

SC-301 ORIGINAL NOTICE and PETITION for a MONEY JUDGMENT

PRINT CLEARLY

A. IN THE DISTRICT COURT FOR _____ **COUNTY, IOWA**
(County where the case is filed)

B. NAMES

PLAINTIFF #1 *(Full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

PLAINTIFF #2 *(Full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

VS.

DEFENDANT #1 *(Full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

DEFENDANT #2 *(Full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

SMALL CLAIMS DIVISION

Case number:

**ORIGINAL NOTICE and
PETITION for a MONEY
JUDGMENT**
(CLERK STAMPS HERE)

C. TO DEFENDANT(S) NAMED ABOVE

1. Plaintiff(s), _____, demand(s)
from you: *(Full name(s))*

- Payment of \$ _____
- Interest of _____ % from _____, 20____
(Date)
- Pre-filing interest in the amount of \$ _____

And

- Interest of _____ % from _____, 20____
(Date)
- Pre-filing interest in the amount of \$ _____
- Attorney fees
- Court costs for filing fees, service fees, and witness fees

2. Plaintiff(s) make(s) this demand because:

_____ *(Continued)*

3. Notice:

- You may file an Appearance and Answer with the clerk of district court in the above county within **20 days** after you receive this Original Notice.
- You must file this in the county listed on this Original Notice.
- If you do not file an Appearance and Answer within **20 days** after receiving this Notice, the court may enter a judgment against you giving Plaintiff(s) what is demanded in the Petition.
- The court can make you pay interest and court costs.
- If you deny the Petition and file an Appearance and Answer within **20 days** after, you will receive notification from the clerk’s office of the hearing place and time.

D. SIGNATURE(S)

_____, 20____
(Date)

(Your signature) Required

(_____)_____
(Phone number optional)

(E-mail address optional)

_____, 20____
(Date)

(Your signature) Required

(_____)_____
(Phone number optional)

(E-mail address optional)

E. HELP FOR DISABILITIES

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

IMPORTANT

1. A COPY OF THIS ORIGINAL NOTICE AND AN APPEARANCE AND ANSWER FORM MUST BE PROVIDED TO DEFENDANT(S).

2. FILE THIS ORIGINAL NOTICE WITH THE COURT AND KEEP A COPY FOR YOUR RECORDS.

SC-302

ORIGINAL NOTICE and PETITION for a MONEY JUDGMENT for a NON RESIDENT or FOREIGN DEFENDANT

PRINT CLEARLY

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

B. NAMES

PLAINTIFF #1 *(Full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

PLAINTIFF #2 *(Full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

VS.

DEFENDANT #1 *(Full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

DEFENDANT #2 *(Full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

<p align="center">SMALL CLAIMS DIVISION Case number: _____</p> <p align="center">ORIGINAL NOTICE and PETITION for a MONEY JUDGMENT for a NON RESIDENT or FOREIGN DEFENDANT <i>(CLERK STAMPS HERE)</i></p>
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C. TO DEFENDANT(S) NAMED ABOVE

1. Plaintiff(s) _____ demand from you: *(Full name(s))*

- Payment of \$ _____
- Interest of _____ % from _____, 20____
(Date)
- Pre-filing interest in the amount of \$ _____

And

- Interest of _____ % from _____, 20____
(Date)
- Pre-filing interest in the amount of \$ _____
- Attorney fees
- Court costs for filing fees, service fees and witness fees

2. Plaintiff(s) make this demand because:

(Continued)

3. Notice:

- You may file an Appearance and Answer with the clerk of district court in the above county within **60 days** after you receive this Original Notice.
- You must file this in the county listed on this Original Notice.
- If you do not file an Appearance and Answer within **60 days** after receiving this Notice, the court may enter a judgment against you giving Plaintiff(s) what is demanded in the Petition.
- The court can make you pay interest and court costs.
- If you deny the Petition and file an Appearance and Answer within **60 days** after, you will receive notification from the clerk’s office of the hearing place and time.

D. SIGNATURE(S)

<p>_____, 20____ (Date)</p> <p>(_____)_____ (Phone number optional)</p>	<p>_____ (Your signature) Required</p> <p>_____ (E-mail address optional)</p>
<p>_____, 20____ (Date)</p> <p>(_____)_____ (Phone number optional)</p>	<p>_____ (Your signature) Required</p> <p>_____ (E-mail address optional)</p>

E. HELP FOR DISABILITIES

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

IMPORTANT

1. A COPY OF THIS ORIGINAL NOTICE AND AN APPEARANCE AND ANSWER FORM MUST BE PROVIDED TO DEFENDANT(S).

2. FILE THIS ORIGINAL NOTICE WITH THE COURT AND KEEP A COPY FOR YOUR RECORDS.

ORIGINAL NOTICE and PETITION for FORCIBLE ENTRY and DETAINER

PRINT CLEARLY

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

B. NAMES

PLAINTIFF #1 *(Full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

PLAINTIFF #2 *(Full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

VS.

