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Rule 17.20—Form 14: *Affidavit to Start Contempt Proceedings for Violation of an Elder Abuse Protective Order* Iowa Code chapter 235F

Use this form if you or the person who needs help is a "vulnerable elder," a person who is at least 60 years old and unable to protect himself or herself from elder abuse because of:

- Age
- Mental condition
- Physical condition
- Increased risk of harm

You should read the *Protect Yourself from Elder Abuse* guide on the Iowa Judicial Branch website at www.iowacourts.gov/for-the-public/court-forms. 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 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 or Substitute Petitioner
Full Name of person who filed Petition

vs.

_____
Defendant
Full Name of alleged elder abuser

Civil no._____
Leave blank – clerk of court will fill in

Affidavit to Start Contempt Proceedings for Violation of an Elder Abuse Protective Order
Iowa Code chapter 235F

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). 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 235F Protective Order in this case on

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

I, _____, Plaintiff or Substitute Petitioner, swear under oath
Print full name
that the following statement is true and correct:

Explain how Defendant violated the Protective Order

Show Lines
Hide Lines

_____

_____

_____

_____

_____

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

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*	

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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 information on elder abuse, neglect, or financial exploitation contact the Iowa Department on Aging at (800) 532-3213.