where the order came	e from:	
			County	State
		b. Court case number:		
Н.	Other i	information:		
Do	titione	r's Request		
		•		
Α.		ner asks the court to: Il that apply. The court will only consider ite	ems that are checked.	
		End the marriage of Petitioner (you) and		
	_	Fairly divide the property and the debts		
		Order that Respondent pay the court fe	•	
	_	Order that Respondent pay for Petitioner If you check (4), you must file form 122.		e is final.
	(5)	Order that Respondent pay spousal sup If you check (5), you must file form 122.	oport (alimony) to Petitioner.	
	(6)	Change Petitioner's last name to:	Name can only be changed to nam certificate or name used immediate to the marriage.	
		Print your former or birth name		
	(7)	Other request:		

 $Rule\ 17.100 - Form\ 101:\ Petition\ for\ Dissolution\ of\ Marriage\ with\ no\ Minor\ or\ Dependent\ Adult\ Children,\ continued\ Adult\ Children,\ continued\ Adult\ Children,\ continued\ Adult\ Children,\ continued\ C$

4.	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 fil	l in the following in	formation:					
	Name of attorney or organi	zation, if any	Attorney's P.I.N.	#-Ask the attorne	ey .			
	Business address of attorne	y or organization	City	State	ZIP code			
	()	()						
	() Attorney's phone number	Attorney's fa	x number – optional	Attorney's email	l address – optional			
_	Comice Instructions							
ο.	Service Instructions							
	If Petitioner is filing in paper Check one							
	_	amiliaa af daasuma	anto at the attorn	avia addraga liga	tad abaya, ar			
	A. Petitioner will accept s							
	B. Petitioner will accept se	rvice of docume	nts in this case at	the mailing addr	ess below.			
6.	Oath and Signature							
	_							
	l,Print your name	, hav	e read this Petition	on, and I certify i	under penalty			
	of perjury and pursuant to the	laws of the State	e of lowa that the	information I ha	ave provided			
	in this Petition is true and corr		o or rowa mar are	, mornigaem m	are provided			
		20						
	Signed on: Month Day	, 20 <u></u>	Your signature*					
	Mailing address	\overline{C}	ity	State	ZIP code			
	,							
	Phone number En	nail address	Ada	itional email addre	ss. if applicable			
	* Whether filing electronically or in paper the form after signing it and the		ite your signature on th	nis form. If you are fi	ling electronically,			
	scan the form after signing it and then	і јие егестопісану.						

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

Petitioner uses this form for paper filing only; do not file in electronic cases. For court use only Case number County where case is filed Petitioner Petitioner's first name Middle name Last name ZIP code Street address City State Phone number Email address Case name Petitioner's first name Middle name Last name VS. Respondent's first name Middle name Last name Nature of the Case: **EQUITY—Domestic Relations** Dissolution—no children (CD-DN)

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.

•••	the Iowa District Court	for	County where	your case is	filed Count
Jp	on the Petition of		Equity ca	ase no	
he .	titioner Full name: first, middle, l spouse who files the Petition for Dissolut		- Co	nfidentia	I Information Form
₹e	spondent Full name: first, mid other spouse	ldle, last	-		
1.	Petitioner's informatio	n			
			4		
	Full name: First, Middle, Last	\overline{B}	irth date	/	Social Security number
2.	Full name: First, Middle, Last Respondent's Information	_	irth date	/	Social Security number
2.		tion	irth date	/	Social Security number Social Security number
	Respondent's Information Full name: First, Middle, Last Signature of Provider of	tion	irth date	/	
	Respondent's Information Full name: First, Middle, Last Signature of Provider of Information provided by:	tion	irth date	/	

Important Notice:

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

Rule 17.100—Form 104: Original Notice for Personal Service

Petitioner must serve the Petition on Respondent within Failure to meet this deadline may result in the court dismis		Petition.	
Read the <i>Guide to Representing Yourself in an Iow</i> .	13 7 1	owa Indicial	Branch website
for additional important instructions.	a bivorce case on the i	owa sudiciai .	Dianen website
If filing electronically, Petitioner must con	nplete this form.		
If filing in paper, Petitioner must use form	104a.		
If you do not understand how to use this form, or if yo	u should use this form	talk to an at	torney.
In the Iowa District Court for			County
	County where Petiti	ion is filed	
Upon the Petition of	Original Not	ice for Pe	rsonal Service
Petitioner Full name: first, middle, last			
and concerning			
Respondent Full name: first, middle, last			
 To Respondent Named Above Petitioner (your spouse) has filed a divorce A copy of the Petition for Dissolution of Ma Petitioner asks for a divorce. Petitioner's contact information during the	divorce case:		ent.
Mailing address City		State	ZIP code
(
Phone number Email addi	ress	_	
Important instructions j	for Respondent on i	next page	
If you need assistance to participate in court due to a disability, contact thearing or speech impaired may call Relay lowa TTY (1-800-735-2942).			Persons who are

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

Instructions to Respondent

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

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

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

	nd the <u>Guide to Representing Yourself in an Iowa Dive</u> tortant instructions.	orce Case on the Ic	wa Judicial Branch websit	e for additional
	If filing electronically, Petitioner must use form	ı 104.		
	If filing in paper, Petitioner must use this form.			
If y	ou do not understand how to use this form, or if y	ou should use th	is form, talk to an attorn	еу.
In	the lowa District Court for			County
		County who	ere Petition is filed	
Up	oon the Petition of	Equity	case no	
·		Origi	nal Notice for Pei	sonal Service
Pe	titioner Full name: first, middle, last			
an	d concerning			
Re	espondent Full name: first, middle, last	 ,		
	Petitioner asks for a divorce. Petitioner's contact information during the order.		Petitioner's name	
	Mailing address City		State	ZIP code
	(
	Phone number Email addr	ess		
2.	Instructions to Respondent Name	ed Above		
	 You must file an Answer or a Motion with the this Original Notice. If you do not file an Answer or may enter a judgment against you g If you received Petition form 101, you may After you file your Answer or Motion, you m 	wer or Motion with iving Petitioner wh use Answer form	in 20 days after receiving nat he or she asked for in n 115 .	this Original Notice, the
(SE	EAL)	·		
		Clerk of Cour	t	
Access No.	portant Notice to Respondent	8		County Courthouse
	u should talk to an attorney at once to stect your interests.			, lowa
1-1-	,	City		ZIP code
hear	u need assistance to participate in court due to a disability, cor ing or speech impaired may call Relay lowa TTY (1-800-735-2 act information available at: http://www.iowacourts.gov/Adminis	942). Disability coor	dinators cannot provide lega	Persons who are ladvice. Disability coordinator

November 2013 Rule 17.100—Form 104a Page 1 of 1

[Court Order November 6, 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 so	on after Respondent signs it.		
Respondent must complete this section: Respondent's Acceptance of Service, If Respondent completes this Acceptance of Service, Resigning it. Petitioner will file it with the clerk of court.	espondent must return this form to	Petitioner s	soon after
l,	_ , am Respondent in this ca	se. I rec	eived a copy
of the Original Notice and the Petition for this I certify under penalty of perjury and pursuan information I have provided in this Acceptance	t to the laws of the State of I	owa that t	
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.

November 2013 Rule 17.100—Form 105 Page 1 of 1

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.

ouni	y where Petition is filed	Equity case number		
	lame and Location of Sho theck one and fill in the blanks	eriff or Other Process Serve	er	
Д	. Sheriff In county where R	espondent will be served County		
	Street address	City	State	ZIP code
В	Other process server			
	Name of other person servin	g the Notice		
	Street address	City	State	ZIP code
P	erson to be Served	(
Y	our spouse 's name	Phone number		
\overline{A}	ddress where your spouse can be s	erved City	State	ZIP code
P	erson Requesting Servic	ce ()		
Y	our name	Phone number		
\overline{Y}	our 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	
	After completion of service, the sheriff or other pro- requesting 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 lowa District Court for _	County where you	filed the Petition	County
Upon	the Petition of		e no.	
Petiti	Oner Full name: first, middle, last		otion and Affid erve by Publica	
and c	oncerning			
Resp	ondent Full name: first, middle, last			
	formation and Requests			
A.	Respondent's residence Check each that applies			
	(1) Respondent lives outside	de of Iowa.		
	(2) Respondent's residence	e and place of employment a	re unknown.	
B.	Respondent's last known res	sidence:		
	Street address	City	State	ZIP code
	County) Phone number	Email a	ddress
C.	Most recent date Responder	nt is known to have been a	t the address ab	ove:
		20		

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

D. Petitioner has taken these steps to find Respondent:	
E. Petitioner will publish notice in this newspaper:	
Name of newspaper	

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

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	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
3.	Attorney's phone number Attorney's fa	x number – optional	Attorney's email ac	idress – optiona
	I,, hav	e read this Motio	n and Affidavit, an	d I certify
	under penalty of perjury and pursuant to the la have provided in this Motion and Affidavit is tr		of lowa that the inf	ormation I
	Signed on: Month Day Year	Your signature*		
	Mailing address C	lity	State	ZIP code
	() Phone number	Ada	litional email address,	if applicable

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

Rule 17.100-Form 108: Original Notice by Publication

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

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

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

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

Newspaper: Publish only the information below this line.

In the Iowa District Coເ	rt for	County	where Petition is f	îled	County
Upon the Petition of		Equ			hulali a ati a ra
Petitioner Full name: first, mid and concerning	dle, last		Original Noti	се ву Р	ublication
Respondent Full name: first	, middle, last				
Information for Respoil Petitioner (your spouse) Petitioner's contact information	has filed a divo	orce lawsuit naming he divorce case:		nt.	
Petitioner's first name	Midd	le name	Last name		
Petitioner's present stre		- City		State	ZIP code
County		() Phone number		Email a	ddress
2. Respondent's deadlin You must file an Answer o		th the clerk of cou	ırt in the above c	ounty witl	nin 20 days after
Month Day	, Year				
3. Instructions to Respo You must file an Answer or a provided above. If you do n she asked for in the Petition.	a Motion with th	he clerk of court in			
You should talk to an attorney If you choose not to have an self-represented litigant inform	at once to protect	t you in this matter, go		Branch we	bsite for
f you need assistance to participate in col nearing or speech impaired may call Relay contact information available at: http://www	lowa TTY (1-800-7	35-2942). Disability cod	ordinators cannot prov		Persons who are vice. Disability coordinate

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.

ln	the	lowa District Court for	unty where your case is filed
			unty where your case is flied
U	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	aat:
		(1) 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) I 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 $\underline{\hspace{1cm}}$ people living in my house $\underline{\hspace{1cm}}$	ehold.
	D.	My household income is \$	per month.
		Put the total amount of all income and benefits bej	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 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.

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

2.	Attorney Help				
	Check one				
	A. An attorney did not help n				
	B. An attorney helped me pro				
	If you check B, you must fill in	ine jouowing ii	пјогтаноп:		
	Name of attorney or organizati	on, if any	Attorney's P.I.N.	# – Ask the attorn	ney
	Business address of attorney or	r organization	City	State	ZIP code
	() Attorney's phone number	. ()			
	Attorney's phone number	Attorney's fo	ax number – optional	Attorney's ema	il address – optional
3.	Certification of Service by M				
	Section 3 to be completed only if filing a This document, if filed electronically, w				c filing.
				•	20
	I, Print your name	, cer	my mat on <i>Month</i>		, 20 Year
	I mailed or gave a copy of this Applic			-	
	at this address:		·	·	
	Name of person to whom I delivered or	mailed it			
	Party's or attorney's mailing address	City	••		ZIP code
	rarty's or attorney's maiting address	Cu	y	state	ZIF Code
4.	Oath and Signature				
	I,	, have read t	his Application ar	nd Affida∨it, and	I certify under
	penalty of perjury and pursuant to				
	provided in this Application and Aff			iat tile illioittiati	Jii i iiave
	Signed on: Month Day	Year You	ır signature*		
	,		J		
	Mailing address	City	y	State	ZIP code
	()				
	Phone number Email	address	Add	ditional email addr	·ess – if available
	* Whether filing electronically or in paper,	vou must handwr	rite vour signature on i	his form. If you are	filing electronically.
	scan the form after signing it and then file		,	,	,g,,
_					
Nov	vember 2013	Rule 17.10	0—Form 109		Page 3 of 3

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.

