

Rule 17.300—Form 324: Child Support Modification Financial Statement

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

Each party must complete one of these forms.

-  If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure (311) if you have not already done so.
-  If filing in paper, you may use form 311 to provide any protected information in full if you have not already done so.

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

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

<p>Upon the Petition of</p> <p>_____</p> <p>Petitioner <i>Full name of Petitioner as it is in the Application</i></p> <p>and concerning</p> <p>_____</p> <p>Respondent <i>Full name of Respondent as it is in the Application</i></p>	<p>Equity case no. _____</p> <p style="text-align: center;">Child Support Modification Financial Statement</p>
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I am

Check each that applies

- A. Petitioner
- B. Respondent
- C. Applicant

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

1. My Income

**How often is income paid?*

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

A. Current income from employment and other sources <i>Sources of income, not required to list name of employer</i>	Gross Income		Net Income	
	How often?* <i>W,B,M,T</i>	Gross amount <i>Before taxes</i>	How often?* <i>W,B,M,T</i>	Net Amount <i>After taxes</i>
(1) Wages from employer <i>Job:</i> <i>Title:</i>		\$		\$
(2) Wages from employer <i>Job:</i> <i>Title:</i>		\$		\$
(3) Other income <i>Describe source:</i>		\$		\$

(4) Other income <i>Describe source:</i>		\$		\$
(5) Other income <i>Describe source:</i>		\$		\$
Total gross and net income from employment and other sources		\$ Gross income total		\$ Net income total
B. Deductions allowed for child support calculations				
Tax status	Yes	No		
I am currently married to the other parent <i>Check Yes or No</i>				
I have custody of the children in this case <i>Check Yes or No</i>				
(1) Number of exemptions				
Yourself <i>Guidelines allow one exemption for parent</i>	1			
Children				
(2) Income tax withheld				\$
<i>Federal</i>				
<i>State</i>				\$
(3) FICA <i>Social Security & Medicare</i>				\$
(4) Mandatory pension contribution				\$
(5) Mandatory occupational license fees				\$
(6) Union dues				\$
(7) Prior court-ordered child support <i>Paid to:</i>				\$
<i>Paid to:</i>				\$
<i>Paid to:</i>				\$
(8) Prior court-ordered medical support <i>Paid to:</i>				\$
<i>Paid to:</i>				\$
<i>Paid to:</i>				\$

(9) Prior court-ordered spousal support (alimony) <i>Paid to:</i>				\$
(10) Actual child care expenses due to employment <i>custodial parent only</i>				\$
Total deductions				\$

Check this box if you have attached a sheet with additional information on your income and deductions.

2. Social Security Disability (SSD):

A. SSD benefits paid to you

(1) Amount paid for your expenses \$ _____ per month

(2) Benefit paid for each child in your home \$ _____ per month

a. Number of children receiving benefits _____ children

b. List the children in your home who receive SSD benefits *Use initials only*

First, middle, & last initials of each child	Birth year
i.	
ii.	
iii.	

First, middle, & last initials of each child	Birth year
iv.	
v.	
vi.	

Check this box if you have attached a sheet listing additional children who live in your home and receive Social Security Disability (SSD).

B. Benefits paid to other person children are living with

(1) Benefit paid for each child in other person's home \$ _____ per month

(2) Number of children receiving benefits _____ children

(3) List the children who receive SSD benefits but live with someone other than you.
Use initials only:

First, middle, & last initials of each child	Birth year
i.	
ii.	
iii.	

First, middle, & last initials of each child	Birth year
iv.	
v.	
vi.	

Check this box if you have attached a sheet listing additional children who do not live in your home and receive Social Security Disability (SSD).

3. Qualified additional dependent deduction

- *List the initials and birth year of each child you are the legal parent of.*
- *Do not include any children covered by the child support order involved in this case.*

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

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

Check this box if you have attached a sheet listing additional children for the qualified additional dependent deduction.

4. Extraordinary visitation *For noncustodial parent only*

- (1) Number of court-ordered overnights in a year _____.
If this number exceeds 127 days per year, provide a copy of the court order containing the visitation provisions.
- (2) Physical care
- a. The court ordered equally shared physical care for the children.
If the court ordered equally shared physical care for the children, the extraordinary visitation credit does not apply.
 - b. The court did not order equally shared physical care for the children.

Continued on next page

5. Assets *Things you own.*

A. Real estate

Property Address	Purchase Price	Debt <i>Total amount you still owe on it</i>
(1)	\$	\$
(2)	\$	\$

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

B. Vehicles

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

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

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

C. Securities, stocks, & bonds

Current value of:

(1) Stocks \$ _____

(2) Bonds \$ _____

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

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

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

E. Bank accounts

Checking and savings accounts <i>Bank or Credit Union name</i> <i>If you do not use bank accounts,</i> <i>write "Cash"</i>	Account type <i>Checking or Savings</i>	Net value <i>Cash value minus loan /</i> <i>overdraft owed</i>
(1)		\$
(2)		\$
(3)		\$

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

F. Other assets

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

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

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

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

6. Expenses

A. My expenses

List your living expenses

**How often paid?: W = Weekly B = Bi-weekly (every other week) M = Monthly
T = Two times a month A = Annually*

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

(5) Medical, dental <i>Not health insurance payments – see (10).</i>			\$
(6) Utilities (<i>gas, electric</i>)			\$
(7) Phone			\$
(8) Cable / satellite television / internet			\$
(9) Car insurance payment			\$
(10) Health insurance payment			\$
(11) Credit card payments			\$
(12) Car loan payments			\$
(13) Other loan payments			\$
(14) Other expense <i>Identify:</i>			\$
(15) Other expense <i>Identify:</i>			\$
(16) Other expense <i>Identify:</i>			\$
(17) Totals from attached sheets, if any <input type="checkbox"/> <i>Check this box if you have attached a sheet with additional information on your expenses.</i>			\$
Total expenses			\$

7. My debts *Debts may include things such as past due balances on utilities, money owed to a landlord for damages after moving, credit card debt, and loans from friends, family, or banks.*

**How often paid?:* *W = Weekly* *B = Bi-weekly (every other week)*
M = Monthly *T = Two times a month* *A = Annually*

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

<input type="checkbox"/> Check this box if you have attached a sheet with additional information on other debts, and enter the total.				
Total other debts <i>Including amounts shown on attached sheet, if any.</i>				\$

8. Current spouse's income

- List your **current** spouse's information.
- This information will not be used to determine child support obligations.

*How often is income received?

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

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

9. Attorney Help

Check one

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

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

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

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

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

10. Certification of Service by Mailing or Delivery

Section 10 to be completed only if filing in paper or if Applicant the other party is exempt from electronic filing. This document, if filed electronically, will automatically be served on registered parties.

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

I mailed or gave a copy of this Child Support Modification Financial Statement to Applicant or the other party or Applicant's or the other party's attorney at the address below:

Name of person to whom I delivered or mailed it

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

11. Oath and Signature

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

laws of the State of Iowa that I have read this Child Support Modification Financial Statement and that the information I have provided in this Statement is true and correct.

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

Mailing address *City* *State* *ZIP code*

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

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