

Rule 17.300—Form 322: Motion in a Child Support Modification

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 the Application is filed

Upon the Petition of

Petitioner

Full name of Petitioner as it is in the Application

and concerning

Respondent

Full name of Respondent as it is in the Application

Equity case no. _____

**Motion in a Child Support
Modification**

I am

Check each that applies

- A. Petitioner
- B. Respondent
- C. Applicant

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) Set a hearing date for modification of child support.
- (3) 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 Applicant or 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 Applicant or other party, or the Applicant's or other party's attorney at the address below:

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, _____, certify under penalty of perjury and pursuant to the
Print your name

laws of the State of Iowa that I have read this Motion and 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.