

3) I am filing this Petition for Relief from Elder Abuse on behalf of:

a. Elder's full name: _____

b. Elder's year of birth: _____
yyyy

c. Elder's mailing address:

Any of the following addresses may be used: Elder's mailing address, the mailing address of a shelter or other agency, a public or private post office box, or any other mailing address with permission of the resident of that address.

Elder's mailing address City State ZIP code County

Note: *If a Substitute Petitioner files the Petition, the Elder upon whose behalf the Petition is filed maintains the following rights:*

- To contact and retain counsel.
- To have access to personal records.
- To file objections to the protective order.
- To cross-examine witnesses at the hearing.
- To request a hearing on the Petition.
- To present evidence.

2. Defendant lives at the following address (if known):

Address City State ZIP code County

Note: *If more than one Defendant, attach additional sheets for items 2, 3, and 4.*

3. Defendant is employed at the following (if known):

Employer

Mailing Address City State ZIP code County

4. Defendant is 17 years of age or younger: Yes No Do not know

If yes, provide Defendant's year of birth: _____
yyyy

5. Give the name and age of other individuals whose welfare may be affected by alleged elder abuse:

Attach additional sheets if necessary

Name <i>Provide only initials if minor</i>	Birth year	Name <i>Provide only initials if minor</i>	Birth year
(1)		(3)	
(2)		(4)	

6. Relationship of Elder and Defendant(s) at the time of the alleged elder abuse:

Check all that apply

- | | |
|---|---|
| A. <input type="checkbox"/> Married | F. <input type="checkbox"/> Relative or household member |
| B. <input type="checkbox"/> Separated | G. <input type="checkbox"/> Caretaker |
| C. <input type="checkbox"/> Divorced | H. <input type="checkbox"/> Fiduciary
<i>Includes attorney, guardian, or conservator</i> |
| D. <input type="checkbox"/> Living together | I. <input type="checkbox"/> Other: _____ |
| E. <input type="checkbox"/> Intimate relationship | |

7. Nature of the alleged elder abuse:

Check all that apply

- | | |
|---|--|
| A. <input type="checkbox"/> Physical injury | D. <input type="checkbox"/> Financial exploitation |
| B. <input type="checkbox"/> Sexual abuse | E. <input type="checkbox"/> Recently threatened |
| C. <input type="checkbox"/> Neglect | F. <input type="checkbox"/> Other: _____ |

8. Describe the alleged abuse or threats of abuse inflicted on the Elder. Identify who inflicted the alleged abuse or threats of abuse, and please include how the Elder was allegedly hurt or threatened, where it happened, when it happened, and the likelihood that the alleged abuse or threats will occur in the future.

9. I am asking the court to do the following:

Check A or B or both

- A. Enter an Emergency Protective Order/Temporary Protective Order.
Issue an Emergency or a Temporary Protective Order immediately to protect the Elder before the hearing on this Petition because the Elder is in present danger of elder abuse.
- B. Enter a Protective Order on this Petition.

10. I request that the court order Defendant(s) to:

Check each that is requested

- A. Stop the elder abuse.
- B. Move from the Elder's residence.
 - *I may request that a law enforcement officer accompany Defendant(s) when leaving the residence;*
or
 - *If Defendant(s) has or have already left the residence, I may request that a law enforcement officer accompany Defendant(s) while removing essential personal effects of Defendant(s) from the residence.*
- C. Provide suitable alternative housing for the Elder.
 - *I may request that a law enforcement officer accompany the Elder who is leaving the residence;*
or
 - *If the Elder has already left the residence, I may request that a law enforcement officer accompany the Elder to remove essential personal effects from the residence.*
- D. Be restrained from entering or attempting to enter the following locations at the following times: *Attach additional sheets if necessary*

Name of location, mailing address, street, city, IA, Zip code, time of day (xx:xx AM/PM)

- E. Be restrained from exercising any powers on behalf of the Elder through a court-appointed guardian, conservator, or guardian ad litem, an attorney in fact, or another third party.
- F. Refrain from exercising control over the Elder's funds, benefits, property, resources, belongings, or assets.
- G. Return custody or control of the Elder's funds, benefits, property, resources, belongings, or assets to the Elder.
- H. Follow the instructions of the Elder's guardian, conservator, or attorney in fact.
- I. Other: *Specify*

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Read Before Signing

When you file this Petition you are setting into motion several legal matters.
Please check each statement below after you have read it.

- I understand** that a “Vulnerable Elder” or a Substitute Petitioner may seek relief from elder abuse by filing this Petition in the district court. “Vulnerable Elder” means a person 60 years of age or older who is unable to protect himself or herself from elder abuse as a result of age or a mental or physical condition.
- I understand** that the court may, on its own motion, or on the motion of a party, appoint a guardian ad litem for a vulnerable Elder if justice requires. The vulnerable Elder’s attorney may not also serve as the guardian ad litem.
- I understand** that there will be a court hearing five to fifteen days after I file this Petition.
- I understand** that a law enforcement officer will give Defendant(s) a copy of this Petition, if Defendant(s) can be found, and that Defendant(s) will receive other relevant court papers. Additionally, if I have filed as a Substitute Petitioner on behalf of an Elder, the Elder named in the Petition will also receive a copy of the Petition.
- I understand** that I must attend the hearing. If I change my mind and do not want a Protective Order, I should file with the clerk of court a motion to dismiss before the scheduled hearing.
- I understand** that the hearing is an opportunity to tell the judge about the elder abuse. I may bring people or evidence to the hearing to convince the judge that a Protective Order is necessary.
- I understand** that the Protective Order could be in effect for up to one year. I also understand that if the Protective Order is granted, it may be extended beyond one year by filing for an extension prior to the expiration of the Order.
- I understand** that if I believe that the Protective Order has been violated, I can bring this to the court's attention by filing with the clerk of court an affidavit to start contempt proceedings.
- I understand** that if a Protective Order is issued, law enforcement *may* use every reasonable means to enforce the Protective Order. If a court finds Defendant(s) in violation of the Protective Order, Defendant(s) *may* be put in jail and have to pay a fine.
- I understand** that a Protective Order is a serious legal action. Only the court can change the terms of a Protective Order.

11. 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:

<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>State</i>	<i>ZIP code</i>
(_____) _____	(_____) _____		
<i>Attorney's phone number</i>	<i>Attorney's fax number – optional</i>	<i>Attorney's email address – optional</i>	

12. Oath and Signature

I, _____, have read this Petition, and I certify under penalty of
Print your full name: first, middle, last

perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Petition is true and correct.

Plaintiff or Substitute Petitioner signature Sign only in front of the clerk of court or a notary public.*

<i>Mailing address</i>	<i>City</i>	<i>State</i>	<i>ZIP code</i>
(_____) _____	_____	_____	
<i>Phone number</i>	<i>Email address</i>	<i>Additional email address, if available</i>	

** 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.*

Subscribed and sworn to (or affirmed) before me this ____ day of _____, 20____.
(SEAL)

*Clerk of Court (or)
Notary Public in and for the State of Iowa*

_____ County Courthouse

_____ Iowa _____
City ZIP code

For information on elder abuse, neglect, or financial exploitation contact the Iowa Department on Aging: (800)532-3213.