	ırt for	County where	Petition is filed	Count
pon the Petition of		Equity	case no	
		_ Af	fidavit of Service	
etitioner Full name: first, midd	dle, last		Notice and Pe Dissolution of	
d concerning				
espondent Full name: first	t, middle, last	_		
Affidavit				
I,		, delivered	I a copy of the Ori	ginal Notice and
Name of person – Cann	ot be Petitioner, sheriff,	, or process server		
Petition for Dissolution	of Marriage for thi	is case to:		Check one
				O a.m.
Name of Respondent	on		, 20	at p.m.
Name of Respondent	Mon	th	Day Year	Time
by handing Responden	t copies of the att	ached papers		
Oath and Signature	on who gave the Petit	tion and Origina	l Notice to Responden	t.
To be completed by the pers				
To be completed by the pers		nave rea	a mis Amazvii or .	Service and Loerti
To be completed by the pers I,		, nave rea	d this Amazvit or .	Service, and I certi
l, Print your name				
l,	y and pursuant to	the laws of the	e State of Iowa tha	
I,	y and pursuant to	the laws of the	e State of lowa tha	
I,	y and pursuant to	the laws of the	e State of lowa tha	
I,	y and pursuant to	the laws of the	e State of Iowa tha	
I, Print your name under penalty of perjury have provided in this At Signed on: Month Mailing address	y and pursuant to	the laws of the is true and co	e State of Iowa thatrrect.	at the information I
I, Print your name under penalty of perjury have provided in this At Signed on: Month Mailing address	y and pursuant to ffidavit of Service , 20 Year Email address	the laws of the is true and co Your signature City	e State of Iowa that rrect. ** State of Iowa that rrect.	at the information I

[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
	ounty 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

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

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

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

A. Name		
First	Middle	Last
Protected Information Type	Complete Information (See Rules 16.602 and 16.604	
(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

Rule 17.100—Form 111: Protected Information Disclosure, continued

	3.	Inform	nation	provided	by:
--	----	--------	--------	----------	-----

		/S/			
Handwritten signature of party completing or attorney if filing in paper	this form		signature of par y if filing electro	ty completing this j nically	^c orm
Law firm, if applicable		-			
Mailing address	City		State	ZIP code	
() Phone number					
Email address		Additional en	nail address, if ap	pplicable	
Month Day Day Day	<u>Year</u>				

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).

the lowa District Court for	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 Dissolution of Marriage with no Minor or Dependent Adult Children
nd concerning Respondent Your full name: first, middle, last	
A. Petitioner's information Check one If paragraph 1A of the Petition (form 101) is not	t correct, check (2) and fill in the blanks.
 (1) Petitioner's (your spouse's) birth year (2) Petitioner's birth year and present res The correct information is: Birth year 	and present residence are correct in the Petition.
(2) Petitioner's birth year and present res	and present residence are correct in the Petition.
(2) Petitioner's birth year and present res The correct information is: Birth year Present street address	and present residence are correct in the Petition.

	Present street address		City		State	ZIP code			
		(_)		_				
	County	Pho	ne number		Email a	ddress			
G	eneral Information About th	ne Marri	age and t	he Parties					
A.	Date and location of the marria	ge							
	Check one								
	If paragraph 2A of the Petition (form 101) is not correct, check (2) and fill in the blanks.								
	(1) The date and location of the marriage are correct in the Petition.								
	(2) The date and location of the	he marriag	ge are not co	rrect in the Pe	etition.				
	The correct information is	s:							
	Month	Day,	Year	City		Stat			
В.	Children								
	Check all that are true								
	If you do not check one or more of these boxes, explain in 2I.								
	(1) There are no children und	er the age	of 18 who ar	e children of b	oth Petition	er and Respond			
	(2) There are no children und	ler the age	of 18 who w	ere adopted o	or born durir	ng this marriage			
	(3) There are no children 18 y	ears of ag	ge or older w	ho still need s	upport.				
	(4) Neither Petitioner nor Res	pondent is	s pregnant.						
	Petitioner's residence								
C.	(1) The only reason that Petitioner (your spouse) is living in lowa is just to get a divorce.								
C.	~		. ,		,				
C.	() True								
C.	True False If you do not live in	lowa, or i	f vou live in I	owa for reasor	ns other than	just to get a			
C.	True False If you do not live in divorce, check "Fa		f you live in I	owa for reasor	ns other than	just to get a			
C.	False If you do not live in	lse."		-		just to get a			
C.	False If you do not live in divorce, check "Fa	lse." 2C(2) of th	ne Petition (fo	orm 101), fill in	the blanks.				

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

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 lowa for more than one year.							
	If you did not check (1) or (2) , you should talk to an attorney.							
E.	Condition of the marriage Check all that are true							
	(1) The marriage is broken and cannot be saved.							
	(2) This is the only divorce case going on in involving this marriage. If you did not check (2), explain in 2I. You should also talk to an attorney.							
	(3) Petitioner did not file the Petition in good faith for the purpose of ending the marriage.							
	(4) Counseling will not save the marriage. If counseling may save the marriage, do not check (4).							
F.	Respondent's status							
	Check each that is true							
	(1) Respondent (you are Respondent) is in the military service.							
	If you check (1), note that there are special rules that may prevent this dissolution from going forward if you are in the military. You should talk to an attorney.							
	(2) Respondent is in prison or jail at in in Name of facility State							
	,							
	If you are in prison or jail, you may be entitled to a "guardian ad litem," a person, usually an attorney, appointed to protect the interests of a spouse in some cases.							
G.	Protective or no contact orders							
	Check one							
	(1) There is neither a "protective order" nor a "no contact order" between Respondent (you) and Petitioner (your spouse).							
	(2) There is a "protective order" or "no contact order" between Respondent and Petitioner. If you check (2), fill in the following information:							
	a. County and state where the order came from:							
	County State							
	b. Court case number:							
Н.	Respondent denies anything in the Petition that Respondent has not agreed is correct.							
I.	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.	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)	(1)					
	(2) Fairly divide the property and the debts of the parties.						
	(3) Order that Petitioner pay the court fees.						
	(4)	4) Order that Petitioner pay for Respondent's attorney's fees before the divorce is final If you check (4), you must file form 122.					
	(5)	Order that Petitioner pay spousal suppo If you check (5), you must file form 122.	rder that Petitioner pay spousal support (alimony) to Respondent. <i>you check</i> (5), <i>you must file form 122</i> .				
	(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					
В.	☐ Ot	her request:					

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

4.	Attorney Help Check one									
	A. C		did not h	oln ma nran	3ro or	fill in this pape				
	л. О В. О	_					١.			
	b. <u>С</u>	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			anization, if any	on, if any Attorney's		P.I.N. # – Ask the attorney			
		Business addr	ess of attor	ney or organiza	ation	City		State	ZIP code	
		()_ Attorney's pho	one numbei	() _ ev 's fax	x number – optional	Attorn	nev 's ema	til address – optional	
5	Servi	ce Instructi			-, -,	· · · · · · · · · · · · · · · · · · ·		,		
•		oondent is fili		er						
	A. Respondent will accept service of documents at the attorney's address listed above; or									
	\simeq	-				ents in this case	-			
	_							J		
6.	Section		ed only if f	îling in paper o	r if the	elivery other party is exec be served on regis			filing.	
	Ι,				, certi	fy that on			, 20	
		•								
	addres	_	copy of tr	iis Answer to	the o	ther party or th	e other p	oarty's a	ttorney at this	
	Name o	f person to who	m I deliver	ed or mailed it						
	Party's	or attorney's m	ailing addi	ress	City			State	ZIP code	
7.	Oath	and Signat	ure							
	Ι,				, have	e read this Ansv	wer, and	I certify	under penalty	
		your name	uant ta th	a laun of the	Ctat	a af lavva that th	a infarm	ation I I	hava pravidad	
		Answer is tru			State	e of lowa that th	ie iriioiri	auonn	nave provided	
				, 20						
	Signed	on: Month	Day	Year	Your	r signature*				
	Mailing	address			City			State	ZIP code	
	()								
	Phone r	number		Email address					ress – if available	
		ner filing electron he form after sign	ing it and th	hen file electronic	ally	ite your signature on	-	If you are	filing 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

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

U.	Protec	πıve	or no contact orders	
	Check o	ne		
	(1)		ere is neither a "protective order" nor a "no contact order" between Responde titioner (your spouse).	nt (you) and
	(2)		ere is a "protective order" or "no contact order" between Respondent and Peti ou check (2), fill in the following information:	tioner.
		a.	County and state where the order came from:	
			County	State
		b.	Court case number:	
Ε.	Respo	nde	nt denies anything in the Petition that is not admitted in this Answe	r.
F.	Other	info	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

	If you check B, you must	i jiu in ine jouowi	ng injormation:		
	Name of attorney or org	anization, if any	Attorney's	P.I.N. # -Ask the at	torney
	Business address of atto	rney or organizat	ion City	State	ZIP code
	()_ Attorney's phone numbe	r () v's fax number – opi	tional Attorney's	email address – optiona
4.	Service Instructions	r		•	
	If Respondent is filing in pa	per			
	Check one				
	A. Respondent will acc				
	B. Respondent will acce	ept service of d	ocuments in this	case at the mailir	ng address below.
5.	Certification of Service Section 5 to be completed only if This document, if filed electronic	filing in paper or	if the other party i		onic filing.
5.	Section 5 to be completed only if This document, if filed electronic	filing in paper or ally, will automat	if the other party i ically be served on	registered parties.	v
5.	Section 5 to be completed only if This document, if filed electronical, Print your name	filing in paper or ally, will automat ,	if the other party is ically be served on certify that on _ N	registered parties. Month	, 20
5.	Section 5 to be completed only if This document, if filed electronical, Print your name I mailed or gave a copy of t	filing in paper or ally, will automat ,	if the other party is ically be served on certify that on _ N	registered parties. Month	, 20
5.	Section 5 to be completed only if This document, if filed electronical, Print your name	filing in paper or ally, will automat ,	if the other party is ically be served on certify that on _ N	registered parties. Month	, 20
5.	Section 5 to be completed only if This document, if filed electronical, Print your name I mailed or gave a copy of t	filing in paper or ally, will automat , his Answer to	if the other party is ically be served on certify that on _ N	registered parties. Month	, 20
5.	Section 5 to be completed only if This document, if filed electronical, Print your name I mailed or gave a copy of taddress: Name of person to whom I delive.	filing in paper or ally, will automat , his Answer to t red or mailed it	if the other party in ically be served on certify that on the other party of the other pa	registered parties. Month	, 20
	Section 5 to be completed only if This document, if filed electronical, Print your name I mailed or gave a copy of taddress:	filing in paper or ally, will automat , his Answer to t red or mailed it	if the other party is ically be served on certify that on _ N	registered parties. Month or the other party	, 20
	Section 5 to be completed only if This document, if filed electronical, Print your name I mailed or gave a copy of taddress: Name of person to whom I delive Party's or attorney's mailing add Oath and Signature	filing in paper or ally, will automate, with automate, his Answer to the red or mailed it	if the other party is ically be served on certify that on the other party of City	Month or the other party	, 20 Day Year s attorney at this
	Section 5 to be completed only if This document, if filed electronical, Print your name I mailed or gave a copy of taddress: Name of person to whom I delived Party's or attorney's mailing add Oath and Signature I, Print your name	filing in paper or ally, will automate, with automate, his Answer to the red or mailed it all aress	if the other party is ically be served on certify that on the other party of the other pa	Month or the other party' State Answer, and I cer	, 20, 20
	Section 5 to be completed only if This document, if filed electronical, Print your name I mailed or gave a copy of traddress: Name of person to whom I delived Party's or attorney's mailing add Oath and Signature I, Print your name of perjury and pursuant to the	filing in paper or ally, will automate, will automate, his Answer to the red or mailed it alress	if the other party is ically be served on certify that on the other party of the other pa	Month or the other party' State Answer, and I cer	, 20, 20
	Section 5 to be completed only if This document, if filed electronical, Print your name I mailed or gave a copy of taddress: Name of person to whom I delived Party's or attorney's mailing add Oath and Signature I, Print your name	filing in paper or ally, will automate, will automate, his Answer to the red or mailed it alress	if the other party is ically be served on certify that on the other party of the other pa	Month or the other party' State Answer, and I cer	, 20, 20
	Section 5 to be completed only if This document, if filed electronical, Print your name I mailed or gave a copy of traddress: Name of person to whom I delived Party's or attorney's mailing add Oath and Signature I, Print your name of perjury and pursuant to the	filing in paper or ally, will automate, will automate, his Answer to be red or mailed it dress he laws of the brrect.	if the other party is ically be served on certify that on the other party of the other pa	Answer, and I center the information	, 20, 20
	Section 5 to be completed only if This document, if filed electronical, Print your name I mailed or gave a copy of taddress: Name of person to whom I delived Party's or attorney's mailing add Oath and Signature I, Print your name of perjury and pursuant to the in this Answer is true and completed to the control of	filing in paper or ally, will automate the second of the laws of the principle. The laws of the principle. The laws of the principle. The laws of the principle.	if the other party is ically be served on certify that on The other party of City have read this a State of lowa the	Answer, and I center the information	, 20, 20, s attorney at this a ZIP code tify under penalty I have provided

