

In the Iowa District Court for _____ County

Plaintiff(s)

(Name)

(Address)

(Name)

(Address)

vs.

Defendant(s)

(Name)

(Address)

(Name)

(Address)

**Original Notice and Petition
for a Money Judgment**

Small Claim No. _____

To Defendant(s):

1. **You are notified** that Plaintiff(s) demand(s) from you the amount of \$ _____ plus court costs based on (state briefly the basis for the demand): _____

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 an 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 the claim, the clerk will notify you of the time and place for the hearing on this matter.

4. If you file an Appearance and Answer, you must mail a copy of the form to Plaintiff(s).

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

Plaintiff's signature

Mailing address

Phone #

Email address

Plaintiff's signature

Mailing address

Phone #

Email address

In the Iowa District Court for _____ County

Plaintiff

(Name)

(Address)

vs.

Defendant(s)

(Name)

(Address)

(Name)

(Address)

Original Notice and Petition for a Money Judgment for Taxes Owing (Iowa Code Sections 631.1(7) and 445.3)

Small Claim No. _____

To Defendant(s):

1. **You are notified** that Plaintiff, _____ County Treasurer, demands from you the amount of \$ _____ for taxes due and owing based on the following: _____

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 the claim, the clerk will notify you of the place and time of the hearing on this matter.

4. If you file an Appearance and Answer you must mail a copy of the form to Plaintiff.

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

Signature of Plaintiff Treasurer/Designee

Mailing address

Phone #

Email address

If you need aids or services to participate in court because of a disability, immediately call your district ADA coordinator at 1-_____. If you are hearing impaired, call Relay Iowa TTY at 1-800-735-2942.

In the Iowa District Court for _____ County

Plaintiff(s)

(Name)

(Address)

(Name)

(Address)

vs.

Defendant(s)

(Name)

(Address)

(Name)

(Address)

Original Notice and Petition for a Money Judgment against a Nonresident Motor Vehicle Owner or Operator Defendant

Small Claim No. _____

To Defendant(s):

1. **You are notified** that Plaintiff(s) demand(s) from you the amount of \$ _____ plus court costs based on (state briefly the basis for the demand): _____

2. **Judgment may be entered against you unless** you file an Appearance and Answer within **60 days** of the filing of this Original Notice with the Director of the Iowa Department of Transportation. 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 **60 days** and you deny the claim, the 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 Plaintiff(s).

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

Plaintiff's signature

Mailing address

Phone #

Email address

Plaintiff's signature

Mailing address

Phone #

Email address

If you need aids or services to participate in court because of a disability, immediately call your district ADA coordinator at 1-_____. If you are hearing impaired, call Relay Iowa TTY at 1-800-735-2942.

In the Iowa District Court for _____ County

Plaintiff(s)

(Name)

(Address)

(Name)

(Address)

vs.

Defendant(s)

(Name)

(Address)

(Name)

(Address)

Original Notice and Petition for a Money Judgment against a Foreign Corporation Defendant

Small Claim No. _____

To Defendant(s):

1. **You are notified** that Plaintiff(s) demand(s) from you the amount of \$ _____ plus court costs based on (state briefly the basis for the demand): _____

_____.

2. **Judgment may be entered against you unless** you file an Appearance and Answer within **60 days** of the filing of this Original Notice with the Iowa Secretary of State. 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 **60 days** and you deny the claim, 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 Plaintiff(s).

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

Plaintiff's signature

Mailing address

Phone #

Email address

Plaintiff's signature

Mailing address

Phone #

Email address

If you need aids or services to participate in court because of a disability, immediately call your district ADA coordinator at 1-_____. If you are hearing impaired, call Relay Iowa TTY at 1-800-735-2942.

Plaintiff(s)

(Name)

(Address)

(Name)

(Address)

vs.

Defendant(s)

(Name)

(Address)

(Name)

(Address)

**Original Notice and
Petition for Replevin
(Iowa Code Chapter 643)**

Small Claim No. _____

To Defendant(s):

1. **You are notified** that Plaintiff(s) demand(s) relief from you in regard to the following described property: _____

2. The value of the property described is (value may not exceed \$5,000): \$ _____

3. The relief requested includes (check all that apply):

- a. Plaintiff(s) ask for possession of the property.
- b. Plaintiff(s) ask for damages for unlawful retention.
- c. Plaintiff(s) ask for damages for any damage to the property.
- d. Plaintiff(s) ask for damages for: _____

(If asking for damages in lines b, c, or d, list total amount not to exceed \$5,000.)