DEFENDANT #1 *(Full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

DEFENDANT #2 *(Full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

SMALL CLAIMS DIVISION
Case number:

ORIGINAL NOTICE and
PETITION for FORCIBLE ENTRY
and DETAINER
(CLERK STAMPS HERE)

C. STATEMENT OF PLAINTIFF(S)

1. Plaintiff(s) demand(s) possession of the following property *(enter exact address)*:

2. Plaintiff(s) demand(s) this because:

3. Attach notice to quit/notice of termination etc., and proof of service *(see Iowa Code 562A.29a)*.

▶ STOP! If you did not give the tenant notice → You cannot use this form; you should consult an attorney.

D. NOTICE TO DEFENDANT(S)

4. Defendant(s): if you do not appear at the hearing time below
- Judgment will be entered against you.
 - Judgment will include possession of the property and court costs.
 - The court will record the trial electronically. If Plaintiff(s) or Defendant(s) want a report by a certified court reporter, the person who wants it must arrange for a court reporter and pay for the cost of the report.

5. Plaintiff(s) consent(s) to or request(s) that the hearing be set more than eight (8) days but no later than fifteen (15) days from the date of the filing of this Original Notice and Petition.

6. Hearing is set for:

Date: _____ / ____ / _____ Time: _____ am / pm (*circle one*), at the
(Month) (Day) (Year)

_____ County Courthouse at _____
(Name of County) (Street address)
_____, Iowa _____
(City) (Zip code)

E. SIGNATURE(S)

_____, 20____
(Date)

(Your signature) Required

(_____) _____
(Phone number optional)

(E-mail address optional)

_____, 20____
(Date)

(Your signature) Required

(_____) _____
(Phone number optional)

(E-mail address optional)

F. HELP FOR DISABILITIES

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

IMPORTANT

1. A HEARING MUST BE SET NO LATER THAN EIGHT (8) DAYS FROM THE FILING OF THIS ORIGINAL NOTICE AND PETITION.
2. PLAINTIFF(S) MAY REQUEST OR CONSENT TO THE SETTING OF THE HEARING ON THIS MATTER MORE THAN EIGHT (8) DAYS BUT NO MORE THAN FIFTEEN (15) DAYS FROM THE DATE OF FILING OF THIS ORIGINAL NOTICE AND PETITION.
3. HEARINGS MAY NOT BE CONTINUED BEYOND 15 DAYS EXCEPT TO OBTAIN SERVICE.

**SC-304 ORIGINAL NOTICE and PETITION for DISPOSITION of
ABANDONED PROPERTY**
PRINT CLEARLY

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

B. NAMES

PLAINTIFF #1 *(Full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

PLAINTIFF #2 *(Full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

SMALL CLAIMS DIVISION
Case number:

ORIGINAL NOTICE and
PETITION for DISPOSITION of
ABANDONED PROPERTY
(CLERK STAMPS HERE)

VS.

DEFENDANT #1 *(Full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

DEFENDANT #2 *(Full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

C. STATEMENT OF PLAINTIFF(S)

1. Plaintiff(s) ask(s) the court for a judgment of abandonment on the following property:

2. Plaintiff(s) state(s) the property is abandoned because:

3.

- There is no lien against the property other than a tax lien.
- The property is located in the county where this was filed.
- *(Check a. or b.):*
 - a. Plaintiff(s) has(have) asked for notice by the sheriff.
 - b. Plaintiff(s) has(have) not asked for notice by the sheriff.

D. NOTICE TO DEFENDANT(S)

4. Defendant(s), if you do not appear at the hearing time below:

- The Property will be disposed of as abandoned.
- Judgment will include damages, interest and court costs.

5. The court will record the trial electronically. If Plaintiff(s) or Defendant(s) want a report by a certified court reporter, the person who wants it must arrange for a court reporter and pay for the cost of the report.