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] Form 117 to Form 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	!	_ Coun
Upon the Petition of	Equity case no.		
Petitioner Full name: first, middle, last	Motion in a D Marriage with Dependent A	no Minor o	r
and concerning			
Respondent Full name: first, middle, last	_		
A. O Petitioner B. O Respondent Request A. Lask the court to			
Check all that apply. If you check any box in A	A, you must tell the court why you ar	e making this requ	uest in B.
,	as been set for		20
Check all that apply. If you check any box in A (1) Change the hearing date that ha (2) Order counseling (conciliation).	s been set for Month		
Check all that apply. If you check any box in A (1) Change the hearing date that ha (2) Order counseling (conciliation). (3) Set a hearing date for a divorce	Seen set for Month Decree by default.		20
Check all that apply. If you check any box in A (1) Change the hearing date that ha (2) Order counseling (conciliation). (3) Set a hearing date for a divorce (4) Award me attorney's fees before	be been set for ${\mathit{Month}}$ Decree by default.	Day,	20
Check all that apply. If you check any box in A (1) Change the hearing date that ha (2) Order counseling (conciliation). (3) Set a hearing date for a divorce	Decree by default. The divorce is final. It is to me before the divorce is final.	Day,	20
Check all that apply. If you check any box in A (1) Change the hearing date that ha (2) Order counseling (conciliation). (3) Set a hearing date for a divorce (4) Award me attorney's fees before (5) Award spousal support (alimony	Decree by default. The divorce is final. It is to me before the divorce is final.	Day,	20

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

2.	Attorney Help				
	Check one	eu			
	A. An attorney did not help me prep				
	B. An attorney helped me prepare of If you check B, you must fill in the follow				
	Name of attorney or organization, if any	y Attorne	y 's P.I.N. # – Ask	the attor	ney
	Business address of attorney or organiz	cation City		State	ZIP code
	() (ney's fax number	optional Attor	ney's emo	til address – optiona
3.	. Certification of Service by Mailing				
٠.	Section 3 to be completed only if filing in paper of This document, if filed electronically, will autom	or if the other par			filing.
		-	-		. 20
	l,	_, corting that o	Month	\overline{Da}	, 20 <u></u> V Year
4.	Party's or attomey's mailing address Oath and Signature	City		State	ZIP code
₹.	l,	, have read th	is Motion, and I	certify u	nder penalty of
	Print your name				
	perjury and pursuant to the laws of the Sta Motion is true and correct.	ate of lowa that	the informatior	ո I have բ	orovided in this
	. 20				
	Signed on: Month Day Year	Your signatur	2*		
	Mailing address	City		State	ZIP code
	()				
	Phone number Email address		Additional	email add	ress – if available
	* Whether filing electronically or in paper, you must scan the form after signing it and then file electronic		nature on this form.	If you are	filing electronically,
Nο	ovember 2013 Rul	e 17.100—Form 12	2		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:	

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

3.	Attorney Help Check one							
		naro or fill in this nano	r					
	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 follo							
	Name of attorney or organization, if an	ny Attorney 's P.I.N. ‡	# – Ask the attorney	v				
	Business address of attorney or organiz	zation City	State	ZIP code				
	()	,						
	() (ney's fax number – optional	Attorney's ema	il address – optiona				
4.	Certification of Service by Mailing Section 4 to be completed only if filing in paper This document, if filed electronically, will autom	or if the other party is exe		filing.				
	I, Print your name	_, certify that on		, 20				
	Print your name I mailed or gave a copy of this Respons							
	Name of person to whom I delivered or mailed in Party's or attorney's mailing address	City	State	ZIP code				
5.	Oath and Signature	have read this Res	nonse and loer	tify under				
	Print your name	_, nave read this ites	porise, and reer	thy drider				
	penalty of perjury and pursuant to the law and that the information I have provided in Signed on: Month Day, Year	n it is true and correct.	that I have read t	his Response				
	Signed on: Month Day Year	Your signature*						
	Mailing address	- City	State	ZIP code				
	() Email address	4.	lditional email addi					
	* Whether filing electronically or in paper, you must scan the form after signing it and then file electron		uus jorm. 15 you are	µung etectronicatiy,				
Nov	vember 2013 Ru	le 17.100—Form 123		Page 3 of 3				

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.
- f 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.

ln t	he Iowa District Court for		County where	your case is filed	County	
	oon the Detition of					
VΙ	oon the Petition of		Equity ca	ase no		
Petitioner Full name: first, middle, last and concerning			_	Financial Affidavit for a Dissolution of Marriage with no Minor or Dependent Adult Children		
			De			
Re	espondent Full name: first, middle,	last	-			
Lar			'			
l ar	Π ck one					
	A. Petitioner					
	×					
	B. Respondent					
	I,		, state that thi	s is a true and comple	ete statement	
	Print your name of my assets, debts, ar	nd present	income as of th	e day of	. 20	
	of my assets, debts, ar	р. ссс		Day Month	Year	
1.	Assets Things you and your spot	use own.				
	A. Real estate					
	Attach additional sheets if neces	-	D. C.C.	1 . 1 . 1 (D. 4		
	*Owner (Whose name is on the	aeea?): P =				
	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					
			\$	\$	 \$	
			Ţ	to:	-	

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

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

B. Vehicles

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

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

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)		\$	\$	\$
(1)			to:	Ψ
(2)		\$	\$	\$
(2)		Ψ	to:	y
(2)		\$	\$	\$
(3)		Φ	to:	Φ

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:	y .
(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:	•
(2)		\$	\$	\$
(2)		Φ	to:	Ψ
(3)		¢	\$	¢
(3)		\$	to:	\$

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

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

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.

 $*How\ of ten\ is\ income\ paid\ or\ deduction\ taken?$

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

Current income and deductions	In	come	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 Identify:		\$		\$	
(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	

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 <i>Identify:</i>		\$		\$
(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?: $W = Weekly \ B = Bi\text{-weekly (every other week)} \ M = Monthly$

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			\$

5.	Attorney Help Check one							
	A. An attorney did no	t help me prepa	are or	fill in this pa	aper.			
	B. O An attorney helped				•			
	If you check B, you m	ust fill in the follow	ving in	formation:				
	Name of attorney or o	rganization, if any		Attorney's I	P.I.N. #	– Ask the att	orney	
	Business address of at	torney or organiza	ition	City		State	— <u> </u>	ZIP code
	()_ Attorney's phone num	() _					
	Attorney's phone num	ber Attorne	ey's fao	x number – optie	onal	Attorney's e	mail a	ddress – optional
6.	Certification of Service	e by Mailing o	or De	elivery				
	Section 6 to be completed only		-		_	-	nic fili	ng.
	This document, if filed electron	ically, will automa	ıtically	be served on i	register	ed parties.		
	l,		, certi	fy that on _				, 20
	Print your name			M	lonth	L	Эау	Year
	Party's or attorney's mailing a	ddress	City			State	— <u>-</u>	ZIP code
7.	Oath and Signature							
	l,		, have	e read this F	inanci	ial Affida∨it,	, and	I certify
	Print your name							
	under penalty of perjury ar	-						ad this
	Financial Affidavit and that	the information	ınave	e provided in	i it is tr	ue and corr	ect.	
		, 20						
	Signed on: Month Day	, 20 	Your	r signature*				
	Mailing address		City			State	— <u>7</u>	ZIP code
	()							
	Phone number	Email address			Addit	ional email ad	ddress	– if available
	* Whether filing electronically or scan the form after signing it an			te your signatur	e on this	s form. If you d	ıre filin	ng electronically,

Rule 17.100—Form 125: Affidavit of Mailing Notice

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

In the Iowa District Court for	County where your case is filed
Upon the Petition of Petitioner Full name: first, middle, last and concerning	Equity case noAffidavit of Mailing Notice
 Attorney Help Check one A. An attorney did not help me prepare 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 attorney
Business address of attorney or organization	City State ZIP code

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

1,	nature , certify under pe	nalty of perjury and r	oursuant to
Print your name		, , , , , ,	
laws of the State of lowa that of	on the ${Day}$ day of ${Month}$, 20, I se	ent by ordin
mail with proper postage, the f	following paper or papers:		
Check one			
Original Notice and Petitio	on for Dissolution of Marriage,	or	
\simeq			
Notice of Intent to File a W	Vritten Application for Default	Decree	
to Respondent's last-known ac	ddress as follows:		
Respondent's street address	City	State	ZIP code
	20		
Signed on: Month Day	Year Petitioner's signa	ature*	
Signed on: Month Day	Year Petitioner's sign	ature*	
Signed on: Month Day Mailing address	Year Petitioner's signa City	ature* State	ZIP code
			ZIP code
Mailing address			

scan the form after signing it and then file electronically.

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

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

In the Iowa District Court		ounty where your case is filed	i	County
Upon the Petition of		Equity case no		
Petitioner Full name: first, middle, i	'ast	Notice of Inter Application fo		
and concerning				
Respondent Full name: first, mid	ldle, last			
To:				
To:	Middle name	Last name		_
Date of Notice:		20		
Month	Day,	Year		
	Important Notice	e to Respondent:		
	ou should seek le	egal advice at once.		
Handwritten signature of Petitioner if filing in paper	or attorney oi	r Electronic signature of if filing electronically	Petitioner of	r Attorney
The person who provided the signatu	are above must fill in	the information below.		
Present street address (If attorn	ey, firm address)	City	State	ZIP code
()			_	
Phone number	Email add	ress		
Instructions for Petitioner				
Filing your Notice elect	•			
EDMS will automatically softling requirements.	erve Respondent unle	ss Respondent is exempt from	n electronic	
Filing your Notice in pa	per (if you have rece	eived permission from the cou	rt to file in p	aper)
 Deliver a copy of this fo Complete form 125 and File the original of this f Keep a copy for your re- 	file the original at the form (126) at the clerk	clerk of court's office.		
November 2013	Pule 17 1	100—Form 126		Page 1 of 1

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.
 - [a] 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 where your ca	se is filed	County
Upon the Petition of	Equity case no	D	
Petitioner Full name: first, middle, last	of Marri	age with no	
and concerning	Depen	dent Adult (Children
Respondent Full name: first, middle, last	_		
 1. 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
(O) Decreased and a birth common and annot	esent residence:		
(2) Respondent's birth year and pre	Birth ye	rar	
Respondent's present street address		State	ZIP code

2.	Re	quest 1	for Relief
	A.	Childre	n 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.		down of marriage rriage is broken down and cannot be saved.
	C.	Counse Counse	eling ling 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.
			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.	Financi	al affidavits Check one
			I filed a Financial Affidavit (124). I certify that I have fully disclosed all income and the identity and value of all assets and debts.
		(2) 🔘	I am asking that the court not require me to file a Financial Affidavit. Explain
	F.	Division	n 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. <i>If you check</i> (1), <i>skip to</i> 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:

G.	Dίν	/isio	n of real estate				
			h parcel of real estate you own, provide t		owing information.		
	Atto	ach a	a separate sheet for each additional parce	el.			
	(1)		nership of real estate				
		Che	eck one				
		a.	We do not own any real estate.				
		b.	We own real estate located at: _		address		,
			· ·				
			in the City of		_, County of		, and
			State of	This I	and is described in the deed	as follows:	
	(2)	The	e real estate shall be:				
		Che	eck one				
		a.	Sold and the profit or debt divide	ed	% to Petitioner and _	%	
		b	to Respondent.	ما الم	une and mortages		
		b.	Awarded to Petitioner, subject to				
		C.	Awarded to Respondent, subjec	t to al	lliens and mortgages.		
		d.	Other Explain				
	(3)	Add	ditional real estate				
			Check this box if you are attaching sepa	arate si	heets for additional parcels of r	eal estate.	
Н.	Div	/isio	n of debts				
	Che	ck o	ne				
	(1)	\bigcirc	There are no debts.				
	(2)	\simeq	I have listed all the debts I know abo	out and	d ask that they be divided as	follows:	
	ν-/		Attach additional sheets if necessary.		,		
		a.	Petitioner will pay the following debts	s:			
		i.	Business or person to whom		ii. Account number, if	iii. Total an	nount

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 del	if you are attaching a se ots. will pay the following	-	eet listing additi	onal information	about
			person to whom		ii. Account i	number, if numbers only	iii. Total amount still owed
		(a)					\$
		(b)					\$
		(c)					\$
		(d)					\$
		(e)					\$
l.	l as	Respondent's d c. For any debt v sh payment sk that ck one	if you are attaching a selebts. we do not know about	, the spo	use who made	the debt will p	
	(2)	Petitioner pay and debts by	Respondent \$		to	-	livision of property
	(3)	Respondent pand debts by	Day Petitioner \$			equalize the d	livision of property
J.	Che	$\check{\mathbf{z}}$	imony) oner nor Responden oort (alimony) be paid			(alimony) to th	e other.