4. Plaintiff(s) claim immediate possession because (check a, b, or c):

- a. Plaintiff(s) own the property.
- b. Plaintiff(s) has(have) a security agreement for the property.
 - i. A copy of the security agreement is attached.
 - ii. The agreement shows that Plaintiff(s) is(are) entitled to seize possession on default.
 - iii. Defendant(s) are in default because: _____

c. Other: _____

5. The property (check a or b):

- a. Is not in the possession of Defendant(s) pursuant to court order or judgment; or
- b. Was taken by Defendant(s) under court order or judgment, but the property is exempt from seizure because: _____

6. **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 _____.

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

8. If you file the Appearance and Answer, you must mail a copy of the form to Plaintiff(s).

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

Plaintiff's signature

Plaintiff's signature

Mailing address

Mailing address

Phone #

Phone #

Email address

Email address

STATE of IOWA)
) ss:
COUNTY of _____)

I (We), _____, do hereby swear or affirm that the above statements are true and correct.

Signature(s) of Affiant(s)

Subscribed and sworn to before me by _____ and _____,
on this _____ day of _____, 20 _____.

Notary Public

If you need aids or services to participate in court because of a disability, immediately call your district ADA coordinator at 1-_____. If you are hearing impaired, call Relay Iowa TTY at 1-800-735-2942.

In the Iowa District Court for _____ County

Plaintiff(s)

(Name)

(Address)

(Name)

(Address)

vs.

Defendant(s)

(Name)

(Address)

(Name)

(Address)

**Original Notice and Petition
for Forcible Entry and Detainer
(Iowa Code Chapter 648)**

Small Claim No. _____

To Defendant(s):

1. **You are notified** that Plaintiff(s) demand(s) from you possession of (state exact address of real property): _____
because (state basis of demand): _____

2. **Hearing is set for:** _____ o'clock _____ m. on the _____ day of _____, 20_____,
at the _____ County Courthouse, in _____, Iowa, located at
_____ (street address of courthouse). The court will
electronically record the hearing. If either party desires that a certified court reporter report the hearing,
that party must arrange and pay for the costs of reporting. **Failure to appear at the hearing may result
in judgment entered against you for possession of the property and court costs.**

Plaintiff(s): The court shall set the date of hearing within **8 days** from the filing date of the Original Notice unless you check the box below:

Plaintiff(s) request(s) or consent(s) to the court setting the date of hearing no later than **15 days** from the filing of the Original Notice.

Plaintiff's signature

Plaintiff's signature

Mailing address

Mailing address

Phone #

Phone #

Email address

Email address

If you need aids or services to participate in court because of a disability, immediately call your district ADA coordinator at 1-_____. If you are hearing impaired, call Relay Iowa TTY at 1-800-735-2942.

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. _____

(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): _____
_____.

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

Mailing address

Phone #

Email address

Third Party Plaintiff's signature

Mailing address

Phone #

Email address

If you need aids or services to participate in court because of a disability, immediately call your district ADA coordinator at 1-
_____. If you are hearing impaired, call Relay Iowa TTY at 1-800-735-2942.

In the Iowa District Court for _____ County

Plaintiff(s)

(Name)

(Address)

(Name)

(Address)

vs.

Defendant(s)

(Name)

(Address)

(Name)

(Address)

**Original Notice and Petition for
Disposition of Abandoned Property—
Chapter 555B**

(Mobile Home and Personal Property in the Vicinity)

Small Claim No. _____

To Defendant(s):

1. Plaintiff(s) demand(s) a judgment of abandonment for (state the exact nature of abandoned property):

because (state basis of demand): _____
_____.

2. In support of this demand Plaintiff(s) state(s):

- Plaintiff(s) has (have) not requested notice by the sheriff as provided for in Iowa Code Section 555B.2;
- The property is located in the above county; and
- There is no lien against the property other than a tax lien pursuant to Iowa Code Chapter 435.