6. Hearing is set for:

Date: _____ / _____ / _____ Time: _____ am / pm (*circle one*)
(Month) (Day) (Year)

At the: _____ County Courthouse at _____
(Name of county) (Street address)
_____, Iowa _____
(City) (Zip code)

E. SIGNATURE(S)

_____, 20_____
(Date)

(Your signature) Required

(_____) _____
(Phone number optional)

(E-mail address optional)

_____, 20_____
(Date)

(Your signature) Required

(_____) _____
(Phone number optional)

(E-mail address optional)

F. HELP FOR DISABILITIES

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

IMPORTANT

- 1. A COPY OF THIS ORIGINAL NOTICE AND AN APPEARANCE AND ANSWER FORM MUST BE PROVIDED TO DEFENDANT(S).**
- 2. FILE THIS ORIGINAL NOTICE WITH THE COURT AND KEEP A COPY FOR YOUR RECORDS.**
- 3. SERVICE MUST BE MADE ON THE OWNER OF THE PROPERTY AT LEAST TEN (10) DAYS BEFORE THE HEARING.**
- 4. THE HEARING MUST BE SET WITHIN FOURTEEN (14) DAYS OF THE FILING OF THE PETITION.**

SC-305 ORIGINAL NOTICE and PETITION to CHALLENGE a MECHANICS LIEN
PRINT CLEARLY

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

B. NAMES

PLAINTIFF #1 *(Full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

PLAINTIFF #2 *(Full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

SMALL CLAIMS DIVISION
Case number:

ORIGINAL NOTICE and
PETITION to CHALLENGE a
MECHANICS LIEN
(CLERK STAMPS HERE)

VS.

DEFENDANT #1 *(Full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

DEFENDANT #2 *(Full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

C. TO DEFENDANT(S) NAMED ABOVE

1. You filed a mechanics lien against this property:

The lien number is: _____

2. Plaintiff(s) is(are) the owner of the property.

- Plaintiff(s) challenge(s) your mechanics lien.
- Plaintiff(s) ask(s) the court to *(check a. or b.)*:
 - a. Dismiss the lien.
 - b. Modify the lien to \$_____.

D. NOTICE TO DEFENDANT(S)

3. You may file an Appearance and Answer with the clerk of district court in the above county within **20 days** after you receive this Original Notice.

- If you do not file an Appearance and Answer within **20 days** after receiving this Notice, the court may enter a judgment against you giving Plaintiff(s) what is demanded in

the Petition.

- If you deny the challenge and file an Appearance and Answer within **20 days** after, you will receive notification from the clerk's office of the hearing place and time.
- Judgment will include damages, interest, and court costs.

4. The court will record the trial electronically. If Plaintiff(s) or Defendant(s) want a report by a certified court reporter, the person who wants it must arrange for a court reporter and pay for the cost of the report.

5. Hearing is set for:

Date: _____ / _____ / _____ Time: _____ am / pm (*circle one*)
 (Month) (Day) (Year)

At the: _____ County Courthouse at _____
 (Name of county) (Street address)
 _____, Iowa _____
 (City) (Zip code)

E. SIGNATURE(S)

_____, 20____ (Date)	_____ (Your signature) Required
(_____)_____ (Phone number optional)	_____ (E-mail address optional)
_____, 20____ (Date)	_____ (Your signature) Required
(_____)_____ (Phone number optional)	_____ (E-mail address optional)

F. HELP FOR DISABILITIES

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

IMPORTANT

1. A COPY OF THIS ORIGINAL NOTICE AND AN APPEARANCE AND ANSWER FORM MUST BE PROVIDED TO DEFENDANT(S).

2. FILE THIS ORIGINAL NOTICE WITH THE COURT AND KEEP A COPY FOR YOUR RECORDS.

PRINT CLEARLY

A. IN THE DISTRICT COURT FOR _____ **COUNTY, IOWA**
(County where the case is filed)

B. NAMES

PLAINTIFF #1 *(Full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

PLAINTIFF #2 *(Full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

SMALL CLAIMS DIVISION

Case number:

**ORIGINAL NOTICE and
PETITION for REPLEVIN**
(CLERK STAMPS HERE)

VS.

DEFENDANT #1 *(Full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

DEFENDANT #2 *(Full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

C. TO DEFENDANT(S) NAMED ABOVE

1. Plaintiff(s) ask(s) for possession of the following property *(describe property)*:

2. Plaintiff(s) state(s) this is the value of the property:

Item name or description	Value
	\$
	\$
	\$
	\$
Total value (cannot exceed \$5,000)	\$

3. Plaintiff(s) is (are) entitled to immediate possession because *(check a., b., or c.)*:

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

(Continued)

c. Other reason (*give specific reason*):

d. Plaintiff(s) is(are) entitled to immediate possession because: (*check 1. or 2.*):

1. The property is not in the possession of Defendant(s) under court order or judgment.
 2. The property was taken by Defendant(s) under a court order or judgment but the property is exempt from seizure because (*state exemption*):
-
-
-

