



- 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 children.

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

You must tell the clerk of court if your mailing address changes. This will help make sure you get information about your case as soon as possible. If you have an email account, the clerk of court can help you sign up for electronic filing, or use this guide on the Iowa Judicial Branch website: www.iowacourts.gov/efile/efile-instructions/.

4. Defendant lives at the following address, if known:

Defendant's home address *City* *State* *ZIP code* *County*

5. Defendant's age

A. Defendant is 17 years of age or younger: ☐ Yes ☐ No ☐ Do not know
Check one

B. Provide Defendant's year of birth, if known: _____
Year

6. Defendant's employer and work address, if known:

Employer

Defendant's work address *City* *State* *ZIP code* *County*

7. Relationship of Plaintiff and Defendant

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

B. Describe your 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 relationship, do not complete this form. Contact an attorney or call the police about your abuse.*

- | | |
|---|---|
| (1) <input type="checkbox"/> Family or household members* living together at the time of the assault | (4) <input type="checkbox"/> Family or household members* not living together at the time of the assault, but who have lived together within the last year |
| (2) <input type="checkbox"/> Separated or divorced and not living together at the time of the assault | (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 |
| (3) <input type="checkbox"/> Parents of the same child under age 18 | |

* **"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 relationship with Defendant, do not complete this form. Contact an attorney or call the police about your abuse.

8. Defendant has abused me in the following ways: *Check all that apply*

- A. ☐ **Physically.** Defendant caused pain or injury or contact that was offensive to me, placed me in fear of immediate physical contact, displayed a dangerous weapon in a threatening way or pointed a firearm at me, or made it hard for me to breathe normally or limited my blood flow circulation.
- B. ☐ **Sexually.** Defendant committed or attempted to commit a sex act on me against my will, or I consented because of threatened violence, was under the influence of drugs, or I 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.*
- C. ☐ By saying or acting in a way that made me afraid of being physically or sexually abused.

9. Domestic Abuse

- A. These are Defendant's **most recent** acts of physical or sexual abuse or acts that made me afraid of being physically or sexually abused. *Describe how, when, and where the abuse or threats of abuse occurred, including any injuries or medical treatment you received.*

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

- B. Defendant has **in the past** physically abused me, sexually abused me, or said or did something that made me feel afraid for my physical safety. *Describe how, when, and where the abuse or threats of abuse occurred, including any injuries or medical treatment you received.*

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

10. 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.*

Numbers 11 – 18. *If you and Defendant have no biological or adopted children under age 18 in common, skip paragraphs 11A and 12 through 18 and go to paragraph 19. Answer 11B only if there are children in the home who are not biological or adopted children of you and Defendant. Paragraphs 11A and 12 – 18 relate to child custody and the court's duty to decide custody, visitation, and child support issues. If you are unsure how to answer these questions, contact an attorney for advice.*

11. Children

- A.** List the children under age 18 you have in common with Defendant, either biologically or by adoption. List only children's initials, birth year, and county and state where they live: *Use a Protected Information Disclosure form to provide full names and birthdates to the court.*

Child's initials	Birth year	County and State where child lives
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

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

Rule 17.10—Form 11: *Petition for Relief from Domestic Abuse*, continued

- B.** Other children under age 18 living in my home, who are not our biological or adopted children, but who may be affected by this case are: *Answer 11B only if there are children in the home who are not biological or adopted children of you and Defendant. Use a Protected Information Disclosure form to provide full names and birthdates to the court.*

Child's initials	Birth year
(1)	
(2)	
(3)	

Child's initials	Birth year
(4)	
(5)	
(6)	

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

- 12. The following person should have custody of our children.** *Check one*

☐ Me (Plaintiff) ☐ Defendant ☐ Other *Identify below*

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

- 13. The court's decision about custody or visitation will affect my safety and the children's safety in the following way:** *Describe how safety will be affected*

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

- 14. If I have custody of our children, Defendant could have the following visitation.** *Describe how Defendant could visit the children without contacting you — for example: through friends, relatives, or baby-sitters. List any suggestions or concerns you have about visitation and suggest where and how the visitation or exchanges take place:*

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

15. During the last five years, our children have lived with the following adults, at the following addresses:

Child's initials	Each person child lived with other than you	Person's address at <i>that</i> time	From when to when?		
				to	
				to	
				to	
				to	
				to	
				to	
				to	

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

16. The current address of each adult listed in number 15 is:

Each person child lived with other than you	Person's current address <i>If different from the address listed above</i>
A.	
B.	
C.	
D.	
E.	
F.	
G.	

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

17. There is another court order about custody of, or child support for, the minor children listed in paragraph 11(A). Check Yes or No

☐ Yes ☐ No *If yes, there is or has been another court case or order, explain below.*

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

- 18. There is someone else who has physical custody of the children listed in paragraph 11(A), or who claims to have custody or visitation rights to the children.** *Check Yes or No*

☐ Yes ☐ No

If you check Yes, list each person's name and address below.

