



**Rule 17.10—Form 16: Affidavit to Start Contempt Proceedings for Violation of a Domestic Abuse Protective Order** Iowa Code chapter 236

You should read the *Protect Yourself from Domestic Abuse Protection* guide on the Iowa Judicial Branch website at [www.iowacourts.gov/for-the-public/court-forms](http://www.iowacourts.gov/for-the-public/court-forms). The guide explains what domestic abuse is, court procedures, and how to contact an attorney. You may want to, or should, talk to an attorney if:

- 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.

You may involve an attorney in this case at any time, although you are not required to. If you cannot afford an attorney, the county attorney's office or Iowa Legal Aid may be able to help you.

**Caution:** You must complete a separate Protected Information Disclosure form to provide confidential or personal information the court requires but that cannot be listed in this form.

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

**In the Iowa District Court for \_\_\_\_\_ County**

*County where Petition is filed*

**Plaintiff**

*Full Name of person who filed Petition*

vs.

**Defendant**

*Full Name of alleged domestic abuser*

Civil no. \_\_\_\_\_

*Leave blank – clerk of court will fill in*

**Affidavit to Start Contempt Proceedings  
for Violation of a Domestic Abuse  
Protective Order**

Iowa Code chapter 236

If you need assistance to participate in court due to a disability, call the disability coordinator (information at [www.iowacourts.gov/for-the-public/ada](http://www.iowacourts.gov/for-the-public/ada)). Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). **Disability coordinators cannot provide legal advice.**

**1. The court issued a chapter 236 Protective Order in this case on**

\_\_\_\_\_. I believe Defendant has willfully violated that Order.  
*Month Day Year*

I, \_\_\_\_\_, Plaintiff, swear under oath that the following statement  
*Print full name*  
is true and correct:

*Explain how Defendant violated the Protective Order.*

---

---

---

---

---

---

---

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

**Rule 17.10—Form 16: Affidavit to Start Contempt Proceedings for Violation of a Domestic Abuse Protective Order, continued**

**2. I request** that the court issue an arrest warrant or an “Order to Show Cause” that requires Defendant to appear before the court and show the court why Defendant should not be held in contempt for violating the Protective Order. I also request the court to direct the sheriff to serve this Affidavit and an “Order to Show Cause” on Defendant.

**3. I understand** that I must attend the contempt hearing and tell the court **how** and **when** Defendant violated the Protective Order. In addition to my own testimony, I may bring other proof of the violation such as people who saw Defendant violate the Order, photos, medical records, police reports, or anything else that might help to show the court how Defendant violated the Protective Order. *Bring paper copies of any information you want the court to see from your cell phone or other electronic device, such as screen shots of social media posts, photos, texts, and emails.*

**4. Attorney Help**

**I understand** that I may fill out and file this Affidavit by myself or with the help of an attorney. *Check A. or B.*

**A.** ☐ An attorney *did not* help me complete this form. *If you check A, go to the “Oath and signature” section below.*

**B.** ☐ An attorney *did* help me complete 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*

\_\_\_\_\_  
*ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*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*

\_\_\_\_\_  
*ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Attorney’s phone number*

(\_\_\_\_\_) \_\_\_\_\_  
*Attorney’s fax number – optional*

\_\_\_\_\_  
*Attorney’s email address*

*Continued on next page*

**Rule 17.10—Form 16: Affidavit to Start Contempt Proceedings for Violation of a Domestic Abuse Protective Order, continued**

**5. Oath and signature**

I, \_\_\_\_\_, have read this Affidavit, and I certify under  
*Print your full name*  
penalty of perjury and pursuant to the laws of the State of Iowa that the information I  
have provided in this Affidavit 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.*

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.