3.

K.	Name change Check one	
	I ask that my last name	
	•	
	(1) Not be changed.	No.
	(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.	Court fees	<i>V1</i>
	Check one	
	I ask that	
	(1) Petitioner will pay all court fees.	
	(2) Respondent will pay all court fees.	
	(3) Petitioner and Respondent shall each pay one-half of	the remaining court fees.
	(4) Petitioner and Respondent shall each pay one-half of	the total court fees.
Μ.	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	attorney's fees.
N.	Necessary documents	
	I ask that the court require each of us to sign and deliver to ea 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	
St	atements of understanding and fact	
	eck all that apply	
A.	$\hfill \square$ I have made a full disclosure of my property and deb	ts to the court.
B.	☐ This request for relief addresses all issues in my divo	orce.
C.	☐ I want the court to approve this request for relief and	make it part of the final Decree.
		,
	Continued on next page	

4.	Attorney Help				
	Check one				
	A. An attorney did not help me				
	B. An attorney helped me prep If you check B, you must fill in the				
	Name of attorney or organization	, if any	Attorney's P.I.N. #	+ – Ask the attorne	v
	Business address of attorney or o	rganization	City	State	ZIP code
	() Attorney's phone number	()_			
	Attorney's phone number	Attorney's fax	c number – optional	Attorney's email	address – optional
•	Section 5 to be completed only if filing in This document, if filed electronically will determine the section 5 to be completed only if filing in This document, if filed electronically will determine the section of t	paper or if the automatically	other party is exem be served on register	red parties.	
	l,	, certi	ry that on <i>Month</i>	\overline{Dav}	, 20 <u></u>
	I mailed or gave a copy of this Req			•	
	Name of person to whom I delivered or made and the state of person to whom I delivered or made and the state of person to whom I delivered or made and the state of person to whom I delivered or made and the state of person to whom I delivered or made and the state of person to whom I delivered or made and the state of person to whom I delivered or made and the state of person to whom I delivered or made and the state of person to whom I delivered or made and the state of person to whom I delivered or made and the state of person to whom I delivered or made and the state of person to whom I delivered or made and the state of person to whom I delivered or made and the state of person to whom I delivered or made and the state of person to whom I delivered or made and the state of person to whom I delivered or made and the state of person to be a state of person	niled it City		State	ZIP code
6.	Oath and Signature	City		State	ZII Code
		borre	road this Beauc	ot and loomific	under nenelti
	I,	, nave	read this Reque	st, and reening	under penalty
	of perjury and pursuant to the laws in this Request is true and correct.			information I ha	ve provided
	Signed on: Month Day	Year	Your signature*		
	Mailing address	Ci	ty	State	ZIP code
	()				
	Phone number Email ac	ldress	Addi	tional email addres	s, if applicable
	* Whether filing electronically or in paper, you scan the form after signing it and then file el		te your signature on th	is form. If you are fil	ing electronically,
<u></u>		Dula 47 400	F 427		Dr 0 - 10

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	agree to the following:
A.	Children Check all that are true
	(1) There are no children under the age of 18 who are children of both Petitioner and Respondent.
	(2) There are no children under the age of 18 who were adopted or born during this marriage.
	(3) There are no children 18 years of age or older who still need support.
	(4) Neither Petitioner nor Respondent is pregnant.
B.	Breakdown of marriage
	The marriage is broken down and cannot be saved.
C.	Counseling
_	Counseling will not save the marriage.
D.	Waiting period before decree Check one
	(1) More than 90 days have passed since Respondent was served with an Original Notice.
	(2) Fewer than 90 days have passed since Respondent was served with an Original Notice, but we want the court to take action right away without a separate hearing. We have no children affected by this action. Neither Petitioner nor Respondent is pregnant. This paper explains how we would like to settle all issues in our divorce.
E.	Financial affidavits Check one
	(1) Petitioner or Respondent has filed a Financial Affidavit (124).
	If you check (1), check a and/or b.
	 a. Petitioner has filed a Financial Affidavit. Petitioner certifies that Petitioner has fully disclosed all income and the identity and value of all assets and debts.
	b. Respondent has filed a Financial Affidavit. Respondent certifies that Respondent
	has fully disclosed all income and the identity and value of all assets and debts.
	(2) We are asking that the court not require us to file Financial Affidavits because: Explain
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:

	b.	Respondent will get the following	g as Respondent's separate personal property:	
		n of real estate		
		h parcel of real estate you own, provi eseparate sheet for each additional p		
		nership of real estate		
()		ck one		
	а.	O We do not own any real esta	ate. If you check a, skip to H.	
	b.	We own real estate located a	at:	
			Street address	
		in the City of	, County of	, and
		State of	This land is described in the deed as follows:	
		State of	This land is described in the deed as follows:	
(2)		e real estate shall be:		
(2)		ck one Sold and the profit or debt di	vided% to Petitioner and%	
(2)	Che	ck one		
(2)	Che a. b.	Sold and the profit or debt dito Respondent.Awarded to Petitioner, subjection	ct to all liens and mortgages.	
(2)	Che a.	 Sold and the profit or debt dito Respondent. Awarded to Petitioner, subject Awarded to Respondent, subject 	ct to all liens and mortgages.	
(2)	Che a. b.	 Sold and the profit or debt dito Respondent. Awarded to Petitioner, subject Awarded to Respondent, subject 	ct to all liens and mortgages.	
(2)	Che a. b. c.	 Sold and the profit or debt dito Respondent. Awarded to Petitioner, subject Awarded to Respondent, subject 	ct to all liens and mortgages.	
.,	Che a. b. c. d.	 Sold and the profit or debt dito Respondent. Awarded to Petitioner, subject Awarded to Respondent, subject 	ct to all liens and mortgages.	
.,	che a. b. c. d.	Sold and the profit or debt dito Respondent. Awarded to Petitioner, subject Awarded to Respondent, subject Other Explain	ct to all liens and mortgages.	
(3)	che a. b. c. d.	Sold and the profit or debt dito Respondent. Awarded to Petitioner, subject of the Respondent, subject of the Respondent, subject of the Respondent, subject of the Respondent, subject of the Respondent of the	ct to all liens and mortgages. bject to all liens and mortgages.	
(3)	che a. b. c. d.	Sold and the profit or debt dito Respondent. Awarded to Petitioner, subject of Awarded to Respondent, subject of the Explain ditional real estate Check this box if you are attaching the control of the Image of of th	ct to all liens and mortgages. bject to all liens and mortgages.	
(3) I. Div Che	che a. b. c. d. Addo	Sold and the profit or debt dito Respondent. Awarded to Petitioner, subject Awarded to Respondent, subject Awarded to Respondent Awarded	ct to all liens and mortgages. bject to all liens and mortgages.	
(3)	Che a. b. c. d. Addo	Sold and the profit or debt dito Respondent. Awarded to Petitioner, subject of Awarded to Respondent, subject of the Explain	ct to all liens and mortgages. bject to all liens and mortgages.	Illows:

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:

Month

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

Check one

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

J.	I. Spousal support (alimony) Check one				
	Ne ask that:				
	(1) Neither Petitioner nor Respondent pay sp	oueal support (alimony) to the other			
	(2) Petitioner pay spousal support (alimony)	to Respondent as follows.			
	(3) Respondent pay spousal support (alimon	y) to Petitioner as follows:			
k	Name change				
IX.	Check one				
	We ask that				
	(1) Petitioner's name				
	a. Not be changed.				
	b. Be changed to:	Name can only be changed to			
		name on birth certificate or name used immediately prior to the marriage.			
	Print Petitioner's former or birth name	_ 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			
	Print Respondent's former or birth name	immediately prior to the marriage.			
L.	Court fees				
	Check one				
	(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.			
	We ask that (1) Petitioner will pay all court fees. (2) Respondent will pay all court fees. (3) Petitioner and Respondent shall each pay				

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

M.	Attorney's fees	
	(1) Petitioner's attorney's fees	
	Check one	
	 a. Petitioner has no attorney's fees. 	
	b. O Petitioner will pay Petitioner's attorney's fees	S.
	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 Respondent's attorney's	s fees.
	c. Petitioner will pay \$	for Respondent's attorney's fees.
N.	Necessary documents	
	We will sign and promptly deliver to each other any pape Settlement Agreement.	rs 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 h	elp me prepare or	fill in this paper.		
		(2) An attorney helped n				
		If you check (2), you m				
		Name of attorney or organi	zation, if any	Attorney's P.I.N.	#-Ask the attorn	ney
		Business address of attorne	y or organization	City	State	ZIP code
		()	(c number – optional	Attorna on 'a one o	il address – optional
	R	Respondent	Allorney s jax	t number – opnonai	Allorney's ema	ti auaress – optionai
	υ.	(1) An attorney did not h	eln me prepare or	fill in this paper		
		\simeq				
		(2) An attorney helped n If you check (2), you m				
		Name of attorney or organi	zation, if any	Attorney's P.I.N.	#-Ask the attorn	ney
		Business address of attorne	y or organization	City	State	ZIP code
		()	(
		Attorney's phone number	Attorney's fax	c number – optional	Attorney's ema	il address – optional
4.		aths and Signatures				
	pro	is Settlement Agreement addres operty and debts to each other.				
		al Decree.				
	Α.	Petitioner's Oath and Signatu	ıre			
		Print your name	, certify	under penalty of pe	rjury and pursuan	t to the
		laws of the State of Iowa that I h	ave read this Settler	ment Agreement and	l it accurately stat	es how I would
		like the court to address the issu	•	-		•
		Agreement. I am voluntarily sign presented to a judge for approve		_	is Settlement Agre	eement be
		processes to a juage for approve	20			
		Month Day		Petitioner's signa	ture*	
		·		Ü		
		Mailing address	City		State	ZIP code
		()				
		Phone number	Email address	Ac	dditional email ad	ldress – if available
		* Whether filing electronically or i electronically, scan the form afte			on this form. If you	are filing
				l on next page		

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

^{*} 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.