3. **Hearing is set for:** _____ o'clock ____m. on the ____ day of _____, 20____, at the _____ County Courthouse, in _____, Iowa, located at _____ (street address of

courthouse). The court will electronically record the hearing. Any party desiring that a certified court reporter report the hearing must arrange and pay for the costs of reporting. **Failure to appear at the hearing may result in judgment entered against you for statutory damages, interest, and court costs, and the property will be disposed of as abandoned property.**

Note: Service must be made on the owner of the property at least **10 days** before the hearing and the hearing must be set within **14 days** of filing the Petition.

Plaintiff's signature

Plaintiff's signature

Mailing address

Mailing address

Phone #

Phone #

Email address

Email address

If you need aids or services to participate in court because of a disability, immediately call your district ADA coordinator at 1-_____. If you are hearing impaired, call Relay Iowa TTY at 1-800-735-2942.

In the Iowa District Court for _____ County

Plaintiff(s)

(Name)

(Address)

(Name)

(Address)

vs.

Defendant(s)

(Name)

(Address)

(Name)

(Address)

**Original Notice and
Petition for Intervention**

Small Claim No. _____

To Plaintiff(s) and Defendant(s):

1. I (We), _____, being interested in the subject matter of this case seek to intervene in the following manner: _____

2. This Petition for Intervention is based on (state briefly the basis for the demand):

Intervenor's signature

Mailing address

Phone #

Email address

Intervenor's signature

Mailing address

Phone #

Email address

In the Iowa District Court for _____ County

Plaintiff(s)

(Name)

(Name)

vs.

Defendant(s)

(Name)

(Name)

**Appearance and Answer
of Defendant(s)**

Small Claim No. _____

Check **only one** of the following:

_____ The **claim is denied**. The clerk of court will notify the parties of the hearing time and place.

_____ The **claim is admitted**. Judgment may be entered.

_____ The **claim is admitted**. Judgment may be entered. A payment plan is requested of \$_____ per _____ beginning _____. If the court does not approve this plan, I (we) ask the court to determine the payment plan. The court may schedule a hearing.

_____ The **claim is admitted in part in the amount** of \$_____. The clerk of court will notify the parties of the hearing time and place.

Note: You must file this original Appearance and Answer with the clerk of court and mail a copy to Plaintiff(s) or the attorney for Plaintiff(s).

Defendant's signature

Mailing address

Phone #

Email address

Defendant's signature

Mailing address

Phone #

Email address

If you need aids or services to participate in court because of a disability, immediately call your district ADA coordinator at 1-_____. If you are hearing impaired, call Relay Iowa TTY at 1-800-735-2942.

In the Iowa District Court for _____ County

Plaintiff(s)

(Name)

(Name)

vs.

Defendant(s)/Third Party Plaintiff(s)

(Name)

(Name)

vs.

Third Party Defendant(s)

(Name)

(Address)

(Name)

(Address)

**Appearance and Answer
of Third Party Defendant(s)**

Small Claim No. _____

Check **only one** of the following:

_____ The **claim is denied**. The clerk of court will notify the parties of the hearing time and place.

_____ The **claim is admitted**. Judgment may be entered.

_____ The **claim is admitted**. Judgment may be entered. A payment plan is requested of \$_____ per _____ beginning _____. If this plan is not reasonable, I (we) ask the court to determine the payment plan. The court may schedule a hearing.

_____ The **claim is admitted in part in the amount** of \$_____. The clerk of court will notify the parties of the hearing time and place.

Note: You must file this original Appearance and Answer with the clerk of court and mail a copy to all parties or their attorneys.

Third Party Defendant's signature

Mailing address

Phone #

Email address

Third Party Defendant's signature

Mailing address

Phone #

Email address

If you need aids or services to participate in court because of a disability, immediately call your district ADA coordinator at 1-_____. If you are hearing impaired, call Relay Iowa TTY at 1-800-735-2942.

In the Iowa District Court for _____ County

Plaintiff(s)

(Name)

(Name)

Defendant(s)

(Name)

(Name)

vs.

**Counterclaim
against Plaintiff(s)**

Small Claim No. _____

To Plaintiff(s), _____ :
(Name(s) of Plaintiff(s) against whom you are counterclaiming)

1. You are notified that Defendant(s) identified below demand(s) from you the amount of \$ _____, because (state briefly the basis for the demand):

2. Defendant(s) must file this original Counterclaim with the clerk of court, and the clerk will provide a copy to the other party(ies) or the attorney(s) of the other party(ies), if any.