D. DEMAND OF PLAINTIFF(S)

- 6.** Plaintiff(s) ask(s) for possession of the property.
 - 7.** Plaintiff(s) may ask the court for damages for unlawful retention and for any damage to the property when the amount can be determined.
 - 8.** The reason Plaintiff(s) ask(s) for damages is:
-
-
-
-
-
-

E. NOTICE TO DEFENDANT(S)

- You may file an Appearance and Answer with the clerk of district court in the above county within **20 days** after you receive this Original Notice.
- You must file this in the county listed on this Original Notice.
- If you do not file an Appearance and Answer within **20 days** after receiving this Notice, the court may enter a judgment against you giving Plaintiff(s) what is demanded in the Petition.
- The court can make you pay interest and court costs.
- If you deny the Petition and file an Appearance and Answer within **20 days** after, you will receive notification from the clerk's office of the hearing place and time.

F. SIGNATURE(S)

_____, 20____
(Date)

(Your signature) Required

(_____)_____
(Phone number optional)

(E-mail address optional)

_____, 20____
(Date)

(Your signature) Required

(_____)_____
(Phone number optional)

(E-mail address optional)

G. HELP FOR DISABILITIES

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

IMPORTANT

- 1. A COPY OF THIS ORIGINAL NOTICE AND AN APPEARANCE AND ANSWER FORM MUST BE PROVIDED TO DEFENDANT(S).**
- 2. FILE THIS ORIGINAL NOTICE WITH THE COURT AND KEEP A COPY FOR YOUR RECORDS.**

A. IN THE DISTRICT COURT FOR _____ **COUNTY, IOWA**
(County where the case is filed)

B. NAMES

PLAINTIFF #1 *(Full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

PLAINTIFF #2 *(Full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

VS.

DEFENDANT #1 *(Your full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

DEFENDANT #2 *(Your full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

SMALL CLAIMS DIVISION

Case number:

APPEARANCE and ANSWER
(CLERK STAMPS HERE)

C. ANSWER OF DEFENDANT(S)

(Check the boxes in 1. or 2.):

1. I(We) enter my(our) appearance and deny the claim of Plaintiff(s). I(We) ask for a hearing.

2. a. I(We) admit Plaintiff(s) claim. I(We) agree to a judgment against me(us).

b. I(We) request a payment plan of \$ _____ per month beginning on _____, 20____.
(Month & day) (Year) (Amount)

3. I (We) certify that I(we) mailed or gave a copy of this Appearance and Answer to the other party or the other party's attorney (if any) on _____, 20____.
(Month & day) (Year)

D. SIGNATURE(S)

_____, 20____
(Date)

(_____) _____
(Phone number optional)

_____, 20____
(Date)

(_____) _____
(Phone number optional)

(Your signature) Required

(E-mail address optional)

(Your signature) Required

(E-mail address optional)

PRINT CLEARLY

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

B. NAMES

PLAINTIFF #1 *(Full name: first, middle, last)*

PLAINTIFF #2 *(Full name: first, middle, last)*

VS.

DEFENDANT #1 *(Full name: first, middle, last)*

DEFENDANT #2 *(Full name: first, middle, last)*

<p>SMALL CLAIMS DIVISION Case number: _____</p> <hr/> <p>COUNTERCLAIM of DEFENDANT(S) <i>(CLERK STAMPS HERE)</i></p>

C. DEMAND OF DEFENDANT(S)

1. Defendant(s)/Counterclaimant(s), _____
(Full name(s))

demand the amount of \$ _____
(Enter amount)

from _____
(Full name(s))

2. I(We) make this demand because:

3. I(We) certify that I(we) mailed or gave a copy of this Counterclaim to the other party or the other party's attorney (if any) on _____, 20____.
(Month & day) (Year)

D. SIGNATURE(S)

_____, 20____
(Date)

(Your signature) Required

(_____) _____
(Phone number optional)

(E-mail address optional)

_____, 20____
(Date)

(Your signature) Required

(_____) _____
(Phone number optional)

(E-mail address optional)

CROSS CLAIM against a CO-PARTY

PRINT CLEARLY

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

B. NAMES

PLAINTIFF #1 *(Full name: first, middle, last)*

(Street address) (City) (State) (Zip code)

PLAINTIFF #2 *(Full name: first, middle, last)*

(Street address) (City) (State) (Zip code)

VS.

