

Form 3.7: Original Notice and Petition against Third Party Defendant(s)

In the Iowa District Court for _____ County

Plaintiff(s) _____ (Name) _____ (Address) _____ (Name) _____ (Address) vs. Defendant(s)/Third Party Plaintiff(s) _____ (Name) _____ (Address) _____ (Name) _____ (Address) vs. Third Party Defendant(s) _____ (Name) _____ (Address)	Original Notice and Petition against Third Party Defendant(s) Small Claim No. _____ If you need assistance to participate in court due to a disability, call the disability coordinator at _____. Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). Disability coordinators cannot provide legal advice.
_____ (Name) _____ (Address)	_____ (Name) _____ (Address)

To Third Party Defendant(s), _____ :
(Name(s) of Third Party Defendant(s))

1. **You are notified** that, _____, as
Third Party Plaintiff(s), demand(s) from you the amount of \$ _____ because (state briefly
the basis for demand, not to exceed \$5000

2. **Judgment may be entered against you unless** you file an Appearance and Answer within **20 days**
of the service of the Original Notice upon you. Judgment may include the amount requested plus interest
and court costs. You must file the Appearance and Answer with the clerk of the district court in the above
county, located at _____.

3. If your Appearance and Answer is filed within **20 days** and you deny this Third Party Petition, the clerk
will notify you of the time and place for the hearing on this matter.

4. If you file the Appearance and Answer form, you must mail a copy of the form to all parties.

5. You must also notify the clerk's office of any address change.

Third Party Plaintiff's signature

Printed name

Mailing address

Phone #

Email address

Third Party Plaintiff's signature

Printed name

Mailing address

Phone #

Email address