

**Rule 17.400—Form 422: Motion in a Custody and Visitation Case**

Use this form if you want to ask the court to do something after your court case has already started.

*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 in a Custody and Visitation  
Case**

I am

*Check one*

- A. ☐ Petitioner  
B. ☐ Respondent

**1. Request**

A. I ask the court to

*Check all that apply. If you check any box in A, you must tell the court why you are making this request in B.*

- (1) ☐ Change the hearing date that has been set for \_\_\_\_\_, 20\_\_\_\_\_.  
*Month Day Year*
- (2) ☐ Order temporary custody and visitation.
- (3) ☐ Order temporary child support and medical support.
- (4) ☐ Set a hearing date for a Custody and Visitation Order by default.
- (5) ☐ Award me attorney's fees before the case is final.
- (6) ☐ Order genetic testing to decide paternity and require that Petitioner, Respondent, and child appear for testing.
- (7) ☐ Other request *Explain*

B. I am making the request(s) in this Motion because:

## 2. 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:*

\_\_\_\_\_  
*Name of attorney or organization, if any*      *Attorney's PIN – Ask the attorney*

\_\_\_\_\_  
*Business address of attorney or organization*      *City*      *State*      *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Attorney's phone no.*      *Attorney's fax no. – optional*      *Attorney's email address – optional*

## 3. Certification of Service by Mailing or Delivery

*Section 3 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*

\_\_\_\_\_  
*Party's or attorney's mailing address*      *City*      *State*      *ZIP code*

## 4. 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. I ask the court to grant this Motion.

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.