(County wne	re the current child support is o	rdered)	
B. Upon the Petition of		Equity case n	num ber:
		Application to Child Suppo	rt Only
PETITIONER (As it is in the original case)	(C	LERK STAM.	PS HERE)
s			
ESPONDENT (As it is in the original case)			
Stop! You must file this form in the same entered. If you cannot file it in the same co	-	nt child sup	port order
C. Personal Information			
Applicant's (your) name, year of birth and pre	sent residence:		
(Full name)	(Year of	birth)	
(Present street address)	(City)	(State)	(ZIP Code
	()_		
(County)	(Phone r	iumber)	
Other parent's name, year of birth, and presen	it residence:		
		birth)	
(Full name)	(Year of		
(Full name) (Present street address)	(Year of (City)	(State)	(ZIP Code
, ,		(State)	(ZIP Code
, ,		, ,	(ZIP Code
(Present street address) (County) If someone other than a parent gets child sup	(City) (number)	
(Present street address) (County) If someone other than a parent gets child sup	(City) (number) person's nar	(ZIP Code
(Present street address) (County) If someone other than a parent gets child supporth, and present address:	(City) (Phone report in this case, write the	number) person's nar	
(Present street address) (County) 3. If someone other than a parent gets child support birth, and present address: (Full name)	(City) (Phone report in this case, write the	number) person's nar birth) (State)	ne, year of

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D. GENERAL INFORMATION A	BOUT THIS CASE		
4. Information about the current cl	nild support order:		
a. Date entered: ${(Month)} / {(Day)}$	_/		
b. County and state where the		1:	
c. Case number on the curren			
d. (Name)			
(Name)		receives child su	ipport in this case.
e. The current child support p	ayment is: \$	per(Week or month)	·
5. (Check if true.) A copy of the	he current child support	order is attached.	
6. (Check all that are true.)			
☐ The Child Support Recover	ery Unit (CSRU) is invo	olved in this case.	
☐ The Collection Services C	Center (CSC) is involved	I. The CSC number is:	
7. (Check if true.)			
There are other child sup (If you check this box, write	•		this case. They are
Case #	County & Star	te	·
Case #	County & Star	te	
8. The following children are cov	ered by the current child	1 support order:	
First, middle & last initials of each child Y	•	First, middle & last initials of each child	Year of birth
(1)		(5)	
(2)		(6)	
(3)		(7)	
(4)		(8)	
Note: If you need more lines to lis	t the children, attach a s	eparate sheet and check	this box:
► Stop! If there is a court ord		•	ge custody, you
cannot use this form. Talk to an	ı attorney if you need t	to change custody	

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

15. Other information:		
E. REQUEST OF THE APPLICANT (You are	the Applicant)	
16. Applicant asks the court to: (Check all the		
 a. Raise the current child support pay b. Lower the current child support pa 		
c. End the current child support payn		4
 d. Set child support for the parent wh e. Change who gets the tax deduction 		
f. Change who pays for health care e		children.
g. Order that the other party pay the character of the other party pay my and the other pay my and the ot		
i. Other request:		
F. ATTORNEY HELP		
	me prepare or fill in this	s paper.
b. An attorney helped me p	prepare or fill in this pape	er.
(If you check b., you must f	iii in the following informa	tion.)
(Name of attorney or organization, if any)	(Attorney's P.I.N	V. # – Ask the attorney)
(Business address of attorney or organization)	(City)	(State) (ZIP Code)
()(Attorney's phone number – Required)	()	
	(Allorney S Jax r	number, if there is one)
G. OATH AND SIGNATURE		
I,		nalty of perjury and pursuant to
the laws of the state of Iowa that the informat correct.	ion I have provided in th	us Application is true and
(Your signature – Required)	
(Your mailing address – Required)		(State, ZIP Code – Required)
(E-mail address – Optional)) x number– Optional)
•		
NOTICE TO APPLICANT: You must serve this for If the Child Support Recovery Unit (CSRU) is involved.	lved in this case (see item 6,	
forms on the CSRU. See the instructions for forms		
Form F	L-17.301, page 4 of 4	

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

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

Check one	in	this	column	

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

*NOTE TO APPLICANT:

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

FL-17.303 CONFIDENTIAL INFORMATION FORM

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

FL-17.303 CONFIDENTIAL INFORMATION FORM

Employer:						
Employer's Address:						
Street Number	r	City	State	ZIP Code		
Employer's Telephone #:						
E. CHILDREN'S INFORMATION						
Fill in the name and other information	on for each child in ti	his case:				
1. Name:						
Last	First	Mida	łle			
Soc. Security #:		Birth Date:				
2 Name:						
2. Name:	First	Mida	lle			
Soc. Security #:		Birth Date:				
E v						
3. Name:	First	Mida	lle			
Soc. Security #:		Birth Date:				
_						
4. Name:	Firm	161	J1 _			
	First	Mida				
Soc. Security #:		Birth Date:				
5. Name:						
Last	First	Mida	l le			
Soc. Security #:						
If there are more than five children, attach a	ın additional sheet with t	his same information for th	ne others and	d check here: \square		
F. SIGNATURE						
The party or parties submit the above	ve information in co	mpliance with the Cor	urt's Orde	and with the		
knowledge the information will be us						
234, 252A, 252C, 252F, 252H, 252K, or 600B, as provided for in Section 598. The parties must						
promptly file with the Clerk of the District Court or the Child Support Recovery Unit an update of this						
information if their address or emplo	yment change.					
Information given by:						
	(Print your full name)					
(Your signature)			(Date)			

 $\frac{\text{IMPORTANT NOTICE}}{\text{CLERK OF DISTRICT COURT}} \text{DO } \frac{\text{NOT}}{\text{CLERK OF DISTRICT COURT}} \text{DO } \frac{\text{NOT}}{\text{CLERK OF DISTRICT COURT}}$

Form FL-17.303, page 2 of 2

FL-17.304 Original Notice For Personal Service	PRINT CLEARLY
A. IN THE DISTRICT COURT FOR	County, Iowa
(County where the Applicat	tion is filed)
B. UPON THE PETITION OF	Equity case number:
	Original Notice for Personal Service (CLERK STAMPS HERE)
PETITIONER (As it is in the Application)	
vs	
RESPONDENT (As it is in the Application)	
C. TO (Print name(s) clearly):	
 The Applicant (the other party) has filed a lawsuit asking A copy of the filed Application to Modify Child Support The Applicant is not represented by an attorney. 	
(Applicant's phone number)	(Applicant's fax number, if any)
 You must file an Answer or a Motion with the clerk of d within 20 days after you receive this Original Notice. If y FL-17.301 you may use Answer form FL-17.315. After you file your Answer or Motion, you must serve a parties. If you do not file an Answer or Motion within 20 days af may enter a judgment against you granting the Applicant If you need assistance to participate in court due to a disa 	you received Application form copy of it on the other party or fter receiving this Notice, the court t's requests in the Application.
district ADA coordinator at impaired, call Relay Iowa TTY at 1-800-735-2942.	If you are hearing
(seal) Clerk of Court or Design	gnee:
County Courthouse, in	, Iowa
IMPORTANT:	
YOU SHOULD TALK TO AN ATTORNEY AT ONCE TO PR	ROTECT YOUR INTERESTS.

FL-17.305 ACCEPTANCE OF SERVICE

A. In the District Court for		County, Iow
(6	County where the Applicati	on is filed)
B. UPON THE PETITION OF		Equity case number:
		Acceptance of Service (CLERK STAMPS HERE)
ETITIONER (As it is in the Application)		
s		
ESPONDENT (As it is in the Application)		
C. Acceptance of Service, Oath, an	JD CICNATUDE	
receitance of Service, Oath, and	DOMATORE	
formation I have provided is true and corr	rect.	
offormation I have provided is true and correction of the correcti		s signature – Required)
, 20		s signature – Required) (State) (ZIP Code)
(Date)	(Served Party'	(State) (ZIP Code)
, 20	(Served Party'. (City) (Fax number, if NOTICE what the Applicant	(State) (ZIP Code)
, 20	(Served Party'. (City) (Fax number, if NOTICE what the Applicant	(State) (ZIP Code)

FL-17.306 DIRECTIONS FOR SERVICE OF ORIGINAL NOTICE

PRINT CLEARLY

(County where Application is filed)	(Equity case number)
AME AND LOCATION OF SHERIFF OR	OTHER PROCESS SERVER (Check one and fill in b
RIFF:	☐ OTHER PROCESS SERVER:
County	(Name of other person serving the Notice)
(Address)	(Address)
(City, State, and ZIP Code)	(City, State, and ZIP Code)
ERSON TO BE SERVED:	D. PERSON REQUESTING SERVICE:
(Name of person being served)	(Name of person requesting service)
(Address)	(Address)
(City, State, and ZIP Code)	(City, State, and ZIP Code)
)	
(Phone number)	()(Phone number)
)	(Phone number)
(Phone number) PECIAL INSTRUCTIONS FOR SERVICE: COSTS OF SERVICE: (Check one.) Applicant will pay the Sheriff or	(Phone number) other process server.
(Phone number) SPECIAL INSTRUCTIONS FOR SERVICE: COSTS OF SERVICE: (Check one.) Applicant will pay the Sheriff or Deferred by court order:	(Phone number)
(Phone number) SPECIAL INSTRUCTIONS FOR SERVICE: COSTS OF SERVICE: (Check one.) Applicant will pay the Sheriff or Deferred by court order: AFTER COMPLETION OF SERVICE, NOT	(Phone number) other process server. (Clerk of Court: Sign only if deferred by court order)

FL-17.309 APPLICATION AND AFFIDAVIT TO DEFER PAYMENT OF COSTS PRINT CLEARLY A. IN THE DISTRICT COURT FOR COUNTY, IOWA (County where the Application is filed) B. UPON THE PETITION **Equity case number:** Application and Affidavit to **Defer Payment of Costs** (CLERK STAMPS HERE) **PETITIONER** (As it is in the Application) VS **RESPONDENT** (As it is in the Application) C. REQUEST My name is: _______(Print clearly.) **2.** (Check all that apply.) a. I am unable to pay the filing fee or service costs or other court costs. b. I ask the Court for permission to proceed without prepayment of costs and fees. c. I am filing this application and affidavit in good faith. I believe I am entitled to what I am asking for in this case. FINANCIAL INFORMATION 3. Number of people living in my household: ____ per month. 4. My household income is \$ (Put the amount of all income and benefits before deductions.) 5. List where your household income comes from (examples: employer or benefits such as unemployment, Title 19, FIP):

6. My household has the follow	ing monthly expenses:
a. Rent or mortgage	\$
b. Utilities	\$
c. Telephone	\$
d. Food	\$
e. Transportation	\$
7. I have \$	_ in cash, checking and savings.
E. ATTORNEY HELP	
	nelped me prepare or fill in this paper. (If you check b., you must fill ng information.) (Attorney's P.I.N. # – Ask the attorney)
(Business address of attorney or org	
()(Attorney's phone number – Require	d) (Attorney's fax number, if there is one)
F. OATH AND SIGNATURE	
I,	, certify that on, 20, (Year)
	(Month & day) (Year) n to the other party or the other party's attorney at this address:
(Name of person to whom I de	ivered or mailed it)
(Person's street address)	(City) (State) (ZIP Code)
	ary and pursuant to the laws of the state of Iowa that I have read have provided in it is true and correct.
(Your si	gnature – Required)
(Your mailing address – Required)	(City – Required) (State, ZIP Code – Required)
(E-mail address – Optional)	()(Fax number – Optional)
	Form FI 17 200 mag 2 of 2
	Form FL-17.309, page 2 of 2

