

c. If you are asking for an amount of child support that is either higher or lower than the amount the court would order based on the Child Support Guidelines, check the box.

(1) Fill in the amount of child support you are requesting

(2) Explain why you think it should be higher or lower than the amount in the Child Support Guidelines.

d. If you are requesting that the court stop (terminate) child support, check the box.

- Fill in the day, month, and year you want the child support payments to stop.

- List the initials and year of birth for each child for whom child support payments should stop.

5. Tax Dependency Deduction.

a. If this is true, check the box.

b. If this is true, check the box.

c. If this is true, check the box.

- List the child or children (by initials only) and year of birth

- For each child, list which parent will claim that child for the tax deduction

6. Health Care Expenses.

a. If this is true, check the box.

b. If this is true, check the box.

c. If this is true, check the box.

- List the child or children (by initials only) and year of birth

- For each child, list which parent will now provide health insurance coverage

- Fill in the percentage of out-of-pocket health care expenses to be paid by Mother

- Fill in the percentage of out-of-pocket health care expenses to be paid by Father

7. Court Fees. You may check only one of these to tell the court what you want.

a. If this is true, check the box.

b. If this is true, check the box.

c. If this is true, check the box.

d. If this is true, check the box.

8. Attorney Fees. You may check only one of these to tell the court what you want.

a. If this is true, check the box.

b. If this is true, check the box.

c. If this is true, check the box. Fill in the dollar amount you want to be paid by the other parent.

9. Necessary Documents. This statement is required. You do not have to write anything else here.

10. Other Request for Relief. If you want something else that is not covered in the rest of the Request for Relief, write a brief description of what you want in the space provided.

11. Statements of Understanding and Fact. Check all that are true.

- a. If this is true, check the box.
- b. If this is true, check the box.
- c. If this is true, check the box.

Part E. ATTORNEY HELP

You should check one of these boxes.

- a. Check this box if an attorney did not help you decide which boxes to check or what to write in any of the spaces on the form.
- b. Check this box if an attorney did help you decide which boxes to check or what to write in any of the spaces on the form. If you check “b,” you *must* fill in the information on the lines below “b.” If you do not know what to write in these lines, contact the attorney who helped you with the form.

Part F. OATH AND SIGNATURE

Fill in all the blank lines in section **F.**

By signing this form you are stating that the information on this form is true. **The court may punish you if you lie on this form.**

Checklist of things you should do after you complete the Request for Relief:

- Carefully check your Request for Relief form. Be sure you have answered all questions.
- Make at least three photocopies of the original form (enough for each person who needs one).
- Take the original and the copies to the district court clerk’s office; ask the clerk to time-stamp all of them. The clerk will keep the original and give the copies back to you. Keep one for your records.
- Ask the district court clerk to give the Request for Relief to a judge for approval (or to set a hearing date when you can meet with a judge to discuss your Request for Relief).
- Promptly after you leave the district court clerk’s office, deliver (by mail or in-person) one copy to the other parent or that person’s attorney.
- If the Child Support Recovery Unit (CSRU) is involved in your case, you must also deliver (by mail or in-person) to the CSRU a copy of the Request for Relief form **FL-327**. See the *Guide for Representing Yourself in an Iowa Court to Modify Child Support Only* (page 9 and part **G.**) for information on how to serve these forms on the CSRU.

Remember: Do not give these instructions to the Clerk of District Court.

PRINT CLEARLY

A. IN THE DISTRICT COURT FOR _____ COUNTY, IOWA
(County where the Application was filed)

B. UPON THE PETITION OF

PETITIONER *(As it is in the application)*

VS

RESPONDENT *(As it is in the application)*

<p>Equity case number:</p> <p>_____</p> <p>Settlement Agreement for an Application to Modify Child Support Only <i>(CLERK STAMPS HERE)</i></p>
--

