

Rule 17.400—Form 413: Motion to Disestablish Legal Parent

- A party uses this form if one of the parties wants the court to find and conclude that one of the parties is not a biological parent of the child and should be *disestablished* as (should no longer be) a legal parent of the child.
- For purposes of this form, **legal parent** is a person who is recognized by law as a parent to the child because of a birth certificate, affidavit, child support order, or other legal document.

If you do not understand how to use this form, or if you should use this form, talk to an attorney.

In the Iowa District Court for _____ County
County where your case is filed

Upon the Petition of

Petitioner *Full name first, middle, last*

and concerning

Respondent *Full name first, middle, last*

Equity case no. _____

Motion to Disestablish Legal Parent

I am *Check one*

- A. Petitioner
B. Respondent

1. Legal Parent

_____ is a legal parent but may not be a biological parent
Petitioner's or Respondent's name

of the following child or children:

List each child's initials and birth year

Initials only: First, middle, & last initials of each child	Birth <u>year</u>
(1)	
(2)	
(3)	

Initials only: First, middle, & last initials of each child	Birth <u>year</u>
(4)	
(5)	
(6)	

- Check this box if you have attached a sheet listing additional children for whom Petitioner or Respondent is not the biological parent.*

Continued on next page

2. Biological Parent

The biological parents, if known, of the children are as follows:

Initials only: First, middle, & last initials of each child	Biological parents
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	

3. Genetic Tests

- A. I agree to cooperate with getting any genetic test that the court orders.
- B. I understand that I may have to pay for any genetic test that the court orders.
- C. Testing:

Check (1) or (2).

- (1) Genetic tests have not been done.
- (2) Genetic tests* have been done and show _____ is not the
Petitioner's or Respondent's name
biological parent.

***Note on genetic tests:** Genetic testing must be done by an accredited laboratory with verified documentation of the chain of custody, and the laboratory must send the evaluation report directly to the clerk of court. See Iowa Code sections 600B.41 and 600B.41A.

4. Child Support Recovery Unit (CSRU)

Check one

- A. CSRU is providing services.
Note: You must give a copy of this Motion to CSRU if it is providing services.
- B. CSRU is not providing services.

Continued on next page

5. Best Interests of the Children

It is in the best interests of the child(ren) that _____
Petitioner's or Respondent's name
is found **not** to be a legal parent of the child(ren).

6. Request

I ask the court to:

- A. Appoint a guardian ad litem (an attorney) for the child or children. I understand that I may have to pay the costs of the guardian ad litem.
- B. Order genetic tests if needed and order that Petitioner, Respondent, and children go for testing. I understand that I may have to pay for any genetic test that the court orders.
- C. Find that _____, if excluded by genetic testing, is not a
Petitioner's or Respondent's name
biological parent of the child or children listed in section 1 above, and that the court disestablish that person as a legal parent of the child or children.

7. 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 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 – optional</i>	
_____ <i>Party's or attorney's mailing address</i>		_____ <i>City</i>	_____ <i>State</i>
		_____ <i>ZIP code</i>	

Continued on next page

8. Certification of Service by Mailing or Delivery

Section 6 to be completed only if filing in paper or if the other party is exempt from electronic filing.

This document, if filed electronically, will automatically be served on registered parties.

I, _____, certify that on _____, 20____
Print your name Month Day Year

I mailed or gave a copy of this Motion to the other party or the other party's attorney at this address:

Name of person to whom I delivered or mailed it

9. Oath and Signature

I, _____, certify under penalty of perjury and pursuant to the
Print your name

laws of the State of Iowa that I have read this Motion and that the information I have provided in this Motion is true and correct.

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

Mailing address City State ZIP code

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

* 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.