Rule 17.300—Form 323: Response to a Motion in a Child Support Modification

Use this form if your spouse has filed a Motion (most likely form 322) and you disagree with what your spouse is asking the court to do in that Motion.

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

| ln | the Iowa District Court for | County where the Application is filed |
|--|--|--|
| Upon the Petition of | | Equity case no. |
| Petitioner Full name of Petitioner as it is in the Application | | Response to a Motion in a Child Support Modification |
| а | nd concerning | |
| R Fi | espondent ull name of Respondent as it is in the Application | |
| l a | m eck each that applies | |
| | A. Petitioner | |
| | B. Respondent | |
| | C. Applicant | |
| 1. | Motion | |
| | The other party filed a Motion on | , 20 Day Year |
| 2. | Response Check A or B. | |
| | A. I agree with the Motion. | |
| | B. I disagree with the request(s) in the | e Motion because: Explain |
| | | |
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3. 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 State ZIP code 4. Certification of Service by Mailing or Delivery Section 4 to be completed only if filing in paper or if Applicant or the other party is exempt from electronic filing. This document, if filed electronically, will automatically be served on registered parties. I mailed or gave a copy of this Response to Applicant or the other party, or Applicant's or the other party's attorney at the address below: Name of person to whom I delivered or mailed it Party's or attorney's mailing address City State ZIP code 5. Oath and Signature I, _____, certify under penalty of perjury and pursuant to the laws of the State of Iowa that I have read this Response and that the information I have provided in this Response is true and correct. Signed on: Month Mailing address City State ZIP code 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.