Defendant's signature

Mailing address

Phone #

Email address

Defendant's signature

Mailing address

Phone #

Email address

If you need aids or services to participate in court because of a disability, immediately call your district ADA coordinator at 1-_____. If you are hearing impaired, call Relay Iowa TTY at 1-800-735-2942.

In the Iowa District Court for _____ County

Plaintiff(s)

(Name)

(Name)

vs.

Defendant(s)

(Name)

(Name)

Cross-Claim against a Co-Defendant

Small Claim No. _____

You are notified that the party(ies) identified below demand(s) from _____

(state name(s) of party(ies) against whom the demand is made)

the amount of \$ _____ because (state briefly the basis for the demand): _____

Note: Cross-Claimant(s) must file this original Cross-Claim with the clerk of court, and the clerk will provide a copy to the other party(ies) or the attorney(s) of the other party(ies), if any.

Cross-Claimant's signature

Mailing address

Phone #

Email address

Cross-Claimant's signature

Mailing address

Phone #

Email address

If you need aids or services to participate in court because of a disability, immediately call your district ADA coordinator at 1-_____. If you are hearing impaired, call Relay Iowa TTY at 1-800-735-2942.

In the Iowa District Court for _____ County

Plaintiff(s)

(Name)

(Name)

vs.

Defendant(s)

(Name)

(Name)

Application to Condemn Funds

Small Claim No. _____

The undersigned states as follows:

1. An Execution was issued based on the judgment entered in this case.
2. A Garnishment was served and the garnishee has either answered that after allowing all exemptions money is owed to Defendant(s) named above, or turned over the funds pursuant to Iowa Code Sections 642.10 and 642.13.
3. The Notice of Garnishment required by Iowa Code Section 642.14 was served on Defendant(s) named above.
4. A copy of that Notice with proof of service on Defendant(s) is on file.
5. More than **10 days** have passed since the Notice of Garnishment was served.
6. No motion, Answer, Affidavit of Exemption, or other pleading has been filed to contest the Garnishment.

Based on the foregoing, Plaintiff(s) request(s) the court issue an order condemning the garnished funds.

Plaintiff's signature

Mailing address

Phone #

Email address

Plaintiff's signature

Mailing address

Phone #

Email address

In the Iowa District Court for _____ County

Plaintiff(s)

(Name)

(Name)

Defendant(s)

(Name)

(Name)

vs.

Dismissal

Small Claim No. _____

By this filing I (we) dismiss our claim(s) (check **only one** of the following):

_____ **With prejudice** (I (we) cannot refile the claim(s)).

_____ **Without prejudice** (I (we) may refile the claim(s)).

Plaintiff's signature

Mailing address

Phone #

Email address

Plaintiff's signature

Mailing address

Phone #

Email address

In the Iowa District Court for _____ County

Plaintiff(s) _____ (Name) _____ (Name) vs. Defendant(s) _____ (Name) _____ (Name)	<h3 style="margin: 0;">Notice of Garnishment</h3> Small Claim No. _____
-----------------------------------------------------------------------------------------------------------------	-------------------------------------------------------------------------

1. **You are notified** that a Garnishment was issued based on a judgment against you and the Garnishment was served on _____, who has admitted to be in possession of your property or is indebted to you.

2. **You are further notified** that to contest the Garnishment you must file a Motion to Quash, Answer, Affidavit of Exemption, or other appropriate pleading within **10 days** from the date this Notice was served on you. Your motion, Answer, or pleading must explain why you think these funds are exempt from execution under state or federal law. Some examples of exempt funds may include social security benefits, public assistance, county assistance, veteran's benefits, and unemployment compensation. These are examples only and not intended as a complete list. If you do not contest the Garnishment, a court order will be entered condemning the funds and the funds will be applied against the judgment.

3. Any Motion to Quash, Answer, Affidavit of Exemption, or other pleading that you file to contest the Garnishment must be filed in the office of the Clerk of the District Court located at _____. If you file to contest the Garnishment, a prompt hearing will be set and you will be notified of the hearing. At the hearing, you should be ready to explain to the judge why you believe your property is exempt from the Garnishment.