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

FL-17.315 ANSWER TO APPLICATION TO MODIFY CHILD SUPPORT ONLY

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

Form FL-17.315, page 1 of 5

 Check only one. If you check the third box, fill in the There is no non-parent who gets child support The year of birth and present residence of the Application. The correct identifying information for the There is no non-parent who gets child support the Year of birth and present residence of the Application. 	ort in this case. the non-parent getting	
(Name)		ear of birth)
(Present street address)	(City)	(State) (ZIP Code)
(County)	()	(Phone number)
D. GENERAL INFORMATION ABOUT THIS CASE	 E	
a. (Check only one. If you check the second be The date of the current child support or	der is correct in the Ap	•
 The correct date of the current child sup b. (Check only one. If you check the second be The county and state of the current chil The correct county and state of the current 	ox, fill in the blanks.) d support order are con	rect in the Application.
County:		State:
c. (Check only one. If you check the second be The case number of the current child su The correct case number of the current	pport order is correct i	
d. (Check only one. If you check the second be		nild support.
☐ The correct information is that (name)_		pays child
support in this case and (name)		receives child support.
e. (Check only one. If you check the second be The Application correctly states the am	ount of child support of	
☐ The correct currently ordered child sup	port payment is: \$	per
 (Check only one.) a. A copy of the current child support order b. A copy of the current child support order 	er was attached to the	Application.
6. (Check only one. If you check the second box, f a. The Child Support Recovery Unit and/or to the child suppor	r the Collection Service	
The CSC number for payments is		

b. There are other	er child support cas	ses for the child or children involved in this case. They a
Case #	, Coı	unty and State
Case #	, Cοι	unty and State
 a. The Application order. b. The Applicat support orde current support order. first, middle & last ini. 	ion correctly identi ion does not correct. (Identify the child ort order: tials of each child	d box, fill in the blanks.) fies the children covered by the current child support ettly identify the children covered by the current child dren covered.) The following children are covered by the
(2)		
(3)		
(4)		
(5)		
(6)		additional child or children, check this box)
(6)(If you attach a sep a. (Check only one It is correct to paying support	arate sheet with and) hat there is a juventh has the child or chi	ile court order changing placement and that the person ildren.
a. (Check only one. It is correct to paying support There is no ju b. (Check only one. It is correct to paying support)	arate sheet with and hat there is a juventh has the child or characteristic court order hat one or more of	ile court order changing placement and that the person
a. (Check only one. It is correct the paying support There is no justice. It is correct the paying support There is no justice. It is correct the paying one. It is correct the paying one. It is correct the paying support There is no justice.	arate sheet with and hat there is a juventh has the child or chuvenile court order hat one or more of children live with the	ile court order changing placement and that the person ildren. that gives care of the child to the party paying support the children now live with the person paying support.
a. (Check only one. It is correct to paying support There is no jut. b. (Check only one. It is correct to None of the correct to There has better that the correct that the correct to the	hat there is a juventh has the child or chat one or more of children live with the chart one or more of children live with the chart one or more of children live with the chart one or more of children live with the chart one or more of chart one or more or more of chart one or more of chart one or more of chart one or more or more or more or m	ile court order changing placement and that the person ildren. that gives care of the child to the party paying support the children now live with the person paying support. he person who is ordered to pay support. the children no longer qualifies for support.

f.	My response to the other reason in the Application:
10.	Child support should: (Check all that apply. If you check more than one, explain on the blank lines.) a. Be raised
	b. Be lowered
	c. Be stopped
	d. Not be changed
11.	 (Check only one.) a. There is no court order at this time on tax deductions for the child or children. b. A court order currently says who gets the tax deduction for the child or children and it should stay the same. c. A court order currently says who gets the tax deduction for the child or children and it should be changed.
12.	 (Check only one.) a. There is no court order at this time on who pays for health care expenses for the child or children. b. A court order currently says who pays for health care expenses for the child or children and it should stay the same. c. A court order currently says who pays for health care expenses for the child or children and it should be changed.
13.	I am: (Check all that are true and fill in the blanks for the ones you check.) a. In the military service. (Give the location.)
	b. In prison or jail. (Give the location.)
14.	(Check if true, and fill in the blanks if you check the box.) There is a "protective order" or a "no contact order" between the other party and me. If this box is checked, write in the following information (Required):
	(County) (State) (Case number)
15.	Other:

E. REQUEST	
a. Dismiss the request for a change in class. Baise child support. Lower child support completely. Leave the dependant's deduction for f. Change the party who gets the dependent. Change the responsibility for health in h. Change the responsibility for health in h. Order that the other party pay the couj. Order that the other party pay my atter. Check all that apply.)	income tax unchanged. dant's deduction for income tax. surance expenses unchanged. nsurance expenses. urt fees.
	elp me prepare or fill in this paper. e prepare or fill in this paper. (If you check b., you must rmation.)
(Name of attorney or organization, if any)	(Attorney's P.I.N. # – Ask the attorney)
(Business address of attorney or organization)	(City) (State) (ZIP Code)
()(Attorney's phone number – Required)	()(Attorney's fax number, if there is one)
G. OATH AND SIGNATURE	
I,	, certify that on, 20, (Month & day) , (Year) , party or the other party's attorney at this address:
(Name of person to whom I delivered or mailed	d it)
(Person's street address)	(City) (State) (ZIP Code)
I also certify under penalty of perjury and pursua this form and that the information I have provide	ant to the laws of the state of Iowa that I have read ed in it is true and correct.
(Your signature - Requir	red)
(Your mailing address – Required)	(City – Required) (State, ZIP Code – Required)
(E-mail address – Optional)	(Fax number – Optional)
יי דיד ו	7.215 5 65

Form FL-17.315, page 5 of 5

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

PRINT CLEARLY

(County where Application is filed) B. UPON THE PETITION OF Equity case number: General Answer to Application to Modify Child Support Only (CLERK STAMPS HERE) VS RESPONDENT (As it is in the Application)	A. In the District Court for	County, Iowa
General Answer to Application to Modify Child Support Only (CLERK STAMPS HERE) STOP! If you are responding to an Application labeled Use form Luse form Lus		
to Modify Child Support Only (CLERK STAMPS HERE) RESPONDENT (As it is in the Application) STOP! If you are responding to an Application labeled [FL-17.30] \$\rightarrow\$ do not use this form. Use form [FL-17.31] C. ANSWER I admit that these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you think are true.) 2. I deny these paragraphs in the Application that you think are false.) 3. I do not know whether these paragraphs in the Application that you are not sure about.) 4. I deny anything in the Application that is not admitted in this Answer.	B. Upon the Petition Of	Equity case number:
RESPONDENT (As it is in the Application) STOP! If you are responding to an Application labeled FL-17.301 >> do not use this form. Use form FL-17.31S C. ANSWER 1. I admit that these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you think are true.) 2. I deny these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you think are false.) 3. I do not know whether these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you are not sure about.) 4. I deny anything in the Application that is not admitted in this Answer.		to Modify Child Support Only
RESPONDENT (As it is in the Application) STOP! If you are responding to an Application labeled FL-17.301 >> do not use this form. Use form FL-17.315 C. ANSWER I. I admit that these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you think are true.) 2. I deny these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you think are false.) 3. I do not know whether these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you are not sure about.) 4. I deny anything in the Application that is not admitted in this Answer.	PETITIONER (As it is in the Application)	(CLERK STAMPS HERE)
 ► STOP! If you are responding to an Application labeled FL-17.301 → do not use this form. Use form FL-17.315 C. ANSWER 1 I admit that these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you think are true.) 2 I deny these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you think are false.) 3 I do not know whether these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you are not sure about.) 4 I deny anything in the Application that is not admitted in this Answer. 	vs	
C. ANSWER 1. I admit that these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you think are true.) 2. I deny these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you think are false.) 3. I do not know whether these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you are not sure about.) 4. I deny anything in the Application that is not admitted in this Answer.	RESPONDENT (As it is in the Application)	
 I admit that these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you think are true.) I deny these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you think are false.) I do not know whether these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you are not sure about.) I deny anything in the Application that is not admitted in this Answer. 		labeled <mark>FL-17.301</mark> → do not use this form.
(List the numbers of the paragraphs in the Application that you think are true.) 2. I deny these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you think are false.) 3. I do not know whether these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you are not sure about.) 4. I deny anything in the Application that is not admitted in this Answer.		
 2. I deny these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you think are false.) 3. I do not know whether these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you are not sure about.) 4. I deny anything in the Application that is not admitted in this Answer. 	1. I admit that these paragraphs in the Application are tru	ue:
(List the numbers of the paragraphs in the Application that you think are false.) 3. I do not know whether these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you are not sure about.) 4. I deny anything in the Application that is not admitted in this Answer.	(List the numbers of the paragraphs in the Application that you th	ink are true.)
3. I do not know whether these paragraphs in the Application are true: (List the numbers of the paragraphs in the Application that you are not sure about.) 4. I deny anything in the Application that is not admitted in this Answer.	2. I deny these paragraphs in the Application are true:	
(List the numbers of the paragraphs in the Application that you are not sure about.) 4. I deny anything in the Application that is not admitted in this Answer.	(List the numbers of the paragraphs in the Application that you th	ink are false.)
4. I deny anything in the Application that is not admitted in this Answer.	3. I do not know whether these paragraphs in the Applica	ation are true:
	(List the numbers of the paragraphs in the Application that you a	re not sure about.)
5. Other information:	4. I deny anything in the Application that is not admitted	l in this Answer.
	5. Other information:	

D. Request	
ask the court to:	
E. ATTORNEY HELP	
	ne prepare or fill in this paper. spare or fill in this paper. (If you check b., you must file)
(Name of attorney or organization, if any)	(Attorney's P.I.N. # – Ask the attorney)
(Business address of attorney or organization)	(City) (State) (ZIP Code)
)(Attorney's phone number – Required)	(Attorney's fax number, if there is one)
(Attorney's phone number – Required)	(Attorney's fax number, if there is one)
F. OATH AND SIGNATURE	
	certify that on 20
,(Print your name)	
mailed or gave a copy of this form to the other	party or the other party's attorney at this address:
(Name of person to whom I delivered or maile	
(Person's street address)	(City) (State) (ZIP Code)
,	ant to the laws of the state of Iowa that I have read
his form and that the information I have provide	
(Your signature – Requi	ired)
(Your mailing address – Required)	(City – Required) (State, ZIP Code – Required)
	()
(E-mail address – Optional)	(Fax number – Optional)
Form FI	-17.316, page 2 of 2

[Court Order June 17, 2008] Forms FL-17.317 to 17.321: Reserved

FL-17.322 MOTION PRINT CLE	ARLY
A. IN THE DISTRICT COURT FOR	County, Iowa
(County where	the Application is filed)
B. UPON THE PETITION	Case Number:
	Motion (CLERK STAMPS HERE)
PETITIONER (As it is in the Application)	
vs.	
RESPONDENT (As it is in the Application)	
C. REQUEST	
1. My name is:	
b. Set a hearing date for a modification of	set for, 20 f child support.
3. I am making this request because:	
D. ATTORNEY HELP	
—	
	p me prepare or fill in this paper. (If you check b., you must nation.)
(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 fax number, if there is one)

(Print your name)	, certify	that on(Month & do	, 20
(Print your name) mailed or gave a copy of this form to	the other party or the		
maned of gave a copy of this form to	the other party of the	other party's attorne	y at tills address.
(Name of person to whom I delivere	ed or mailed it)		
(Person's street address)	(City)	(State)	(ZIP Code)
also certify under penalty of perjury and that the information I have			a that I have read
(Your signature – R	equired)		
		(C	
(Your mailing address – Required)	(City – Required)	(State, ZIP Code –	Required)
		()	
(E-mail address – Optional)		(Fax nu	mber – Optional)

FL-17.323 RESPONSE TO A MOTION

PRINT CLEARLY

A. In the District Court for		(County, Iowa
(County where y	ou're the Application is f	ìled)	
B. Upon the Petition of		Equity cas	e number:
		Response t	
PETITIONER (As it is in the Application)		(,
VS.			
RESPONDENT (As it is in the Application)			
C. RESPONSE TO THE MOTION			
1. My name is			
The other party filed a Motion on (date stamped	on Motion):		, 20
3. My response to the Motion: <i>(Check one; if you</i>	check "a.," write	(Month & day) your reason on t	he blank lines.)
a. I object to the request(s) in the Motion	because:	•	,
b. I do not object to the request(s) in the	Motion		
D. ATTORNEY HELP			
		.•	
(Check one.) a. An attorney did not help me b. An attorney helped me preprint the following information.)			b., you must fill
(Name of attorney or organization, if any)	(Attorney's P.	I.N. #-Ask the atto	erney)
(Business address of attorney or organization)	(City)	(State)	(ZIP Code)
()	_ ()_		
(Attorney's phone number – Required)	(Attorney's fa:	x number, if there is	one)

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certify that on _		
ther party or the other pa		
nailed it)		
(City)	(State)	(ZIP Code)
		wa that I have read
lequired)		
(City – Required)	(State,	ZIP Code – Required)
)	
(Fe	ax number –	Optional)
1	(City) arsuant to the laws of the evided in it is true and consequired) (City – Required)	(City) (State) arsuant to the laws of the state of Iouvided in it is true and correct. Sequired)

