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

In the Iowa District Court for			_County		
In Re the Marriage of:	County where you are filin	g this Petition			
Your current legal name	Your spouse's cu	rrent legal name			
Upon the Petition of					
	For clerk's use only		_		
Petitioner Full name: first, middle, last The spouse who files the Petition	Petition f	Petition for Dissolution of Marriage with Children			
and concerning					
Respondent Full name: first, middle, last The other spouse					
 Personal Information Fill in all info and you fear for your safety, you may leave y A. Petitioner's (your) birth year and 	vour street address, phone nu				
A. I etitioner 3 (your) birtir year and	Birth	year			
Petitioner's present street address	City	State	ZIP code		
	()				
County	Phone number	Email a	ddress		
Con	tinued on next page				
f you need assistance to participate in court due to a disability, nearing or speech impaired may call Relay lowa TTY (1-800-73)	5-2942). Disability coordinators car	<u>)</u> nnot provide legal adv	Persons who are rice. Disability coordinato		

Initials

Initials

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Initials

Initials

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		(2) Pe	titio	ner has lived in Iowa for the lastye	ears and	months	
		in_		county.			
			•	u have always lived in Iowa, count the time sind u have been a resident of another state, count the	•	t moved to Iowa.	
	F.	Parties	s' re	esidence			
		divorce	in I	use does not live in Iowa, you must have lived iowa. that is true	n Iowa for the la	st year before you ma	y obtain a
				etitioner has lived in Iowa for more than one	e vear.		
		(2)		espondent (your spouse) is a resident of lo	_		
	_	· · / _		,			
G. Condition of the marriage Check all that are true							
		(1) □		ne marriage is broken and cannot be saved	1		
		(2)		is is the only divorce case going on involvi		e.	
		(-/ 🗀		you did not check (2), explain in 4. You should			
		(3)	Th	is Petition is being filed in good faith for the	e purpose of en	ding the marriage.	
		(4)	Со	ounseling will not save the marriage. If counse	eling may save the	e marriage, do not chec	ck(4).
	Н.			ent's status that is true			
		(1)	Re	espondent (your spouse) is in the military s	ervice.		
		. ,		you check (1), there are special rules that may pouse is in the military. You should talk to an att	•	e from going forward	if your
		(2)	Re	espondent is in prison or jail at		in	
				Name of facil	ity	,	State
	l.	Check of		e or no contact order			
		(1)		ere is neither a "protective order" nor a "no espondent (your spouse).	contact order"	between Petitioner	(you) and
		(2)		nere is a "protective order" or a "no contact wou check (2), fill in the following information:		Petitioner and Resp	oondent.
			a.	County and state where the order came from:			~
					County		State
_	~ 1	l O .	b.	Court case number:			
3.		ner Ca eck A or		s About the Children			
	A.	\bigcirc Th	ere	are no other cases about the children.	If you check A,	skip to 4.	
	B.	If there	is aı	are other cases about the children. n order from out of state about the children, an dy or visitation. The rules are complicated and			order

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

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Continued on next page

6.		ney Hel _l	p					
	Check one							
	A. An attorney did not help me prepare or fill in this paper.							
	В. ()	3. An attorney helped me prepare or fill in this paper.						
	Ŭ	If you check B, you must fill in the following information:						
		Name of attorney or organization, if any Business address of attorney or organization				Attorney's P.I.N.	#– Ask the attori	ney
						City	State	ZIP code
		()	()			
		Attorney'	s phone number	r Atto	rney's fax	x number – optional	Attorney's emo	ail address – optional
8.	A. O Petitioner will accept service of documents at the attorney's address listed above; or B. O Petitioner will accept service of documents in this case at the mailing address below. Oath and Signature							
	Print	,, have read this Petition, and I certify under penalty Print your name						
	of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Petition is true and correct.							
	Signed o	on: Mon	th Day	, 20	ar	Your signature*		
	J		·			, and the second		
	Mailing	address				ity	State	ZIP code
	()				Additional email address, if applicable			
			ctronically or in per or signing it and t			e your signature on thi	is form. If you are f	iling electronically,

Important Notice to Petitioner

See next page for instructions for filing a Petition.