4. Iowa Code Section 642.14 requires that you be told the exact language of Iowa Code Section 630.3A. That section reads:
 At any time after the rendition of judgment the court, upon application of the judgment creditor or the judgment debtor and upon notice to the adverse party as the court shall direct, shall conduct a hearing to determine the reasonably expected annual earnings of the judgment debtor for the current calendar year and the applicable limitation upon garnishment as provide in Section 642.21. The court shall also consider in the interest of justice whether a greater amount than provided in Section 642.21 shall be exempt from garnishment. In making the determination, the court shall consider the age, number and circumstances of the dependents of the debtor, existing federal poverty level guidelines, the debtor's maintenance and support needs, the debtor's other financial obligations, and any other relevant information. An order reducing the garnishment may be modified or vacated upon the application of a party to the court, notice to the adverse party, and a showing at a hearing of changed circumstances. An additional filing fee shall not be assessed for proceedings under this section.

You may wish to consult a lawyer for advice as to the meaning of this notice.

 Judgment Creditor's signature

 Judgment Creditor's signature

 Mailing address

 Mailing address

 Phone #

 Phone #

 Email address

 Email address

In the Iowa District Court for _____ County

Plaintiff(s)

(Name)

(Name)

vs.

Defendant(s)

(Name)

(Name)

**Motion to Quash Garnishment
and Request for Hearing**

Small Claims No. _____

1. This Garnishment represents a hardship because: _____

2. The funds are exempt because: _____

3. I (we) request a hearing on this Motion to Quash Garnishment.

Note: Defendant(s) must file this original Motion to Quash with the clerk of court, and the clerk will provide a copy to the other party(ies) or the attorney(s) of the other party(ies), if any.

Defendant's signature

Mailing address

Phone #

Email address

Defendant's signature

Mailing address

Phone #

Email address

In the Iowa District Court for _____ County

Plaintiff(s) _____ (Name) _____ (Name) vs. Defendant(s) _____ (Name) _____ (Name)	<p>Affidavit of Property Exempt from Execution (Iowa Code Sections 626.50 and 642.15)</p> Small Claim No. _____
-----------------------------------------------------------------------------------------------------------------	--------------------------------------------------------------------------------------------------------------------------------

1. This is an Affidavit pursuant to Iowa Code Sections 626.50 and 642.15 to inform the sheriff and creditors of income and property exempt from execution under Iowa law. **This filing is not an Answer or motion in this proceeding.**

2. The following are my(our) only sources of monthly income and are exempt from execution (check all that apply):

- a. Social Security \$ _____
- b. Supplementary Security Income (SSI) \$ _____
- c. Veterans benefits \$ _____
- d. Alimony, support, or separate maintenance \$ _____
- e. Other (any other source of income) \$ _____
- f. Employment* \$ _____

*Under Iowa law, disposable earnings are exempt if less than \$290/week, \$580/every 2 weeks, or \$1,257/month.

3. I (We) have \$ _____ in cash, checking, and savings. This money is deposits from the sources listed above. If there are deposits from others sources, they total \$1000 or less.

4. I (We) own the following property, which is exempt from execution (check all that apply):

- a. Homestead;
- b. Clothing, suitcases, musical instruments, and household goods and furnishings with a total value of \$7,000 or less;
- c. Books, family Bibles, pictures, portraits, and paintings with a total value of \$1000 or less;
- d. Burial plots;
- e. One shotgun and either one rifle or one musket;
- f. Prescribed health aids;
- g. A motor vehicle (list year and make), _____, with equity of \$7,000 or less;
- g. Tools of trade or farm equipment, livestock, and feed with a total value of \$10,000 or less;
- h. Wedding or engagement rings with a total value of \$5,000 or less, or wedding or engagement rings received at least two years before the date of this Affidavit;
- i. Other jewelry with a total value of \$2,000 or less;
- j. Cash value of life insurance of \$10,000 or less if spouse, child, or dependent is beneficiary;
- k. Rental deposits, utility deposits, or rent paid in advance of \$500 or less;
- l. Qualified retirement funds;
- m. Cash on hand, bank deposits, other deposits, and other personal property up to \$1,000.

5. I (We) will file this original document with the clerk of court and provide copies to:

- The Sheriff of _____ County.
- The other party(ies) or the attorney(s) of the other party(ies).

6. I (We) certify, under the penalty of perjury, that I (we) own all of the property listed on this Affidavit and, to the best of my (our) knowledge, it is an accurate listing of my (our) exempt property.

Defendant's signature

Mailing address

Phone #

Email address

Defendant's signature

Mailing address

Phone #

Email address

In the Iowa District Court for _____ County

Plaintiff(s)

(Name)

(Name)

vs.