DEFENDANT #1 *(Full name: first, middle, last)*

(Street address) (City) (State) (Zip code)

DEFENDANT #2 *(Full name: first, middle, last)*

(Street address) (City) (State) (Zip code)

SMALL CLAIMS DIVISION

Case number:

**CROSS CLAIM against a
CO-PARTY**

(CLERK STAMPS HERE)

C. DEMAND

1. I(We), as Cross Claimants, _____,
(Full name(s))

demand from _____ the amount of
(Full name(s))

\$ _____.
(Enter amount)

2. I(We) make this demand because:

(Continued)

3. Notice:

- You may file an Appearance and Answer with the clerk of district court in the above county within **20 days** after you receive this Original Notice.
- If you do not file an Appearance and Answer within **20 days** after receiving this Notice, the court may enter a judgment against you giving Cross Claimant(s) what is demanded in the Cross Claim.
- If you deny the Cross Claim and file an Appearance and Answer within **20 days** after, you will receive notification from the clerk's office of the hearing place and time.

D. SIGNATURE(S)

_____, 20____
(Date)

(Your signature) Required

(_____)_____
(Phone number optional)

(E-mail address optional)

_____, 20____
(Date)

(Your signature) Required

(_____)_____
(Phone number optional)

(E-mail address optional)

E. HELP FOR DISABILITIES

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

IMPORTANT

AN APPEARANCE AND ANSWER FORM MUST BE PROVIDED TO EACH PARTY AGAINST WHOM THE CROSS CLAIM IS MADE WITH THIS ORIGINAL NOTICE.

**ORIGINAL NOTICE and CROSS PETITION against a
THIRD PARTY**

PRINT CLEARLY

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

B. NAMES

PLAINTIFF #1 *(Full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

PLAINTIFF #2 *(Full name: first, middle, last)*

(Street address) (City) (State) (Zip code)

<p align="center">SMALL CLAIMS DIVISION Case number: _____</p> <hr/> <p align="center">ORIGINAL NOTICE and CROSS PETITION against a THIRD PARTY <i>(CLERK STAMPS HERE)</i></p>
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VS.

DEFENDANT #1/CROSS PETITIONER *(Full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

DEFENDANT #2/CROSS PETITIONER *(Full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

VS.

THIRD PARTY DEFENDANT #1 *(Full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

THIRD PARTY DEFENDANT #2 *(Full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

C. TO THE THIRD PARTY DEFENDANT(S) NAMED ABOVE

1. Defendant(s)/Cross Petitioner(s), _____,
(Full name(s))

demand from _____
(Full name(s))

the amount of \$ _____.

2. I(We) make this demand because:

(Continued)

3. Notice:

- You may file an Appearance and Answer with the clerk of district court in the above county within **20 days** after you receive this Original Notice.
- If you do not file an Appearance and Answer within **20 days** after receiving this Notice, the court may enter a judgment against you giving Cross Petitioner(s) what is demanded in the Cross Petition.
- If you deny the Cross Petition and file an Appearance and Answer within **20 days** after, you will receive notification from the clerk’s office of the hearing place and time.

D. SIGNATURE(S)

_____, 20____
(Date)

(Your signature) Required

(_____)_____
(Phone number optional)

(E-mail address optional)

_____, 20____
(Date)

(Your signature) Required

(_____)_____
(Phone number optional)

(E-mail address optional)

E. HELP FOR DISABILITIES

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

IMPORTANT
AN APPEARANCE AND ANSWER FORM MUST BE PROVIDED TO THIRD PARTY DEFENDANT(S) WITH THIS ORIGINAL NOTICE.

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

B. NAMES

PLAINTIFF #1 *(Full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

PLAINTIFF #2 *(Full name: first, middle, last)*

(Street address) (City) (State) (Zip code)

VS.

DEFENDANT #1/CROSS PETITIONER *(Full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

DEFENDANT #2/CROSS PETITIONER *(Full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

VS.

THIRD PARTY DEFENDANT #1 *(Your full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

THIRD PARTY DEFENDANT #2 *(Your full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

SMALL CLAIMS DIVISION
Case number:

APPEARANCE and ANSWER of
THIRD PARTY
(CLERK STAMPS HERE)

C. ANSWER OF THIRD PARTY DEFENDANT(S)

(Check the boxes in 1. or 2.):

- 1.** I(We) enter my(our) appearance and deny the claim of Cross Petitioner(s). I(We) ask for a hearing.
OR
2. a. I(We) admit the claim of Cross Petitioner(s). I(We) agree to a judgment against me(us).
b. I(We) request a payment plan of \$ _____ per month, beginning _____, 20____.
(Enter amount) (Month & day) (Year)

D. SIGNATURE(S)

3. I(We) certify that I(We) mailed or gave a copy of this Appearance and Answer to the other party or the other party's attorney (if any) on _____, 20____.
(Month & day) (Year)

_____, 20____
(Date)

(Your signature) Required

(_____) _____
(Phone number optional)

(E-mail address optional)

_____, 20____
(Date)

(Your signature) Required

(_____) _____
(Phone number optional)

(E-mail address optional)

SC-314 APPLICATION and AFFIDAVIT to DEFER PAYMENT of COSTS

PRINT CLEARLY

A. IN THE DISTRICT COURT FOR _____ **COUNTY, IOWA**
(County where the case is filed)

B. NAMES

PLAINTIFF #1 *(Full name: first, middle, last)*

PLAINTIFF #2 *(Full name: first, middle, last)*

VS.

