



**Rule 17.30—Form 11: *Petition for Relief from Sexual Abuse***  
Iowa Code chapter 236A

Before using this form, read the *Protect Yourself from Sexual Abuse* 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 sexual abuse is, court procedures, and how to contact an attorney. You may want to, or should, see 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 Petition.

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

<b>In the Iowa District Court for _____ County</b> <i>County where Petition is filed</i>	
<p><b>Plaintiff</b> <i>Full name of person seeking protection from sexual abuse</i></p> <p><b>vs.</b></p> <p><b>Defendant</b> <i>Full name of Defendant as alleged sexual abuser</i></p>	<p>Civil no. _____ <i>Leave blank – clerk of court will fill in</i></p> <p style="text-align: center;"><b>Petition for Relief from Sexual Abuse</b> Iowa Code chapter 236A</p> <p><small>If you need assistance to participate in court due to a disability, call the disability coordinator (information at <a href="http://www.iowacourts.gov/for-the-public/ada">www.iowacourts.gov/for-the-public/ada</a>). Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). <b>Disability coordinators cannot provide legal advice.</b></small></p>

**1. I am filing this action under Iowa Code chapter 236A because I am asking for protection from sexual abuse for myself.**

**2. I live in \_\_\_\_\_ County, Iowa.**

**3. I can receive mail about my case at the following address:**

*If you do not want Defendant to know where you live, you may use any of the following addresses: a mailing address, the mailing address of a shelter or other agency, a public or private post office box, or any other mailing address with permission of the resident of that address. Copies of court documents may be sent to this address, so use an address where you are sure mail will be received.*

\_\_\_\_\_ Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_ County

***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/](http://www.iowacourts.gov/efile/efile-instructions/).***



### 8. 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.:

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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.*

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|---|--|
| (1) <input type="checkbox"/> Family or household members* living together at the time of the assault  | (8) <input type="checkbox"/> Defendant is in a position of authority <i>Including, but not limited to: teacher, coach, clergy, counselor or therapist, or a person who represents themselves as such</i> |
| (2) <input type="checkbox"/> Married or living together as if married   | (9) <input type="checkbox"/> Defendant is a stranger or unknown person   |
| (3) <input type="checkbox"/> Separated or divorced and not living together at the time of the assault   | (10) <input type="checkbox"/> Acquaintances or friends   |
| (4) <input type="checkbox"/> Parents of the same child under age 18   | (11) <input type="checkbox"/> Neighbors  |
| (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   | (12) <input type="checkbox"/> Defendant is a teacher of Plaintiff  |
| (6) <input type="checkbox"/> Defendant is a coworker, employer, or supervisor   | (13) <input type="checkbox"/> Other <i>Explain how you know the person from whom you are seeking protection</i>  |
| (7) <input type="checkbox"/> Defendant is in corrections or law enforcement <i>Including, but not limited to: inmate, staff, corrections employee or contractor, or other federal, state, or local law enforcement status</i> | _____  |
|   | _____  |
|   | _____  |
|   | _____  |

\* **“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.

*Continued on next page*

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

- A.  By committing or attempting to commit a sex act on me against my will, or I consented to a sex act because of threatened violence, I 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.*
- B.  By threatening to sexually abuse me.
- C.  By saying or acting in a way that made me afraid of being sexually abused.

**10. Sexual abuse**

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

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

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

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

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**11. 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.*

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

**12. Requests**

**A. 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.		

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

**B. 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

**C. Other requests** *List other requests and reasons why the court should grant them.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

**13. 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 sexual 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 sexual abuse.
  - (2)  Stay away from me.
  - (3)  Stay away from my home.

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- (4)  Stay away from anyone else I included in my Petition.
- (5)  Stay away from my work, school, and any other places listed in paragraph 12A.
- (6)  Not be in my presence and not contact me, or attempt to contact me, either personally or through another person, whether by telephone, social media, writing, or any other way.
- (7)  Not have firearms, ammunition, or other dangerous weapons.
- (8)  Grant the other requests I have made in paragraph 12C.
- (9)  Other *Describe*

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

**D.** Order counseling as requested in paragraph 12B.

**E.**  Issue subpoenas for the following witnesses and evidence (Iowa Code § 236.4(6)): *List witness names and addresses*

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*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.

*Continued on next page*

#### 14. Protected or confidential information

This file is a public record available to anyone, pursuant to Iowa Code section 236A.11(3). 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, county of residence, and other location information from court documents.
- I request that my mailing address be removed from court documents.
- Other request:

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*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.

#### 15. 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 236A 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 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.
- 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 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.”
- F.  **I understand** that the court will give primary consideration to my safety and the safety of other persons I have asked to be protected.
- G.  **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.
- H.  **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.
- I.  **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.
- J.  **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 236A 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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## 16. 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:

_____ <i>Name of attorney or organization, if any</i>		_____ <i>Attorney’s PIN – Ask the attorney</i>	
_____ <i>Business address of attorney or organization</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>ZIP code</i>
(_____) _____ <i>Attorney’s phone number</i>	(_____) _____ <i>Attorney’s fax number – optional</i>	_____ <i>Attorney’s email address</i>	

(2)  Another attorney helped me:

_____ <i>Name of attorney or organization, if any</i>		_____ <i>Attorney’s PIN – Ask the attorney</i>	
_____ <i>Business address of attorney or organization</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>ZIP code</i>
(_____) _____ <i>Attorney’s phone number</i>	(_____) _____ <i>Attorney’s fax number – optional</i>	_____ <i>Attorney’s email address</i>	

## 17. 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\**

_____ <i>Mailing address</i>	_____ <i>City</i>	_____ <i>State</i>	_____ <i>ZIP code</i>
(_____) _____ <i>Phone number</i>	_____ <i>Email address</i>	_____ <i>Additional email address – if available</i>	

\* *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.*

<p>For other general information about sexual abuse, call the 24-hour confidential <b>Iowa Victim Service Call Center</b> at 1-800-770-1650, or text IOWAHELP to 20121.</p>
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