

**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**  
Form 422

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 P.I.N. # – 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: Month* *Day* 20\_\_\_\_  
*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.