



- You do not know how to use this form, or if you do not understand this form.
- You think Defendant will hire an attorney.
- You think Defendant will try to get custody of your minor child's children.

For other general information about sexual abuse, call the confidential **Iowa Victim Service Call Center** at 1-800-770-1650, or text IOWAHELP to 20121.

If you do not want Defendant to know where you or your child live, any of the following addresses may be used: a 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. Copies of court documents may be sent to this address, so use an address where you are sure mail will be received.

Page 1 of 11

9. Relationship of Child and Defendant

A. Describe your child's relationship to Defendant in your own words, for example, romantic couple, brother and sister, parent and child, roommates, etc.:

B. Describe your child's relationship to Defendant **at the time** of the abuse or threat of abuse according to the following descriptions: *Check all that apply. If none of these boxes accurately describes your child's relationship with Defendant, do not complete this form. Contact an attorney or call the police about your abuse.*

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p>(1) <input type="checkbox"/> Family or household members* living together at the time of the assault</p> <p>(2) <input type="checkbox"/> Married or living together as if married</p> <p>(3) <input type="checkbox"/> Separated or divorced and not living together at the time of the assault</p> <p>(4) <input type="checkbox"/> Parents of the same child under age 18</p> <p>(5) <input type="checkbox"/> In an intimate relationship** or have been in an intimate relationship and had contact within the past year of the assault</p> <p>(6) <input type="checkbox"/> Defendant is a coworker, employer, or supervisor</p> <p>(7) <input type="checkbox"/> Defendant is in corrections or law enforcement <i>Including, but not limited to: inmate, staff, corrections employee or contractor, or other federal, state, or local law enforcement status</i></p> | <p>(8) <input type="checkbox"/> Defendant is in a position of authority <i>Including, but not limited to: teacher, coach, clergy, counselor or therapist, or a person who represents themselves as such</i></p> <p>(9) <input type="checkbox"/> Defendant is a stranger or unknown person</p> <p><input type="checkbox"/> Acquaintances or friends</p> <p>(10) <input type="checkbox"/> Neighbors</p> <p>(11) <input type="checkbox"/> Defendant is a teacher of the child</p> <p>(12) <input type="checkbox"/> Other <i>Explain how your child knows Defendant</i></p> <p>_____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p><input type="checkbox"/> Check this box if you have attached a page with additional information.</p> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

* **"Family or household members"** means spouses, persons cohabiting, parents, and close blood relatives, but it does not mean children under age 18 of family or household members. Iowa Code § 236.2(a) and 4(a)-(b). If your child under age 18 is being abused by a family or household member, contact the Child Abuse Hotline at 1-800-362-2178.

** An **"intimate relationship"** means a significant romantic involvement that does not have to include sexual involvement. An intimate relationship does not include a casual social relationship or association in a business or professional capacity.

Note: If none of these boxes accurately describes your child's relationship with Defendant, do not complete this form. Contact an attorney or call the police about your child's abuse.

10. Defendant has abused my child: *Check all that apply*

- A. ☐ By committing or attempting to commit a sex act on my child against my child's will, or my child consented because of threatened violence, was under the influence of drugs, or was unconscious. *Sexual abuse may include any form of sexual intercourse, touching or fondling of inner thigh, groin, genitals, anus or breast, or indecent exposure, or invasion of privacy*
- B. ☐ By threatening to sexually abuse my child.
- C. ☐ By saying or acting in a way that made my child afraid of being physically or sexually abused.

11. Sexual Abuse

- A. These are Defendant's **most recent** acts of sexual abuse or acts that made my child afraid of being sexually abused. *Describe **how**, **when**, and **where** the abuse or threats of abuse occurred, including any injuries or medical treatment your child received. **Note:** if the child is with you during preparation of this Petition and is able to write, the child may also describe the following information at the end of this Petition.*

☐ *Check this box if you have attached a page with additional information.*

- B. Defendant has **in the past** sexually abused my child, or said or did something that made my child feel afraid of being sexually abused. *Describe **how**, **when**, and **where** the abuse or threats of abuse occurred, including any injuries or medical treatment your child received. **Note:** if the child is with you during preparation of this Petition and is able to write, the child may also describe the following information at the end of this Petition.*

☐ *Check this box if you have attached a page with additional information.*

12. Defendant has access to or owns firearms, ammunition, other weapons, or permits to buy or carry any of these items. *Check one*

☐ Yes ☐ No ☐ Do not know

If yes, describe these items, where they are located, who may be holding them for Defendant, who else knows about them, and anything else relevant to them.

