

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

Applicant uses this form only if Applicant cannot afford to pay the fees to file and serve the Application.

- Use this form if it would cause you to suffer a hardship if you had to pay the filing fee and cost of serving papers.
- You may need to provide proof of your income and assets and your expenses.
- Costs and fees paid to someone other than the court or sheriff **cannot be waived**.

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

In the Iowa District Court for _____ County
County where Application is filed

Upon the Petition of

Petitioner

Full name of Petitioner as it is in the Application

and concerning

Respondent

Full name of Respondent as it is in the Application

Equity case no. _____

**Application and Affidavit to
Defer Payment of Costs**

1. Request

A. My name is _____.

B. For my Application and Affidavit, I state that:

Check all that apply

- (1) I am unable to pay the filing fee or service costs or other court costs.
- (2) I ask the court for permission to proceed without prepayment of costs and fees.
- (3) I am filing this Application and Affidavit in good faith.
- (4) I believe I am entitled to what I am asking for in this case.

C. Household

There are _____ people living in my household.
Number

D. My household income is \$ _____ per month.

Put the total amount of all income and benefits before deductions for all members of your household.

E. My income comes from:

List the sources of your income. Examples: salary, wages, or benefits such as unemployment, Title 19, FIP.

F. My household has the following monthly expenses:

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

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

Continued on next page

2. Attorney Help

Check one

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

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

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

Business address of attorney or organization City State ZIP code

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

3. Certification of Service by Mailing or Delivery

Section 3 to be completed **only if filing in paper** or if the other party is **exempt** from electronic filing.

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

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

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

Name of person to whom I delivered or mailed it

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

4. Oath and Signature

I, _____, certify under penalty of perjury and pursuant to the laws of
Print your name

the State of Iowa that I have read this Application and Affidavit and that the information I have provided in this Application and Affidavit is true and correct.

_____, 20_____
Signed on: *Month* *Day* *Year* _____
*Your signature**

Mailing address City State ZIP code

(_____) _____ _____ _____
Phone number Email address Additional email address – if available

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