DEFENDANT #1 *(Full name: first, middle, last)*

DEFENDANT #2 *(Full name: first, middle, last)*

SMALL CLAIMS DIVISION
Case number:

APPLICATION and AFFIDAVIT
to DEFER PAYMENT of COSTS
(CLERK STAMPS HERE)

C. REQUEST

1. Plaintiff(s) _____
(Full name(s))

is(are):

(Check all that apply):

- a. unable to pay the filing fee or service costs or other court costs.
- b. asking the court for permission to proceed without prepayment of costs and fees.
- c. filing this Application and Affidavit in good faith.
- d. entitled to what I(we) am(are) asking for in this case.

D. FINANCIAL INFORMATION

2. Number of people living in my(our) household: _____.

3. My(our) household income is \$_____ per month.
(Put the amount of all income and benefits before deductions.)

4. List where your household income comes from (examples: employer or benefits such as unemployment, Title 19, FIP):

5. My(our) household has the following monthly expenses:

- a. Rent or mortgage \$ _____
- b. Utilities \$ _____
- c. Telephone \$ _____
- d. Food \$ _____
- e. Transportation \$ _____

6. I(We) have \$ _____ in cash, checking, and savings.

E. OATH AND SIGNATURE(S)

I(We), _____ have read the
(Print your name(s))
above Application and Affidavit. I(We) certify under penalty of perjury and pursuant to the laws of the state of Iowa that the information I(we) have provided in this Application is true and correct and that I(we) gave or mailed a copy of this document to the other party or the other party's attorney (if any) on:

_____, 20____
(Date)

(Your signature)

_____, 20____
(Date)

(Your signature)

PETITION for INTERVENTION

PRINT CLEARLY

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

B. NAMES

PLAINTIFF #1 *(Full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

PLAINTIFF #2 *(Full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

VS.

DEFENDANT #1 *(Full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

DEFENDANT #2 *(Full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

INTERVENOR #1 *(Full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

INTERVENOR #2 *(Full name: first, middle, last)*

(Street address) (City) (State)(Zip code)

SMALL CLAIMS DIVISION

Case number:

PETITION for INTERVENTION
(CLERK STAMPS HERE)

C. NOTICE TO PLAINTIFF(S) AND DEFENDANT(S)

1. I(We) _____ am(are)
(Full name(s))

interested in the subject matter of this litigation.

2. I(We) *(check a., b., or c.):*

- a. am(are) adverse to all parties.
- b. am(are) allied with Plaintiff(s).
- c. am(are) allied with Defendant(s).

3. I(We) demand \$ _____ from _____
(Enter amount) (Full name(s))

4. I(We) make this demand because:

(Continued)

5. I(We) certify that I(we) mailed or gave a copy of this Petition to the other party or the other party's attorney (if any) on _____, 20____.
(Month & day) (Year)

D. SIGNATURE(S)

_____, 20____
(Date) (Your signature) Required

(_____)_____
(Phone number optional) (E-mail address optional)

_____, 20____
(Date) (Your signature) Required

(_____)_____
(Phone number optional) (E-mail address optional)

E. HELP FOR DISABILITIES

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

MOTION to QUASH GARNISHMENT and REQUEST for HEARING on INCOME

PRINT CLEARLY

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

B. NAMES

PLAINTIFF #1 *(Full name: first, middle, last)*

(Street address) (City) (State) (Zip code)

PLAINTIFF #2 *(Full name: first, middle, last)*

(Street address) (City) (State) (Zip code)

VS.