FL-17.324 CHILD SUPPORT MODIFICATION FINANCIAL STATEMENT

	PRINT	DEARLY		
A. In the District Coul	RT FOR			COUNTY, IOWA
	(Coun	ty where the Applicat	ion is filed)	,
B. Upon the Petition o				se number:
			Financia	rt Modification
PETITIONER (As it is in the As	(1pplication)		(CLERK SI	AMPS HERE)
vs				
RESPONDENT (As it is in the A	Application)			
I, (print your name)_complete statement of the re	quested information:	, state the	at the following	is a true and
C. My Income				
(Because this financial state your employer(s).) 1. Income from my employ a. Job / Title:	ment	lic record, you are b. Job / Title:	·	
Gross income: \$		Gross income: \$		per
Before taxes	(week or month)	Before taxes		(week or month)
Net income: \$	per(week or month)	Net income: \$ After taxes		per(week or month)
2. Other Income: \$	per(week or month)	Describe source o	f income:	
3. Income from Social Secu	urity Disability (SSD)	Benefits		
a. Total SSD benefits paid to (1) Amount paid for you		ty: \$	per month	
(2) Amount paid for you	r children's expenses:	\$	per month	

b. List the initials (first, middle, last) benefits:	and bir	rth year of	f the children	in your home	who receive SSD
Child's initials (first, middle, las	t)	Birth yea	r:		
(1)					
(2)					
(3)					
(4)					
(5)					
c. The following are my children who someone else:	receiv	ve Social S	Security Disa	bility benefits	but live with
Child's initials (first, middle, last):	Amour	nt of SSD b	enefit:	Name of person	n receiving payment:
(1)	\$		per month		
(2)	\$		permonth		
(3)	\$		per month		
(4)	\$		per month		
(5)	\$		per month		
e. Total SSD benefits paid to you because	•		spouse of the per month	e disabled pare	nt:
D. My Deductions					
4. Tax Status: a. I am currently married to the ob. I have custody of the child or o5. Number of exemptions: Yourself:	childre	n in this c	case. (Check o	☐ Yes one.) ☐ Yes	□ No □ No
6. Income tax withheld: Federal	:	\$		per	_
State:		\$		per	_
7. FICA (Social Security & Medicare)):	\$		per	_
8. Mandatory pension contribution:		\$		per	_
9. Union dues:		\$		per	_
10. Dependent health insurance prema	ium:			per	
					_

Actual medical support paid for the Paid to:		equired by c Amount:	ourt order:
	\$		per
	\$		per
	\$	<u>'</u>	per
2. Parent's medical expenses that have	ve not been paid by inst	ırance: \$	per
This includes individual health insurance γ insurance but the amount cannot excee		health care e	expenses that are no
3. Prior court-ordered child support of Paid to:		Amount:	
			per
		<u>'</u>	per
	\$ deduction ch child you are the leg	al parent of	per
4. Qualified additional dependent of List the name and birth year of each children covered by the child supposed in the child suppos	deduction ch child you are the leg port order involved in g Birth year:	al parent of	per
4. Qualified additional dependent of List the name and birth year of each children covered by the child supposed in the child suppos	deduction ch child you are the leg port order involved in g Birth year:	al parent of	per
4. Qualified additional dependent of List the name and birth year of each children covered by the child supposed in the child suppos	deduction ch child you are the leg port order involved in g Birth year:	al parent of	per
4. Qualified additional dependent of List the name and birth year of each children covered by the child supposed in the child suppos	deduction ch child you are the leg port order involved in g Birth year:	al parent of	per
Qualified additional dependent of List the name and birth year of each children covered by the child supposed in the child supposed	deduction ch child you are the leg port order involved in g Birth year:	al parent of	per
4. Qualified additional dependent of List the name and birth year of each children covered by the child supplied by the child supplied in the child suppli	deduction ch child you are the leg port order involved in g Birth year:	al parent of	per

E. My Assets			
17. (1) Bank Name:			
— ' '			Savings account: \$
			Savings account: \$
If you have additional bank acc	ounts, attach d	an additional page o	and check this box.
18. Real Estate (street addre.	cc).		
16. Real Estate (sireer adare)			
(City,	1	(State)	(ZIP Code)
Purchase Price: \$		Amount you	still owe: \$
If you own additional real estat	e attach an ac	dditional page and i	check this har
			_
19. Current value of: Stocks	: \$		Bonds: \$
20. Vehicles (cars, trucks, vo	ıns, motorcyc	eles, boats):	
a. Type:	Year:	Model:	Current value: \$
b. Type:	Year:	Model:	Current value: \$
c. Type:	Year:	Model:	Current value: \$
If you own additional vehicles,	attach an addi	itional page and ch	eck this box.
F. My Expenses			
(1) House payment or rent:	\$	per	_
(2) Utilities:	\$	per	_
(3) Meals or food:	\$	per	_
(4) Telephone:	\$	per	_
(5) Clothing:	\$	per	_
(6) Cable/satellite T.V.:	\$	per	_
(7) Medical/ Dental:	\$	per	_
(8) Car expenses:	\$	per	_
(9) Other expenses:	\$	per	_ Describe:
(10) Other expenses:	\$	per	_ Describe:
(11) Other expenses:	\$	per	_ Describe:

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G. My DEBTS (Regular po	ayments owed for borrowe	d money)		
(For example: credit cards, depo	artment stores, loan compa	nies, banks, auto loans)		
(1) Payable to:		(3) Payment Amoun		(4) Balance Due
(a)		_ \$	per	\$
(b)	_	\$	per	\$
(c)		_ \$	per	\$
(d)	_	_ \$	per	\$
(e)	<u> </u>	\$i	per	\$
If you have additional debts, o	attach an additional pag	e and check this box [
H. Current Spouse's I	NCOME (If you are not ex	unanthy manniad skin to	7)	
THE CURRENT STOUSE ST	NCOME (1) you are not ca	тешу татыча, зкір то	<u> </u>	
(1) Job / Title:		(2) Job / Title:		
Gross income: \$	per	Gross income: \$ _		per
Before taxes	(week or month)	Before taxes		(week or month)
Net income: \$	per	Net income: \$ After taxes		_ per
1,900, 00,000	(neen en menmy	1.5/60 00.005		(neen er menny
3) Other Income: \$	per]	Describe source of in	ncome:	
I. ATTORNEY HELP				
ATTORNET HELF				
	rney did not help me p rney helped me prepar owing information.)			o., you must fill in
(Name of attorney or orgo	anization, if any)	(Attorney's P.I.)	N. # – Ask the atte	orney)
(Business address of attorn	ney or organization)	(City)	(State)	(ZIP Code)
()		()		
(Attorney's phone number	– Required)	(Attorney's fax i	number, if there is	s one)
Continued on the next pag	ge			

J. OATH AND SIGNATURE			
I,	, certify that on		, 20
(Print your name)			
I mailed or gave a copy of this form to the oth	er party or the other par	ty s attorn	ey at this address.
(Name of person to whom I delivered or ma	iled it)		
(Person's street address)	(City)	(State)	(ZIP Code)
I also certify under penalty of perjury and pur	suant to the laws of the	state of Io	
I also certify under penalty of perjury and pur	suant to the laws of the sided in it is true and cor	state of Io	
I also certify under penalty of perjury and pur this form and that the information I have prov	suant to the laws of the sided in it is true and cor	state of Iovrect.	
I also certify under penalty of perjury and pur this form and that the information I have prov (Your signature – Required)	suant to the laws of the sided in it is true and cor	state of Iovrect.	wa that I have read

FL-17.325 AFFIDAVIT OF MAILING NOTICE

PRINT CLEARLY

A. In the District Court for	County, Iowa
(County v	where the Application is filed)
B. UPON THE PETITION OF	Equity case number:
	Affidavit of Mailing Notice (CLERK STAMPS HERE)
	(CLERK STAWI STIERE)
PETITIONER (As it is in the Application)	
VS	
RESPONDENT (As it is in the Application)	
C. ATTORNEY HELP	-
	me prepare or fill in this paper. repare or fill in this paper. (If you check b., you mu ation.)
(Name of attorney or organization, if any)	(Attorney's P.I.N. # – Ask the attorney)
(Business address of attorney or organization)	(City) (State) (ZIP Code)
(Attorney's phone number – required)	() (Attorney's fax number, if there is one)
D. OATH AND SIGNATURE	
, the undersigned, certify under penalty of perjury	and nursuant to the laws of the state of Iowa tha
	-
on the day of, 20 affixed, the following paper or papers (check each	, I sent by ordinary mail, with proper postag
☐ Notice of Intent to File a Written Applic	
Other document (describe):	0.11
o the other party at his or her last known address a	is follows:
Name:	
Address:	
City:	State: ZIP Code:
My signature:	
Notice to the Applicant: You <i>must</i> file this form at the final Decree for Modification of Child Support Only by	

	PRINT CLEARLY		
A. In the District Court for			COUNTY, IOWA
	(County where the Application	n is filed)	, 000, 11, 10, 11, 1
		T	
B. UPON THE PETITION OF		Equity ca	se number:
PETITIONER (As it is in the Application,)	Applic Defau	tent to File an ation for It Decree AMPS HERE)
/S			
RESPONDENT (As it is in the Application)			
C.			
(Other party's name: first,	middle, last)		_
DATE OF NOTICE:			
II	IPORTANT NOTICE		
YOU ARE IN DEFAULT BECAUSE YOU IN THIS CASE. UNLESS YO NOTICE, A DEFAULT DECREE OF AGAINST YOU WITHOUT A HE YOU SHOULD SEEK LEGAL ADV	OU ACT WITHIN <u>TEN DA</u> F CHILD SUPPORT MODI ARING, AND YOU MAY	YS FROM THE FICATION WILI	DATE OF THIS L BE ENTERED
	Signature		-
Street Address	City	State	ZIP Code
	Telephone Number	_	
Inst 1) Deliver a copy of this form to the othe 2) Complete an Affidavit of Mailing No office. 3) File the original of this form (FL-17.3)	tice (FL-17.325) and file the or	riginal at the distric	t court clerk's
4) Keep a copy of each form for your red			
	Form FL-17.326, page 1 of 1		

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

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(Year of birth)

(County)

Child support should be raised from \$	per month to \$ per m	nonth beginning
on the day of	, 20 for (list the children	and birth year)
First, middle & last initials of each child Year of birth	<u>First, middle & last</u> initials of each child	<u>Year of birth</u>
(1)	(5)	
(2)	(6)	
(3)	(7)	
(4)	(8)	
Child support should be <u>lowered</u> from \$	per month to \$ per	· month beginni
on the day of		_
First, middle & last	First, middle & last	
initials of each child Year of birth	initials of each child	
(1)	(5)	
(2)	(6)	
(3)	(7)	
	(7)	
(4) Check here if you want child support to	(8)	
(4)	(8)be higher or lower than the Child write the amount you want and e er month	Support
(4) Check here if you want child support to Guidelines amount. (If you check this, (1) Amount requested: \$ p	(8)be higher or lower than the Child write the amount you want and e er month	Support
Check here if you want child support to Guidelines amount. (If you check this, (1) Amount requested: \$ p (2) Why it should be different than the C	(8) be higher or lower than the Child write the amount you want and e er month Guidelines amount:	Support explain why.)
Check here if you want child support to Guidelines amount. (If you check this, (1) Amount requested: \$ p (2) Why it should be different than the C	(8) be higher or lower than the Child write the amount you want and e er month Guidelines amount:	Support explain why.)
Check here if you want child support to Guidelines amount. (If you check this, (1) Amount requested: \$ p (2) Why it should be different than the C	(8) be higher or lower than the Child write the amount you want and e er month Guidelines amount:	Support explain why.)
Check here if you want child support to Guidelines amount. (If you check this, (1) Amount requested: \$ p (2) Why it should be different than the C C Child support should be stopped beginn for (list the children and birth year): First, middle & last	be higher or lower than the Child write the amount you want and e er month Guidelines amount: ing on the day of	Support explain why.) , 20
Check here if you want child support to Guidelines amount. (If you check this, (1) Amount requested: \$ p (2) Why it should be different than the C Child support should be stopped beginn for (list the children and birth year): First, middle & last initials of each child Year of birth	be higher or lower than the Child write the amount you want and e er month Guidelines amount: ing on the day of	Support explain why.)
Check here if you want child support to Guidelines amount. (If you check this, (1) Amount requested: \$	be higher or lower than the Child write the amount you want and e er month Guidelines amount: ing on the day of First, middle & last initials of each child (5)	Support explain why.) , 20 Year of birth

5. Tax dep	endency deduction (C)	heck the one tha	t is true; if you check c fill in the blanks.)
bc	A court order currently children and it should sta	says who gets that the same.	ax dependency deduction. ne tax dependency deduction for the child or ne tax dependency deduction for the child or
	children and it should be		
	First, middle & last initials of each child	Year of birth	Parent who will now claim child for the tax deduction
	(1)		
	(2)		
	(3)		
	(4)		
	(6)		
If the	ere are more than six childre	en, attach an additi	onal sheet with this information – and check this box.
a.	A court order currently and it should stay the san A court order currently and it should be changed	at this time on v says who pays t me. says who pays t	who pays health care expenses. For health care expenses for the child or children for health care expenses for the child or children g:
	<u>First, middle & last</u> initials of each child	Year of birth	Parent who should now provide health insurance coverage
	(1)		
	(2)		
	(3)		
	(4)		
	(5)		
	(6)		
If the	ere are more than six childre	en, attach an additi	onal sheet with this information – and check this box.
(Fil	ll in the blanks.)		
	11 0/ 6/1	1 1	h a 14h a ana ayya ay a a
I sh	ould pay% of the	e out-of-pocket	nearm care expenses.
		_	
		_	e out-of-pocket health care expenses.