Defendant(s)

(Name)

(Name)

**Application for Release
and Satisfaction of Judgment**

Small Claim No. _____

1. The judgment entered has been paid off or satisfied in full.
2. The judgment creditor has failed to file a Release and Satisfaction of that judgment.
3. Check **only one** of the following:
 _____ Applicant(s) has (have) requested in writing the Release and Satisfaction from the judgment creditor(s) at the last known address of the judgment creditor(s). A copy of the written request is attached, and applicant(s) request(s) imposition of the \$400 penalty pursuant to Iowa Code Section 624.37; or,
 _____ Applicant(s) has (have) made reasonable efforts, without success, to contact the judgment creditor(s) to obtain the Release and Satisfaction.
4. Proof of payment of the judgment is attached.
5. The undersigned requests that the court enter an order stating the judgment is released and satisfied or in the alternative, set this matter for hearing.

Applicant's signature

Mailing address

Phone #

Email address

Applicant's signature

Mailing address

Phone #

Email address

In The Iowa District Court for _____ County

Plaintiff(s)

(Name)

(Name)

vs.

Defendant(s)

(Name)

(Name)

Release and Satisfaction of Judgment

Small Claim No. _____

To Judgment Debtor(s):

I (We) knowingly and voluntarily state that the judgment in this matter has been paid off or satisfied in full, including interest and court costs, and I (we) release the Debtor(s) named above from any further obligation on the judgment in this matter.

Note: Failure to satisfy and release a judgment, when paid off or satisfied in full, could result in a penalty of \$400.00 if not filed within **30 days** of written request (Iowa Code Section 624.37).

Date: _____

Date: _____

Judgment Creditor(s) (Must sign before a Notary.)

Certification of Acknowledgment (Iowa Code Section 624.37):

On this date, _____, appeared before me, acknowledged that signing this Release and Satisfaction of Judgment was a voluntary and knowing act, and signed the document before me.

Date: _____

Notary Public or Clerk of Court

In the Iowa District Court for _____ County

Plaintiff(s)

(Name)

(Name)

vs.

Defendant(s)

(Name)

(Name)

Notice of Appeal

Small Claim No. _____

1. I (We) appeal to the district court from the judgment entered on the _____ day of _____, 20_____.

2. I (We) am (are) appealing this decision because: _____

_____.

By checking this box, I (We) request an oral hearing. If my (our) request is granted, I (we) will receive a notice of hearing time and date.

Note: The appealing party(ies) must file this original form with the clerk of court, and the clerk will provide a copy to the other party(ies) or the attorney(s) of the other party(ies), if any.

Appealing party's signature

Mailing address

Phone #

Email address

Appealing party's signature

Mailing address

Phone #

Email address

In the Iowa District Court for _____ County

Plaintiff(s)

(Name)

(Name)

vs.

Defendant(s)

(Name)

(Name)

**Verification of Account,
Identification of Judgment
Debtor, and Certificate
Re Military Service**

Small Claim No. _____

1. I, _____, am an employee of Plaintiff(s) whose claim(s) is (are) shown in the attached statement(s). I have personal knowledge that the attached statement(s) is (are) a true copy of the original creditor's records showing the balance due is true and correct. I further state that the sum of \$ _____ is the balance due and owing as of _____ from Defendant(s) to Plaintiff(s) and any interest amount owing is accurately stated in the Petition or Original Notice.

2. I further state that Defendant, _____, resides at _____, is employed at _____, and Defendant's occupation is _____.

I further state that Defendant, _____, resides at _____, is employed at _____, and Defendant's occupation is _____.

3. I also state Defendant(s) is (are) not in the Military Forces of the United States Government. I, or a fellow employee, verified this fact by (check one):
_____ Checking the Defense Manpower Data Center (DMDC),
<http://www.virec.research.va.gov/Non-VADataSources/DMDC.htm>,
_____ Contacting Defendant(s) who informed me, or
_____ Regularly seeing Defendant(s) and believing Defendant(s) is (are) are not active in the U.S. military.

4. I also state to the best of my knowledge Defendant(s) is (are) not under any legal disability or confined in any reformatory, jail, or penitentiary.

5. I certify under penalty of perjury and pursuant to the laws of the State of Iowa that these facts are true and correct.

Signature of Affiant

Mailing address

Phone #

Email address