Full name	Current address

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

- 19. I ask the court to require Defendant to pay monthly financial support.**

Check Yes or No

☐ **Yes** *If you request financial support, you may have to provide a financial statement to the court.*

☐ **No**

If you check Yes, explain how much support and for what reasons it is needed (child support, rent, food, utilities, childcare). Include your monthly income and Defendant's monthly income (if known) from all sources (including work, any public assistance, disability payments):

Amount of monthly support requested	Reasons for monthly financial support
A. \$	
B. \$	
C. \$	
D. \$	
E. \$	
F. \$	
My monthly income	\$
Defendant's monthly income	\$

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

20. Additional requests**I ask for possession of the following:** *Check all that apply*☐ **Residence** *List address and reason why you should have possession*

☐ *Check this box if you have attached a page with additional information.*☐ **Vehicle** *List the year, make, and model of the vehicle, and why you should have possession*

☐ *Check this box if you have attached a page with additional information.*☐ **Pet or companion animal** *List the pet's name and description, and reason why you should have possession*

☐ *Check this box if you have attached a page with additional information.*☐ **Identification or other documents** *List the documents or records you need (for example, birth certificate, passport, driver's license, immigration documents, or benefit cards, immunization records, credit or debit cards, check books) and the reason why you should have the document or record.*

Identification or other document	Reasons for you to have possession
A.	
B.	
C.	
D.	
E.	
F.	

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

☐ **Other** *List other items and reason why you should have possession*

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

21. I ask that Defendant be ordered to stay away from places such as my residence, school, and 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.		
E.		

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

Continued on next page

22. Counseling

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

- ☐ No one
- ☐ Me *Plaintiff*
- ☐ 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

23. Request for court order

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

I ask the court to do the following:

- A.** Immediately issue a Temporary Protective Order to protect me before the hearing because I am in present danger of domestic 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 domestic abuse.
 - (2) ☐ Stay away from me.
 - (3) ☐ Stay away from my children.
 - (4) ☐ Stay away from my home or the family home.
 - (5) ☐ Stay away from my work, school, and any other places listed in paragraph 21.
 - (6) ☐ Not be in my presence and not contact me, or attempt to contact me, personally or through another person, whether by telephone, social media, writing, or any other way.
 - (7) ☐ Give me possession of the family home or provide other housing.
 - (8) ☐ Give me possession of the family car.
 - (9) ☐ Give me custody of our children, with appropriate visitation for Defendant.
 - (10) ☐ Provide financial support.

- (11) ☐ Not have firearms, ammunition, or other dangerous weapons.
- (12) ☐ Give me possession of all other items listed in paragraph 20.
- (13) ☐ Other *Describe*

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

D. Order counseling as requested in paragraph 22.

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 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 at the hearing to grant any of your requests even if you did not mark them on this Petition.

24. Protected or confidential information

This file is a public record available to anyone, pursuant to Iowa Code section 236.10. 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 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 address and location information from court documents.
- ☐ I request that the court seal names and addresses of all children and wards.
- ☐ 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.

25. 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 me 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 236 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 court 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 I was abused or threatened, where it happened, and when it happened. I can bring people with me to the hearing who saw Defendant abusing me or saw my injuries. I can bring any evidence I have that shows I have 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 I need a Final

Protective Order. I may bring paper copies of any information I want the judge to see from my 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 me and my children. I should tell the court how we will be in danger if Defendant is given custody or unrestricted visitation.
- G. ☐ **I understand** that the hearing is my opportunity to tell the court what financial support I need. 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 place 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 I could be arrested, jailed, and fined if I initiate or voluntarily maintain any contact with Defendant in violation of the order, or if I otherwise violate 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 Modify, Cancel, or Extend an Iowa Code chapter 236 Final Protective Order." This form is available at the clerk of court's office and on the Iowa Judicial Branch website.

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26. 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:

_____ Name of attorney or organization, if any		_____ Attorney’s PIN – Ask the attorney	
_____ Business address of attorney or organization		_____ City	_____ State
_____ Attorney’s phone number		_____ Attorney’s fax number – optional	_____ Attorney’s email address

(2) ☐ Another attorney helped me:

_____ Name of attorney or organization, if any		_____ Attorney’s PIN – Ask the attorney	
_____ Business address of attorney or organization		_____ City	_____ State
_____ Attorney’s phone number		_____ Attorney’s fax number – optional	_____ Attorney’s email address

27. 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**

_____ Mailing address		_____ City	_____ State	_____ ZIP code
_____ Phone number	_____ Email address		_____ Additional email address – if available	

* 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.

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