C. PERSONAL INFORMATION

1. Mother: _____
(Name)

(Present street address) _____ *(City)* _____ *(State)* _____ *(ZIP Code)*

(County) _____ *(Year of birth)*

2. Father: _____
(Name)

(Present street address) _____ *(City)* _____ *(State)* _____ *(ZIP Code)*

(County) _____ *(Year of birth)*

3. Person -- other than a parent -- who is receiving child support in this case:

(Name)

(Present street address) _____ *(City)* _____ *(State)* _____ *(ZIP Code)*

(County) _____ *(Year of birth)*

D. AGREEMENT

4. Child Support (Check all that are true and fill in the blanks for the ones you check.)

a. Child support should be raised from \$_____ per month to \$_____ per month beginning on the _____ day of _____, 20____ for (list the children and birth year):

<u>First, middle & last initials of each child</u>	<u>Year of birth</u>	<u>First, middle & last initials of each child</u>	<u>Year of birth</u>
(1) _____	_____	(5) _____	_____
(2) _____	_____	(6) _____	_____
(3) _____	_____	(7) _____	_____
(4) _____	_____	(8) _____	_____

b. Child support should be lowered from \$_____ per month to \$_____ per month beginning on the _____ day of _____, 20____ for (list the children and birth year):

<u>First, middle & last initials of each child</u>	<u>Year of birth</u>	<u>First, middle & last initials of each child</u>	<u>Year of birth</u>
(1) _____	_____	(5) _____	_____
(2) _____	_____	(6) _____	_____
(3) _____	_____	(7) _____	_____
(4) _____	_____	(8) _____	_____

c. 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.)

(1) Amount requested: \$_____ per month

(2) Why it should be different than the Guidelines amount: _____

d. Child support should be stopped beginning on the _____ day of _____, 20____, for (list the children and birth year):

<u>First, middle & last initials of each child</u>	<u>Year of birth</u>	<u>First, middle & last initials of each child</u>	<u>Year of birth</u>
(1) _____	_____	(5) _____	_____
(2) _____	_____	(6) _____	_____
(3) _____	_____	(7) _____	_____
(4) _____	_____	(8) _____	_____

5. Tax dependency deduction (*Check the one that is true; if you check c. -- fill in the blanks.*)

- a. There is no court order at this time on tax dependency deduction.
- b. A court order currently says who gets the tax dependency deduction for the child or children and it should stay the same.
- c. A court order currently says who gets the tax dependency deduction for the child or children and it should be changed to the following:

<u>First, middle & last initials of each child</u>	<u>Year of birth</u>	<u>Parent who will now claim child for the tax deduction</u>
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____
(4) _____	_____	_____
(5) _____	_____	_____
(6) _____	_____	_____

If there are more than six children, attach an additional sheet with this information – and check this box.

6. Health care expenses (*Check the one that is true.*)

- a. There is no court order at this time on who pays health care expenses.
- b. A court order currently says who pays for health care expenses for the child or children and it should stay the same.
- c. A court order currently says who pays for health care expenses for the child or children and it should be changed to the following:

<u>First, middle & last initials of each child</u>	<u>Year of birth</u>	<u>Parent who should now provide health insurance coverage</u>
(1) _____	_____	_____
(2) _____	_____	_____
(3) _____	_____	_____
(4) _____	_____	_____
(5) _____	_____	_____
(6) _____	_____	_____

If there are more than six children, attach an additional sheet with this information – and check this box.

(Fill in the blanks.)

The mother should pay _____% of the out-of-pocket health care expenses.

The father should pay _____% of the out-of-pocket health care expenses.

7. Court Fees (*Check one.*)

- a. All court fees will be paid by the mother.
- b. All court fees will be paid by the father.
- c. Each parent shall pay one-half of the remaining court fees.
- d. Each parent shall pay one-half of the total court fees.

8. Attorney's Fee.

a. Mother's attorney's fees. (*Check one.*)

- (1) Mother has no attorney's fees
- (2) Mother will pay her own attorney's fees
- (3) Father will pay \$_____ for Mother's attorney's fees.

b. Father's attorney's fees. (*Check one.*)

- (1) Father has no attorney's fees
- (2) Father will pay his own attorney's fees
- (3) Mother will pay \$_____ for Father's attorney's fees.