☐ *Check this box if you have attached a page with additional information.*

13. I ask that Defendant be ordered to stay away from places such as my child's residence, school, or work. *Check Yes or No*

☐ Yes ☐ No

If you check Yes, describe those places, explain why Defendant should stay away, and list any reason Defendant has to be at those places.

Place Defendant should stay away from	Why Defendant should stay away	Reasons Defendant has to be at this place
A.		
B.		
C.		
D.		

☐ *Check this box if you have attached a page with additional information.*

14. Counseling

I ask the court to order **individual** counseling for: *Check any that apply*

- ☐ No one
- ☐ My child—the person I am completing this Petition for
- ☐ Defendant
- ☐ Children *List by initials* _____

The reason for counseling is because:

☐ *Check this box if you have attached a page with additional information.*

I am able to pay for counseling *Check Yes or No* ☐ Yes ☐ No

15. Other requests *List other requests and reasons why the court should grant them.*

☐ *Check this box if you have attached a page with additional information.*

16. Request for court order

Note: There are two kinds of protective orders. A temporary order lasts until the court holds a hearing (within 15 days). A final order lasts up to one year, and the court issues it only after a full hearing.

I ask the court to do the following for my child:

- A.** Immediately issue a Temporary Protective Order to protect my child before the hearing because my child is in present danger of sexual abuse.
- B.** Set a hearing on this Petition and issue a one-year Final Protective Order.
- C.** Order Defendant to: *Check all that apply*
- (1) ☐ Stop the sexual abuse.
- (2) ☐ Stay away from my child.
- (3) ☐ Stay away from the minor children in common with my child.
- (4) ☐ Stay away from my child's home or the family home.
- (5) ☐ Stay away from my child's work, school, and any other places listed in paragraph 13.

- (6) ☐ Not be in my child's presence and not contact my child, or attempt to contact my child, either personally or through another person, whether by telephone, social media, writing, or any other way.
- (7) ☐ Not have firearms, ammunition, or other dangerous weapons.
- (8) ☐ Grant the other requests I have made in this Petition.
- (9) ☐ Other *Describe*

☐ *Check this box if you have attached a page with additional information.*

D. Order the counseling as described in paragraph 14.

E. ☐ Issue subpoenas for the following witnesses and evidence (Iowa Code § 236.4(6)): *List witness names and addresses*

☐ *Check this box if you have attached a page with additional information.*

F. Grant any other relief requested in this Petition or authorized by law.

Note: if you change your mind about any of these requests, you must tell the judge at the hearing. The hearing will occur 5 to 15 days after you file this Petition, if law enforcement can find Defendant. You may modify or cancel any of the requests made in this Petition. You also may ask the judge to grant any of your requests even if you did not make them in this Petition.

17. Protected or confidential information.

This file is a public record available to anyone, pursuant to Iowa Code section 236A.11(3). If you would like all or part of this file not to be available to the general public in order to protect the safety or privacy of any person, then you must ask the court to “seal” all or part of the file.

Defendant from whom you are seeking your child's protection will have access to the file, even if the court seals it. Some court records cannot be sealed, such as court orders and support payment records. The court upon request may remove address and location information from those records.

Check all that apply if you want this file to be sealed.

- ☐ I request that this case file be sealed so that most parts of it are not available to the general public. I understand that court orders and support records cannot be sealed.
- ☐ I request that the court remove my child's address and location information from court documents.
- ☐ Other request:

☐ *Check this box if you have attached a page with additional information.*

Note: It is the responsibility of the person filing a document or exhibit with the court to ensure that protected or confidential information is omitted from or abbreviated on the document or exhibit. See Iowa Court Rule 16.602. Protected information, such as children's full names or social security numbers, should be abbreviated on this form and provided in full on the Protected Information Disclosure form.

18. Plaintiff's understanding of this Petition—read before signing

When you file this Petition with the court, several legal matters are set into motion. Check each statement below after reading it.

