

Rule 17.200—Form 223: Response to a Motion

Use this form if your spouse has filed a Motion (most likely form 222) and you disagree with what your spouse is asking the court to do in that Motion.

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 your case is filed

Upon the Petition of

Petitioner *Full name: first, middle, last*

and concerning

Respondent *Full name: first, middle, last*

Equity case no. _____

Response to a Motion

I am

Check one

- A. Petitioner
- B. Respondent

1. Motion

The other party filed a Motion on _____, 20____.
Month Day Year

2. Response

Check A or B.

- A. I agree with the Motion.
- B. I disagree with the request(s) in the Motion to:

If you check B, check all of the following that apply. If you check any box in B, you must tell the court why you disagree with the request in C.

- (1) Change the hearing date that has been set for _____, 20____.
Month Day Year
- (2) Order temporary financial support.
- (3) Order temporary custody and visitation.
- (4) Order temporary child support and medical support.
- (5) Order counseling (conciliation).
- (6) Set a hearing date for a divorce Decree by default.
- (7) Shorten the 90-day waiting period for getting a divorce Decree.
- (8) Award attorney's fees before the divorce is final.
- (9) Award spousal support (alimony) before the divorce is final.

(10) Order genetic testing to decide paternity and require that Petitioner, Respondent, and child appear for testing.

(11) Appoint an attorney to represent the child (required when asking to disestablish paternity).

(12) Other request *Explain* _____

C. I disagree with the Motion because: _____

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3. 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

4. Certification of Service by Mailing or Delivery

Section 4 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 Response 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

5. Oath and Signature

I, _____, certify under penalty of perjury and pursuant to the laws of the State of Iowa that I have read this Response and that the information I have provided in this Response 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.