

**Rule 17.300—Form 328: Settlement Agreement on an Application to Modify Child Support**

**Use this form only if:**

- You and the other party both agree to the terms of a Settlement Agreement.
- There is a current Iowa child support order in effect.
- You would like to increase, decrease, or stop child support
- There is on file an Application to Modify Child Support.

**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 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 was 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><b>Settlement Agreement on an Application to Modify Child Support</b></p>
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**1. Applicant's 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. Applicant's information:

\_\_\_\_\_ *Birth year*

\_\_\_\_\_ *Applicant's present street address*      \_\_\_\_\_ *City*      \_\_\_\_\_ *State*      \_\_\_\_\_ *ZIP code*

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

B. Other parent's information:

\_\_\_\_\_ *Birth year*

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

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



(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*

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*

First, middle, & last initials of each child	Birth year	Person 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) Applicant 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) Applicant 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 Applicant.
- (2)  All court fees should be paid by the other parent.
- (3)  The other parent and Applicant should pay one-half of the **remaining** court fees.
- (4)  The other parent and Applicant should pay one-half of the **total** court fees.

*Continued on next page*

**E. Attorney's Fees**

*Check one*

(1) Applicant's attorney's fees

- a.  Applicant has no attorney's fees.
- b.  Applicant will pay Applicant's own attorney's fees.
- c.  Applicant asks that the other party pay \$ \_\_\_\_\_ for Applicant's attorney's fees.

(2) The other party's attorney's fees

- a.  The other party has no attorney's fees.
- b.  The other party will pay his or her own attorney's fees.
- c.  The other party asks that Applicant pay \$ \_\_\_\_\_ for the other party's attorney's fees.

**3. Necessary Documents**

We 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 Agreements** *Attach additional sheets if necessary*

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**5. Attorney Help**

**A. Applicant**

*Check one*

- (1)  An attorney did not help the Applicant prepare or fill in this paper.
- (2)  An attorney helped the Applicant prepare or fill in this paper.

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

<i>Name of attorney or organization, if any</i>	<i>Attorney's P.I.N. # – Ask the attorney</i>
<i>Business address of attorney or organization</i>	<i>City</i>
<i>( )</i>	<i>State</i>
<i>Attorney's phone number</i>	<i>ZIP code</i>
<i>( )</i>	<i>Attorney's fax number – optional</i>
<i>Attorney's phone number</i>	<i>Attorney's email address – optional</i>

**B. The other party**

*Check one*

- (1)  An attorney did not help the other party prepare or fill in this paper.
- (2)  An attorney helped the other party 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	

## 6. Oaths and Signatures

This Settlement Agreement addresses all issues in our modification of child support. We have made a full disclosure of our income to the court. We want the court to approve this Agreement and make it a part of the final Decree Modifying Child Support.

### A. Applicant's 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 Settlement Agreement and it accurately states how I would like the court to address the issues in this child support modification. I know I have the right to talk to an attorney about this Agreement. I am voluntarily signing this Agreement. I am asking that this Settlement Agreement be presented to a judge for approval and filing with the court.

\_\_\_\_\_, 20\_\_\_\_\_  
*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.

### B. The other party's 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 Settlement Agreement and it accurately states how I would like the court to address the issues in this child support modification. I know I have the right to talk to an attorney about this Agreement. I am voluntarily signing this Agreement. I am asking that this Settlement Agreement be presented to a judge for approval and filing with the court.

\_\_\_\_\_, 20\_\_\_\_\_  
*Month Day Year Other party'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.