

**Rule 17.100—Form 122: *Motion in a Dissolution of Marriage with no Minor or Dependent Adult Children***

Use this form if you want to ask the court to do something after your court case has already started.

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

In the Iowa District Court for \_\_\_\_\_ County  
*County where your case is filed*

**Upon the Petition of**

\_\_\_\_\_  
**Petitioner** *Full name: first, middle, last*

and concerning

\_\_\_\_\_  
**Respondent** *Full name: first, middle, last*

Equity case no. \_\_\_\_\_

**Motion in a Dissolution of Marriage with no Minor or Dependent Adult Children**

I am

*Check one*

- A.  Petitioner
- B.  Respondent

**1. Request**

A. I ask the court to

*Check all that apply. If you check any box in A, you must tell the court why you are making this request in B.*

- (1)  Change the hearing date that has been set for \_\_\_\_\_, 20\_\_\_\_\_.  
*Month Day Year*
- (2)  Order counseling (conciliation).
- (3)  Set a hearing date for a divorce Decree by default.
- (4)  Award me attorney's fees before the divorce is final.
- (5)  Award spousal support (alimony) to me before the divorce is final.
- (6)  Shorten the 90-day waiting period for getting a divorce Decree.
- (7)  Other request *Explain* \_\_\_\_\_

B. I am making the request(s) in this Motion because: \_\_\_\_\_

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

*Continued on next page*

## 2. Attorney Help

Check one

A.  An attorney did not help me prepare or fill in this paper.

B.  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 P.I.N. # – 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 – optional

## 3. Certification of Service by Mailing or Delivery

Section 3 to be completed only if filing in paper or if the other party is exempt from electronic filing.

This document, if filed electronically, will automatically be served on registered parties.

I, \_\_\_\_\_, certify that on \_\_\_\_\_, \_\_\_\_\_, 20\_\_\_\_\_  
Print your name Month Day Year

I mailed or gave a copy of this Motion to the other party or the other party's attorney at this address:

\_\_\_\_\_  
Name of person to whom I delivered or mailed it

\_\_\_\_\_  
Party's or attorney's mailing address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

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

## 4. Oath and Signature

I, \_\_\_\_\_, have read this Motion, and I certify under penalty of  
Print your name

perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Motion is true and correct.

\_\_\_\_\_, 20\_\_\_\_\_  
Signed on: Month Day Year

\_\_\_\_\_  
Your signature\*

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

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

(\_\_\_\_\_) \_\_\_\_\_  
Phone number

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Additional email address – if available

\* 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.