

**Rule 17.300—Form 325: Affidavit of Mailing Notice**

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

In the Iowa District Court for \_\_\_\_\_ County  
*County where the Application is filed*

**Upon the Petition of**

**Petitioner**

*Full name of Petitioner as it is in the original case*

and concerning

**Respondent**

*Full name of Respondent as it is on the Application*

Equity case no. \_\_\_\_\_

**Affidavit of Mailing Notice**

**1. 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*

**Important Notice**

A party **must** file this Affidavit with the clerk of court if he or she asks the court for a default Decree for modification of child support. The party **must** also complete the oath and signature section on the next page.

***Oath and Signature on next page***

## 2. Oath and Signature

I, \_\_\_\_\_, certify under penalty of perjury and pursuant to the  
*Print your name*

laws of the State of Iowa that on the \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, I sent by ordinary  
*Day Month Year*  
mail with proper postage, the following paper or papers:

*Check one*

Notice of Intent to File a Written Application for Default Decree for modification of child support, or

Other document (*describe*): \_\_\_\_\_.

to the other party's last-known address below.

\_\_\_\_\_  
*Other party's street address City State ZIP code*

\_\_\_\_\_, 20\_\_\_\_  
*Signed on: Month Day Year Applicant's 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.