



Rule 17.100—Form 109: *Application and Affidavit to Defer Payment of Costs*

Petitioner uses this form only if Petitioner 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 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*

Case no. _____

Application and Affidavit to Defer Payment of Costs

1. Request

A. I am Petitioner.

B. For my Application and Affidavit, I state that:

Check all that apply

- (1) ☐ I am unable to pay the filing fee or service costs or other court costs.
- (2) ☐ I ask the court for permission to proceed without prepayment of costs and fees.
- (3) ☐ I am filing this Application and Affidavit in good faith.
- (4) ☐ I believe I am entitled to what I am asking for in this case.

C. Household

There are _____ people living in my household.
Number

D. My household income is \$ _____ per month.

Put the total amount of all income and benefits before 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.

F. My household has the following monthly expenses:

- (1) Rent or mortgage \$ _____
- (2) Utilities \$ _____
- (3) Phone \$ _____
- (4) Food \$ _____
- (5) Transportation \$ _____

G. I have \$ _____ in cash, checking, and savings.

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2. Attorney help

Check one

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

B. ☐ An attorney helped me prepare or fill in this form.

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

3. Certification of service by mailing or delivery

Section 3 to be completed **only** if submitting a **paper form** to the clerk of court for filing or if the other party is **excused** from electronic filing. This document 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 Application and Affidavit 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 Application and Affidavit, and I certify under
Print your name

penalty of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Application and Affidavit 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

* This form may be signed either by using a digitized signature, see instructions at www.iowacourts.gov/for-the-public/court-forms/, or by printing and hand signing.