DEFENDANT #1 *(Your full name: first, middle, last)*

(Street address) (City) (State) (Zip code)

DEFENDANT #2 *(Your full name: first, middle, last)*

(Street address) (City) (State) (Zip code)

<p>SMALL CLAIMS DIVISION Case number: _____</p> <hr/> <p>MOTION to QUASH GARNISHMENT and REQUEST for HEARING on INCOME <i>(CLERK STAMPS HERE)</i></p>

C. STATEMENT OF DEFENDANT(S)

(Check all that apply):

1. The bank account of Defendant(s) was garnished.

The account is at _____.
(Name and location of Bank)

Defendant's _____ wages from _____ are being garnished.
(Your name) (Name of Employer)

2. The funds are exempt because:

The funds are less than \$1,000.00

The funds are from an exempt source(s) *(check all sources that apply):*

- Social Security
- Unemployment
- Public Assistance
- Veterans' Benefits
- Pension/annuity
- Alimony/support

The funds are from employment income of \$290.00 per week or less.*

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

- The funds are from qualified insurance proceeds.
- The funds are from a personal injury or wrongful death settlement and are reasonably necessary to support the family of Defendant(s).
- Plaintiff(s) has(have) already garnished the maximum annual amount of disposable earnings
- This garnishment represents a hardship to Defendant(s).
- Other (*explain*): _____

D. REQUEST

- 3.** Defendant(s) ask(s) the court to:
- a. Quash this / these garnishment(s).
 - b. Order Plaintiff(s) to pay court costs.
 - c. Figure my(our) expected earnings and set garnishment limits.
 - d. Other request (*explain*): _____

I(We) certify that I(we) mailed or gave a copy of this Motion to Quash Garnishment to the other party or the other party's attorney (if any) on _____, 20____.

(Month & day) (Year)

E. SIGNATURE(S)

_____, 20____ (Date)	_____ (Your signature) Required
(_____) _____ (Phone number optional)	_____ (E-mail address optional)
_____, 20____ (Date)	_____ (Your signature) Required
(_____) _____ (Phone number optional)	_____ (E-mail address optional)

F. HELP FOR DISABILITIES

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

MOTION to SET ASIDE DEFAULT

PRINT CLEARLY

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

B. NAMES

PLAINTIFF #1 *(Full name: first, middle, last)*

PLAINTIFF #2 *(Full name: first, middle, last)*

VS.

DEFENDANT #1 *(Full name: first, middle, last)*

DEFENDANT #2 *(Full name: first, middle, last)*

<p align="center">SMALL CLAIMS DIVISION Case number: _____</p> <hr/> <p align="center">MOTION to SET ASIDE DEFAULT <i>(CLERK STAMPS HERE)</i></p>

C. STATEMENT OF DEFENDANT(S)

▶ STOP! If the judgment was more than 60 days ago → You cannot use this form. You should talk to an attorney.

(Check all that apply and fill in information):

1. Judgment was filed on _____, 20____.
(Month & day) (Year)

2. Defendant(s) filed an Answer on _____, 20____.
(Month & day) (Year)

3. Defendant(s) denies(deny) the claim.

4. A hearing date was set for _____, 20____.
(Month & day) (Year)

5. Defendant(s) did not receive Notice of the hearing.

6. Defendant(s) did not appear at the hearing because *(explain)*:

7. Defendant(s) ask(s) the court to:

a. Set aside this judgment

b. Other request *(explain)*: _____

(Continued)

8. I(We) certify that I(we) mailed or gave a copy of this Motion to the other party or the other party's attorney (if any) on _____, 20____.
(Month & day) (Year)

D. SIGNATURE(S)

_____, 20____
(Date) (Your signature) Required

(Street address) (City) (State) (Zip code)

(_____) _____
(Phone number optional) (E-mail address optional)

_____, 20____
(Date) (Your signature) Required

(Street address) (City) (State) (Zip code)

(_____) _____
(Phone number optional) (E-mail address optional)

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

B. NAMES

PLAINTIFF #1 *(Full name: first, middle, last)*

PLAINTIFF #2 *(Full name: first, middle, last)*

vs.

DEFENDANT #1 *(Your full name: first, middle, last)*

DEFENDANT #2 *(Your full name: first, middle, last)*

SMALL CLAIMS DIVISION

Case number: _____

AFFIDAVIT of PROPERTY
EXEMPT from EXECUTION
(CLERK STAMPS HERE)

C. AFFIDAVIT OF DEFENDANT(S)

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.

2. THIS FILING IS NOT AN ANSWER OR MOTION IN THIS PROCEEDING.

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

- Social Security \$ _____
- Supplementary Security Income (SSI) \$ _____
- Veterans benefits \$ _____
- Pension benefits \$ _____
- Alimony and support \$ _____
- Other: _____ \$ _____
- Employment* \$ _____

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

4. I(We) have \$ _____ in cash, checking, and savings. This money is deposits from the sources listed above. If there are deposits from other sources, they total less than \$1,000.