- A. ☐ **I understand** there will be a court hearing scheduled for 5 to 15 days after I file this Petition. At this hearing, the judge will decide whether to give my child a Final Protective Order. I understand that, if I cannot be there on that date, I must immediately **ask the court in writing** to change the hearing date and I should contact the clerk of court.
- B. ☐ **I understand** that I must attend the hearing. If I change my mind and do not want a Final Protective Order, I should file with the clerk of court a "Request to Modify, Cancel, or Extend an Iowa Code Chapter 236A Final Protective Order" before the scheduled hearing. This form is available at the clerk of court's office and on the Iowa Judicial Branch website.
- C. ☐ **I understand** that a law enforcement officer will give Defendant a copy of this Petition, if Defendant can be found, and that Defendant will receive other relevant court papers even if the file is "sealed."
- D. ☐ **I understand** that if I do not attend the hearing, or if I file a request to cancel the protective order, the judge can dismiss the Temporary Protective Order so that it will no longer have any effect.
- E. ☐ **I understand** that the hearing is my opportunity to tell the judge how my child was abused or threatened, where it happened, and when it happened. I can bring people with me to the hearing who saw Defendant abusing my child or saw my child's injuries. I can bring any evidence I have that shows my child has been abused, such as medical reports, police reports, texts, voice messages, social media messages, pictures, other documents, or anything else that might

help convince the judge that my child needs a Final Protective Order. *Bring paper copies of any information you want the court to see from your cell phone or other electronic device, such as screen shots of social media posts, pictures, texts, and emails.*

- F. ☐ **I understand** that the court will give primary consideration to the safety of my child and my child's children. I should tell the judge how they will be in danger if Defendant is given custody or unrestricted visitation.
- G. ☐ **I understand** that the hearing is my opportunity to tell the judge what financial support my child needs. I should be ready to provide financial information at the hearing, such as income and living expenses and other expenses.
- H. ☐ **I understand** that the Final Protective Order could be in effect for up to one year. I also understand that, if the Final Protective Order is granted, it may be extended beyond one year by filing for an extension before it expires.
- I. ☐ **I understand** that if I believe Defendant has violated the Temporary or Final Protective Order, I can call law enforcement for assistance. I also can bring this to the court's attention by filing with the clerk of court an "Affidavit to Start Contempt Proceedings." This form is available at the clerk of court's office and on the Iowa Judicial Branch website.
- J. ☐ **I understand** that, if a Temporary or Final Protective Order is issued, law enforcement officers can use every reasonable means to enforce the Order, including arresting Defendant for violating the Order. I understand that, if a court finds that Defendant has violated the Protective Order, Defendant could be put in jail and have to pay a fine. **I also understand** that my child could be arrested and jailed and fined if my child initiates or voluntarily maintains any contact with Defendant that is not allowed by the order or my child otherwise violates the Protective Order.
- K. ☐ **I understand** that requesting a Protective Order is a serious legal action. If I want to change any part of the Protective Order, I should go back and tell the judge. I should file with the clerk of court a "Request to Change or Cancel a Chapter 236A Protective Order." This form is available at the clerk of court's office and on the Iowa Judicial Branch website.

Continued on next page

19. Attorney help

I understand that I may fill out and file this Petition by myself or with the help of an attorney. Check **A.** or **B.**

- A.** ☐ An attorney *did not* help me prepare or fill in this form. *If you check A, go to the “Oath and signature” section below.*
- B.** ☐ An attorney *did* help me prepare or fill in this form. *If an attorney helped you complete this form, please check (1) if the county attorney helped you, or (2) if another attorney helped you. Provide the attorney’s name and contact information.*

(1) ☐ The county attorney helped me:

_____ <i>Name of attorney or organization, if any</i>		_____ <i>Attorney’s PIN – 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</i>	

(2) ☐ Another attorney helped me:

_____ <i>Name of attorney or organization, if any</i>		_____ <i>Attorney’s PIN – 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</i>	

20. Oath and signature

I, _____ have read this Petition, and I certify under penalty
Print your name
of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Petition is true and correct.

Signed on: _____, 20____
*Month Day Year Your signature**

_____ <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>	

** This form may be signed either by using a digitized signature, see instructions at <https://www.iowacourts.gov/for-the-public/court-forms/>, or by printing and hand signing.*

Note: The following space for the child's optional statement and signature by initials is not required to file the Petition, but is available to provide additional information for the judge.

21. Child's optional statement and signature by initials

I, _____, want my parent or guardian to file this Petition for me.

Child's initials only

The Defendant hurt me, or threatened to hurt me by: *Describe **how**, **when**, and **where** the Defendant hurt or threatened to hurt you, including any injuries or medical treatment you may have gotten.*

Signed on: _____, 20____
*Month Day Year Child's initials only**

Mailing address City State ZIP code

(_____) _____
Phone number Email address Additional email address – if available

For other general information about sexual abuse,
call the 24-hour confidential

Iowa Victim Service Call Center at
1-800-770-1650, or text IOWAHELP to 20121.