7. Court Fees (Check one.)			
a. All court fees should be paid by me.b. All court fees should be paid by the oth	ner parent.		
c. The other parent and I should pay one-		court fees.	
d. The other parent and I should pay one-	half of the total court	fees.	
8. Attorney's Fee. (Check one.)			
a. I have no attorney's fees			
b. I will pay my own attorney's fees			
c. I ask that the other parent pay me \$	for attorn	ney's fees.	
9. Necessary Documents. I ask that the court requany papers that may be needed to carry out t10. Other Request for Relief (Attach additional).	he terms of the order		to each other
11. Statements of Understanding and Fact (Che	eck all that apply.)		
a. I have made a full disclosure of my inc			
b. This request for relief addresses all issu	ues in the Application	n to Modify Cl	nild Support
Only. c. I want this Request for Relief to be approrder.	proved by the court an	nd made part o	of the final
E. ATTORNEY HELP			
(Check one.) a.	prepare or fill in this		check b., you must
(Name of attorney or organization, if any)	(Attorney's P.I.N	# – Ask the attor	rney)
(Business address of attorney or organization)	(City)	(State)	(ZIP Code)
()	()		
()(Attorney's phone number – Required)	(Attorney's fax m	ımber, if there is	one)
Form EL 17 22	7 maga 4 of 5		

,	, certify that on		, 20
,(Print your name)		(Month & day)	(Year
mailed or gave a copy of this form to all	other parties and attorneys	(list the names):	
also certify under penalty of perjury and he "Request for Relief" above and it accu ssues in the Application to Modify Child udge for approval and filing with the cou	rately states how I would I Support Only. I ask that the	ike the court to add	
	ct. - Required)		
		(State, ZIP Code	
(Your signature -	- Required) (City – Required)	_	

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

PRINT CLEARLY

In the District Court for(Counts	where the Application was fi		OUNTY, IOW
(County	where the Application was fil	ecu)	
. Upon the Petition of		Equity case nu	mber:
		tlement Agreen Application to Child Support	Modify Only
TITIONER (As it is in the application)		(CLLINK SIZIMI E	TILICE)
ESPONDENT (As it is in the application)			
PERSONAL INFORMATION			
Mother:			
(N	lame)		
(Present street address)	(City)	(State)	(ZIP Code,
(County)	(Year of birth,)	_
	(Tear of virin,	,	
Father:	(Name)		
(Present street address)	(City)	(State)	(ZIP Code,
(County)	(Year of birth,)	_
Person other than a parent who is received	ving child support in this	case:	
(Name)			
(Present street address)	(City)	(State)	(ZIP Code,
	(Year of birth,		

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Child support should be	raised from \$	per month to \$	per mo	nth beginning
on the day of		_, 20 for (list the	children a	nd birth year):
First, middle & last initials of each child	Year of birth	<u>First, middl</u> <u>initials of ea</u>	e & last uch child	Year of birth
(1)		(5)		
(2)		(6)		
(3)		(7)		
(4)		(8)		
Child support should be	lowered from \$_	per month to \$_	per n	month beginning
on the day of		_, 20 for (list the	children a	nd birth year):
<u>First, middle & last initials of each child</u>	•	•	ich child	<u>Year of birth</u>
(1)		(5)		
(2)		(6)		
\-/		(6)		
(3)		(7)		
(3)(4) Check here if you want	child support to l	(7) (8) be higher or lower than	the Child	Support
(3)(4)	child support to ly you check this, w	(7) (8) oe higher or lower than write the amount you we onth	the Child	Support plain why.)
(3)(4) Check here if you want Guidelines amount. (If (1) Amount requested: \$(2) Why it should be differed. Child support should be	child support to be a child support to be a check this, we have per ment than the Guide a stopped beginning	(7) (8) be higher or lower than rite the amount you we conth elines amount:	the Child ant and exp	Support olain why.)
(3)	child support to be a child support to be a check this, we have per ment than the Guide a stopped beginning	(7)	the Child	Support olain why.)
(3)	child support to be a child support to be a check this, we have per ment than the Guide a stopped beginning	(7) (8) be higher or lower than rite the amount you we conth elines amount:	the Child ant and exp	Support olain why.)
(3)	child support to large child support to large check this, we ger ment than the Guide stopped beginning birth year):	(7)	the Child ant and exp	Support plain why.)
(3)	child support to large child support to large check this, we ger ment than the Guide stopped beginning birth year):	(7)	the Child ant and exp	Support plain why.)
(3)	child support to lead to the child support to lead to lead to the child support to lead to lead to the child support to lead t	(7)	the Child ant and exp	Support blain why.) , 20 Year of birth

First, middle & last initials of each child	Year of birth	Parent who will now claim child for the tax deduction
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
and it should stay the sarA court order currentlyA court order currently	says who pays : ne. says who pays :	who pays health care expenses. for health care expenses for the child or child for health care expenses for the child or child
b. A court order currently and it should stay the same. A court order currently and it should be changed First, middle & last	at this time on v says who pays a me. says who pays a I to the followin	who pays health care expenses. for health care expenses for the child or child for health care expenses for the child or child g: Parent who should now provide
b. A court order currently and it should stay the sar c. A court order currently and it should be changed First, middle & last initials of each child	at this time on vesays who pays and the says who pays and to the following the says of the following the says of t	who pays health care expenses. for health care expenses for the child or child for health care expenses for the child or child g:
b. A court order currently and it should stay the same. A court order currently and it should be changed First, middle & last initials of each child (1)	at this time on versays who pays and the says who pays and to the following and the says who pays are the says which is the says who pays are the says who pays are the says who pays are the says which is the says w	who pays health care expenses. for health care expenses for the child or child for health care expenses for the child or child g: Parent who should now provide
b. A court order currently and it should stay the sar c. A court order currently and it should be changed First, middle & last initials of each child	at this time on versays who pays and the says who pays and the following and the following and the says of the says of the says and the says are says who pays are says who pays are says and the says are says and the says are say	who pays health care expenses. for health care expenses for the child or child for health care expenses for the child or child g: Parent who should now provide
b. A court order currently and it should stay the sar c. A court order currently and it should be changed First, middle & last initials of each child (1) (2)	at this time on vesays who pays and the says who pays and the following the says who pays are says are says who pays are says who pays are says are	who pays health care expenses. for health care expenses for the child or child for health care expenses for the child or child g: Parent who should now provide
b. A court order currently and it should stay the sar c. A court order currently and it should be changed and it should be changed First, middle & last initials of each child (1) (2) (3)	at this time on vesays who pays and the says who pays and to the following and the says who pays are also as a say	who pays health care expenses. for health care expenses for the child or child for health care expenses for the child or child ag: Parent who should now provide health insurance coverage
b. A court order currently and it should stay the sar c. A court order currently and it should be changed and it should be changed first, middle & last initials of each child (1)	at this time on vesays who pays and the says who pays and to the following and the says who pays are also as a say	who pays health care expenses. for health care expenses for the child or child for health care expenses for the child or child ag: Parent who should now provide health insurance coverage
b. A court order currently and it should stay the san c. A court order currently and it should be changed First, middle & last initials of each child (1) (2) (3) (4) (5) (6)	at this time on versays who pays are. says who pays are to the following to the following are the following	who pays health care expenses. for health care expenses for the child or child for health care expenses for the child or child ag: Parent who should now provide health insurance coverage
b. A court order currently and it should stay the same. A court order currently and it should be changed First, middle & last initials of each child (1) (2) (3) (4) (5) (6)	at this time on versays who pays are. says who pays are to the following to the following are the following	who pays health care expenses. for health care expenses for the child or child for health care expenses for the child or child ag: Parent who should now provide health insurance coverage
b. A court order currently and it should stay the san c. A court order currently and it should be changed First, middle & last initials of each child (1) (2) (3) (4) (5) (6) (6) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	at this time on versays who pays and the says who pays and the following and the says who pays are at the following and the says who pays are at the following and the says who pays are at the following are at the following are at the following are at the says who pays are at the following are at the fo	who pays health care expenses. for health care expenses for the child or child for health care expenses for the child or child g: Parent who should now provide health insurance coverage

7. Court Fees (Check one.)						
a. All court fees will be paid by the mother.						
b. All court fees will be paid by the father.						
d. Each parent shall pay one-half of the total of	court fees.					
8. Attorney's Fee.						
a. Mother's attorney's fees. (Check one.)						
(1) Mother has no attorney's fees						
(2) Mother will pay her own attorney's fees						
(3) Father will pay \$ for Moth	ier's attorney's te	es.				
b. Father's attorney's fees. (Check one.)						
(1) Father has no attorney's fees						
(2) Father will pay his own attorney's fees						
(3) Mother will pay \$ for Fath	er's attorney's fe	es.				
D. Necessary Documents. We will sign and promptl needed to carry out this agreement.	y deliver to each	other any papers	that may be			
10. Other Agreements (Attach additional sheets if n	ecessary)					
Other Agreements (Anach adamonal sheets y n	ecessary.j					
	77 .7 . 7 \					
II. Statements of Understanding and Fact (Check	all that apply.)					
a. We have made a full disclosure of our income						
b. This Settlement Agreement addresses all issues in the application to modify child support						
only.						
c. We want this request to be approved by the court and made part of the final order.						
E. ATTORNEY HELP						
12. Mother (Check one.) a. An attorney did not hel	n me nrenare or f	ill in this naner				
12. Mother (<i>Check one.</i>) a. ☐ An attorney did not help me prepare or fill in this paper. b. ☐ An attorney helped me prepare or fill in this paper. (<i>If you check b., you</i>						
must fill in the following in		uno paper. (1) you	u eneen o., you			
	<i>J</i>					
(Name of attorney or organization, if any)	(Attorney's P.I.N	T. # $-$ Ask the attorne	ey)			
(Business address of attorney or organization)	(City)	(State)	(ZIP Code)			
(Business address of difference of organization)	(Cuy)	(Sittle)	(ZII Coue)			
		1				
(Attorney's phone number – Required) (Attorney's fax number, if there is one) Form FL-17.328, page 4 of 6						

13. Father (Check one.) a. An attorney did no b. An attorney helped must fill in the follow.	d me prepare or fill in			
(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 – Required)	(Attorney's fax n	umber, if there is	one)	
F. OATH AND SIGNATURE				
This Settlement Agreement addresses all issues We have made a full disclosure of our income to by the court and made part of the final order.				
Mother's Oath and Signature:				
the "Settlement Agreement" above and it accura issues in the Application to Modify Child Supattorney about this agreement. I am voluntar document be presented to a Judge for approval as	oport Only. I know ily signing this agree and filing with the cou	I have the rigement. I am	th to talk to an	
Data sirena I		41		
Date signed	Mo	ther's printed nai	ne	
Father's Oath and Signature: I certify under penalty of perjury and pursuathe "Settlement Agreement" above and it accurates issues in the Application to Modify Child Supattorney about this agreement. I am voluntar document be presented to a Judge for approval and	ately states how I would be port Only. I know ily signing this agree	ld like the cou I have the rig ement. I am	art to address the ght to talk to an	
	Fai	ther's signature		
Date signed	Fai	her's printed nan	пе	
STOP! If the Child Support Recovery Unite other than a parent receives child support below).	in this case, he or s			
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Signature of Person Other than a Parent:	
	Signature – Person other than parent
Date signed	Printed name
Signature of CSRU Representative:	
	Signature-CSRU representative
	Printed name