Rule 17.400—Form 409: Application and Affidavit to Defer Payment of Costs

Petitioner: Use this form only if you cannot afford to pay the fees to file and serve the Petition.

- Use this form if it would cause you to suffer a hardship if you had to pay the filing fee and cost of serving papers.
- You may need to provide proof of your income and assets and your expenses.
- Costs and fees paid to someone other than the court or sheriff cannot be waived. For example, you may have to pay to publish a legal notice in the newspaper or to hire an expert to testify.

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

In the lowa District Court for C	ounty where the petition is filed
Upon the Petition of	Equity case no. Application and Affidavit to Defor
Petitioner Full name: first, middle, last	Application and Affidavit to Defer Payment of Costs
and concerning	
Respondent Full name: first, middle, last	
Request and Information	
A. I am Petitioner.	
B. For my Application and Affidavit, I state to Check all that apply	that:
(1) I am unable to pay the filing fee or se	ervice costs or other court costs.
(2) I ask the court for permission to produce the second control of the second control	eed without prepayment of costs and fees.
(3) I am filing this Application and Affida	vit in good faith.
(4) I believe I am entitled to what I am a	sking for in this case.
C. Household	
There are people living in my hous	sehold.
D. My household income is \$	per month.
•	efore deductions for all members of your household.
E. My income comes from:	
List the sources of your income. Examples: salary	, wages, or benefits such as unemployment, Title 19, FIP.

Continued on next page

Rule 17.400—Form 409: Application and Affidavit to Defer Payment of Costs, continued

F.	My household has the	e following monthly expenses:
	(1) Rent or mortgage	\$
	(2) Utilities	\$
	(3) Phone	\$
	(4) Food	\$
	(5) Transportation	\$
G.	I have \$	in cash, checking, and savings.

Continued on next page

2.	Check one							
	A. 🗆	An attorney	did not help	me pre	oare or	fill in this paper.		
	В. 🗌	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 add	ress of attorney	or organi	zation	City	State	ZIP code
		()		()			
		Attorney's ph	one number	Attor	ney's fax	number – optional	Attorney's emo	uil address – optional
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4.	Name of	d or gave a condition of person to who or attorney's nand Signa	opy of this App om I delivered o nailing address	olication a	t City	avit to the other pa	arty or the other	party's attorney
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* 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.