5. I(We) own the following property, all of which is all exempt from execution:

- Homestead
- Clothing, suitcases, musical instruments, and household goods and furnishings with a value not more than \$7,000

- Books, portraits, and paintings with a value not more than \$1,000
- Burial plot
- One shotgun and/or one rifle
- Prescribed health aids
- A motor vehicle, _____, with equity of not more than \$7,000
(Year and make)
- Tools of trade or farm equipment, livestock, and feed with a value not more than \$10,000
- Wedding or engagement rings valued at less than \$5,000 or received at least two years before the date of this affidavit
- Other jewelry valued at less than \$2,000
- Cash value of life insurance of not more than \$10,000 if spouse, child, or dependent is beneficiary
- Rental deposits, utility deposits, or rent paid in advance of not more than \$500
- Qualified retirement funds
- Cash on hand and other personal property up to \$1,000

6. I(We) have no other property and have no expectation that I(we) will have any non-exempt property or non-exempt income in the future.

7. I(We) am(are) requesting the full amount of my(our) statutory exemption for both my(our) income and assets.

8. I(We) am(are) submitting this Affidavit to the Sheriff of _____ County,
(Name of county)
and to the Clerk of Court of _____ County.
(Name of county)

9. I(We) certify that I(we) mailed or gave a copy of this Affidavit of Property Exempt from Execution to the other party or the other party's attorney (if any) on _____, 20____.
(Month & day) (Year)

D. SIGNATURE(S)

_____, 20____
(Date) (Your signature) Required

(Street address) (City) (State) (Zip code)

(_____) _____
(Phone number optional) (E-mail address optional)

_____, 20____
(Date) (Your signature) Required

(Street address) (City) (State) (Zip code)

(_____) _____
(Phone number optional) (E-mail address optional)

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

B. NAMES

PLAINTIFF #1 *(Full name: first, middle, last)*

PLAINTIFF #2 *(Full name: first, middle, last)*

VS.

DEFENDANT #1 *(Full name: first, middle, last)*

DEFENDANT #2 *(Full name: first, middle, last)*

SMALL CLAIMS DIVISION
Case number: _____

VERIFICATION of ACCOUNT
(CLERK STAMPS HERE)

C. STATEMENT OF VERIFICATION

1. My name is: _____ I state that
(Full name: first, middle, last)
_____ is(are) Plaintiff(s)
(Full name(s))
whose claim(s) is(are) shown in the attached itemized statement. The balance Defendant(s) owe(s) is:
\$ _____.

- 2.** *(Check all that apply):*
- a. I know that the attached statement is true and accurate.
 - b. The entries shown were made at or about the time that the charges occurred.
 - c. The amounts shown are due and fair. The prices and charges are the reasonable value of the goods and services.
 - d. The balance shown as due is correct.
 - e. Defendant(s) is(are) not in the military service or in prison or jail.

3. Defendant(s), _____, reside(s) at:
(Full name(s))
_____ and is(are) employed at:
(Street address) (City) (State) (Zip code)

(Name of employer of Defendant #1) (Name of employer of Defendant #2)

D. OATH AND SIGNATURE

I, _____, have read the above Verification of Account. I certify under penalty of perjury and pursuant to the laws of Iowa that the information provided in this Verification is true and correct and that I gave or mailed a copy of this document to the other party or the other party's attorney (if any) on:

Dated: _____, 20_____
(Month & day) (Year) (Your signature)

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

B. NAMES

PLAINTIFF #1 *(in original case) (Full name: first, middle, last)*

PLAINTIFF #2 *(in original case) (Full name: first, middle, last)*

VS.

DEFENDANT #1 *(in original case) (Full name: first, middle, last)*

DEFENDANT #2 *(in original case) (Full name: first, middle, last)*

SMALL CLAIMS DIVISION

Case number: _____

NOTICE of APPEAL
(CLERK STAMPS HERE)

C. STATEMENT OF APPEAL OF JUDGMENT

▶ STOP! If the judgment was more than 20 days ago → You cannot use this form. You should talk to an attorney.

1. Party or parties appealing the judgment *(check box a. or b.):*

a. Defendant(s)

b. Plaintiff(s)

2. I(We) _____ appeal to the
(Full name(s))

district court from the judgment entered on _____, 20____.
(Month & day) (Year)

3. I(We) appeal because:

(Continued)

4. I(We) want to order a transcript of the electronic record. I(we) understand I(we) must pay for this.

5. I(We) certify that I(we) mailed or gave a copy of this Notice of Appeal to the other party or the other party's attorney (if any) on _____, 20____.
(Month & day) (Year)

D. SIGNATURE(S)

_____, 20____
(Month & day) (Year) (Your signature) Required

(Street address) (City) (State)(Zip code)

(_____) _____
(Phone number optional) (E-mail address optional)

_____, 20____
(Month & day) (Year) (Your signature) Required

(Street address) (City) (State)(Zip code)

(_____) _____
(Phone number optional) (E-mail address optional)