

**Rule 17.300—Form 327: Request for Relief in a Child Support Modification**

Use this form only if you have filed or answered an Application to Modify Child Support (301) and:

- The other party did not file an Answer (315), or
- The other party will not work with you to prepare a Settlement Agreement (328).

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

 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 Application is filed*

<p><b>Upon the Petition of</b></p> <p>_____</p> <p><b>Petitioner</b>  <i>Full name of Petitioner as it is in the Application</i></p> <p>and concerning</p> <p>_____</p> <p><b>Respondent</b>  <i>Full name of Respondent as it is in the Application</i></p>	<p>Equity case no. _____</p> <p style="text-align: center;"><b>Request for Relief in a Child Support Modification</b></p>
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**1. Personal Information** *Fill in all information that you know. If you have been assaulted by your spouse and you fear for your safety, you may leave your street address, phone number, and email blank.*

A. I am

*Check each that applies*

- (1)  Petitioner
- (2)  Respondent
- (3)  Applicant

B. Your information: \_\_\_\_\_  
*Birth year*

<i>Your present street address</i>	<i>City</i>	<i>State</i>	<i>ZIP code</i>
<i>County</i>	(_____) _____ <i>Phone number</i>	<i>Email address</i>	

C. Other parent's information: \_\_\_\_\_  
*Birth year*

<i>Other parent's present street address</i>	<i>City</i>	<i>State</i>	<i>ZIP code</i>
	(_____) _____		

D. Other person (non-parent) who receives child support: \_\_\_\_\_  
*Birth year*

\_\_\_\_\_  
*Full name: first, middle, last*

\_\_\_\_\_  
*Present street address*      \_\_\_\_\_ *City*      \_\_\_\_\_ *State*      \_\_\_\_\_ *ZIP code*

\_\_\_\_\_  
*County*      \_\_\_\_\_ *Phone number*      \_\_\_\_\_ *Email address*

## 2. Request for Relief

### A. Child support

Check each that is true, and fill in the blanks for the items you check.

(1)  Child support should be **raised** from \$ \_\_\_\_\_ per month to \$ \_\_\_\_\_  
 per month, beginning \_\_\_\_\_, 20\_\_\_\_ for:  
*Month Day Year*

First, middle, & last initials of each child	Birth year
a.	
b.	
c.	

First, middle, & last initials of each child	Birth year
d.	
e.	
f.	

Check this box if you have attached a separate sheet listing additional children.

(2)  Child support should be **lowered** from \$ \_\_\_\_\_ per month to \$ \_\_\_\_\_  
 per month beginning \_\_\_\_\_, 20\_\_\_\_ for:  
*Month Day Year*

First, middle, & last initials of each child	Birth year
a.	
b.	
c.	

First, middle, & last initials of each child	Birth year
d.	
e.	
f.	

Check this box if you have attached a separate sheet listing additional children.

(3)  Check here if you want child support to be higher or lower than the Child Support Guidelines amount. *If you check this, write the amount you want and explain why below.*

a. Amount requested: \$ \_\_\_\_\_ per month

b. Child support should be different than the Guidelines amount because:

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(4)  Child support should be **stopped** beginning on the

\_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_ for:  
*Day Month Year*

First, middle, & last initials of each child	Birth year
a.	
b.	
c.	

First, middle, & last initials of each child	Birth year
d.	
e.	
f.	

Check this box if you have attached a separate sheet listing additional children.

**B. Tax deduction for the children**

Check (1) or (2)

(1)  There is no court order at this time on tax deductions.

(2)  There is a court order at this time on tax deductions.

If you check (2), check a or b:

a.  A court order currently says who gets the tax deduction for the child or children and it should stay the same.

b.  A court order currently says who gets the tax deduction for the child or children and it should be changed as set forth in the table below. *Explain*

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First, middle, & last initials of each child	Birth year	Person who should now claim child for tax deduction
i.		
ii.		
iii.		
iv.		
v.		

Check this box if you have attached a separate sheet listing additional children.

**C. Health insurance or cash medical support**

Check (1) or (2)

- (1)  There is no court order at this time on who pays health insurance or cash medical support.
- (2)  There is a court order at this time on who pays health insurance or cash medical support.

If you check (2), check a or b

- a.  A court order currently says who pays for health care expenses for the child or children and it should stay the same.
- b.  A court order currently says who pays for health care expenses and it should be changed as set forth in the table below. *Explain*

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First, middle, & last initials of each child	Birth year	Parent who should now provide health insurance or cash medical support
i.		
ii.		
iii.		
iv.		
v.		

Check this box if you are attaching a separate sheet listing additional children.

- (3) I should pay % \_\_\_\_\_ of the out-of-pocket health care expenses.
- (4) The other parent should pay % \_\_\_\_\_ of the out-of-pocket health care expenses.
- (5) I should pay % \_\_\_\_\_ in cash medical support.
- (6) The other parent should pay % \_\_\_\_\_ in cash medical support.

**D. Court Fees**

Check one

- (1)  All court fees should be paid by me.
- (2)  All court fees should be paid by the other parent.
- (3)  The other parent and I should pay one-half of the **remaining** court fees.
- (4)  The other parent and I should pay one-half of the **total** court fees.

**E. Attorney's Fees**

*Check one*

(1) My attorney's fees

- a.  I have no attorney's fees.
- b.  I will pay my own attorney's fees.
- c.  I ask that the other party pay \$ \_\_\_\_\_ for my attorney's fees.

**3. Necessary Documents**

I ask that the court require each of us to sign and deliver to each other any papers that may be needed to carry out the terms of the Decree Modifying Child Support.

**4. Other Request for Relief** *Attach additional sheets if necessary*

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**5. Statements of Understanding and Fact**

*Check each that applies*

- a.  I have made a full disclosure of my income to the court.
- b.  This Request for Relief addresses all issues in the Application to Modify Child Support.
- c.  I want the court to approve this Request for Relief and make it part of the final Decree Modifying Child Support.

*Continued on next page*

## 6. Attorney Help

Check one

(1)  An attorney did not help me prepare or fill in this paper.

(2)  An attorney helped me prepare or fill in this paper.

If you check (2), 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

## 7. Certification of Service by Mailing or Delivery

Section 7 to be completed only if filing in paper or if Applicant or 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 Request 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

## 8. Oath and Signature

I, \_\_\_\_\_, have read this Request, 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 Request 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