9. Necessary Documents. We will sign and promptly deliver to each other any papers that may be needed to carry out this agreement.

10. Other Agreements (*Attach additional sheets if necessary.*)

11. Statements of Understanding and Fact (*Check all that apply.*)

- a. We have made a full disclosure of our income to the court.
- b. This Settlement Agreement addresses all issues in the application to modify child support only.
- c. We want this request to be approved by the court and made part of the final order.

E. ATTORNEY HELP

12. Mother (*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 – Required)	(_____) (Attorney's fax number, if there is one)

- 13. Father** (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.)

<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) (State) (ZIP Code)</i>
<i>()</i> <i>(Attorney's phone number – Required)</i>	<i>()</i> <i>(Attorney's fax number, if there is one)</i>

F. OATH AND SIGNATURE

This Settlement Agreement addresses all issues in the Application to Modify Child Support Only. We have made a full disclosure of our income to each other. We want this agreement to be approved by the court and made part of the final order.

Mother's Oath and Signature:

I certify under penalty of perjury and pursuant to the laws of the state of Iowa that I have read the "Settlement Agreement" above and it accurately states how I would like the court to address the issues in the Application to Modify Child Support Only. 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 document be presented to a Judge for approval and filing with the court.

	<i>Mother's signature</i>
<i>Date signed</i>	<i>Mother's printed name</i>

Father's Oath and Signature:

I certify under penalty of perjury and pursuant to the laws of the state of Iowa that I have read the "Settlement Agreement" above and it accurately states how I would like the court to address the issues in the Application to Modify Child Support Only. 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 document be presented to a Judge for approval and filing with the court.

	<i>Father's signature</i>
<i>Date signed</i>	<i>Father's printed name</i>

STOP! If the Child Support Recovery Unite (CSRU) is involved in this case, or if a person other than a parent receives child support in this case, he or she must sign this form (see below).

9. Necessary Documents. You must do what this statement says. You do not have to write anything on the form for **9**.

10. Other Agreements. If Mother and Father have made other agreements that are not covered in the rest of the Settlement Agreement, write a brief description of these other agreements in the space provided.

11. Statements of Understanding and Fact. Check all that are true.

- a. If this is true, check the box.
- b. If this is true, check the box.
- c. If this is true, check the box.

Part E. ATTORNEY HELP

You should check one of these boxes.

- a. Check this box if an attorney did not help you decide which boxes to check or what to write in any of the spaces on the form.
- b. Check this box if an attorney did help you decide which boxes to check or what to write in any of the spaces on the form. If you check “b,” you *must* fill in the information on the lines below “b.” If you do not know what to write in these lines, contact the attorney who helped you with the form.

Part F. OATH AND SIGNATURE

Mother should sign her name on the line provided, then print her name on the line below it.

Father should sign his name on the line provided, then print his name on the line below it.

By signing this form you are stating that the information on this form is true. The court may punish you if you lie on this form.

Checklist of things you should do after you complete the Settlement Agreement:

- Carefully check your Settlement Agreement form. Be sure you have answered all questions.
- Make four photocopies of the original form.
- Take the original and the copies to the district court clerk’s office; ask the clerk to time-stamp all of them. The clerk will keep the original and give the copies back to you. Keep one for your records.
- Ask the district court clerk to give the Settlement Agreement to a judge for approval (or to set a hearing date when you can meet with a judge to discuss your Settlement Agreement).
- Immediately after you leave the district court clerk’s office, deliver (by mail or in-person) one copy to the other parent or his/her attorney.
- If the Child Support Recovery Unit (CSRU) is involved in your case, you must also deliver (by mail or in-person) to the CSRU a copy of the Settlement Agreement form **FL-328**. See the *Guide for Representing Yourself in an Iowa Court to Modify Child Support Only* (page 10 and part G.) for information on how to serve these forms on the other parties and the CSRU.

Remember: Do not give these instructions to the Clerk of District Court.