

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 *Elder Abuse Protection 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 lowa 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 general information about elder abuse, call the confidential **lowa Victim Service Call Center** at 1-800-770-1650, the Department on Aging at 1-800-532-3213, or text IOWAHELP to 20121.

In the Iowa District Court for	County where Petition is filed
Plaintiff or Substitute Petitioner Full name of person filing Petition VS.	Civil no
Defendant Full name of alleged elder abuser	If you need assistance to participate in court due to a disability, call the disability coordinator (information at www.iowacourts.gov/forthe-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. I,	
mailing address, the mailing address of a shell	e you live, any of the following addresses may be used: a lter or other agency, a public or private post office box, or f the resident of that address. Copies of court documents
Plaintiff's mailing address You must tell the clerk of court if your	City State Zip code County mailing or email 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 Branch website: <u>www.iowacourts.gov/efile/</u>			use this gu	ide on the	Iowa Judicial
		☐ I do not live at this address. o	Check this b	ox if you do n	ot live at ye	our mailin	g address
	(3)	My year of birth is:					
В.		For	, who	is a vulne	rable elc	ler 60 y	ears old or
		older and in need of protection. I	am a Su	ubstitute Pe	etitioner	for this	person.
	(1)	The vulnerable elder lives in			County, I	owa.	
	(2)	The vulnerable elder can receive ma	ail at the fo	ollowing add	dress:		
		If you do not want Defendant to know when may be used: a mailing address, the mailing post office box, or any other mailing address court documents may be sent to this address	ng address o ss with pern	of a shelter or uission of the t	other age resident of	ncy, a pu that addr	blic or private ess. Copies of
		Elder's mailing address	City	<i>y</i>	State	Zip code	County
C.	If ye add mai	Substitute Petitioner, can receive moundo not want Defendant to know where you dress, the mailing address of a shelter or oth iling address with permission of the resident address, so use an address where you are su	l live, any o er agency, of that add	f the following a public or pr lress. Copies	addresses ivate post	office box	, or any other
	—— Mai	iling address C	 City	State	Zip code	Count	
	You info you	a must tell the clerk of court if your mailing or mation about your case as soon as possible sign up to receive court documents and ord basite: www.iowacourts.gov/efile/efile-instruct The vulnerable elder does not live as	le. If you ha lers by eman tions/.	we an email a il, or use this g	ccount, the	e clerk of	court can help
N	ote:	The vulnerable elder has the following	ing rights	no matter w	/ho files t	this Peti	tion:
•		hire an attorney.		cross-exa	mine witr	nesses a	it the
•	To	have access to personal records. of file objections to the Protective rder.	• To	earing. o request a o present ev	•	on the P	etition.

u	dress	City	V	State Zip code	County
)(efendant's employer and	d employe	er's	address, if known:	
 En	nployer				
De	fendant's work address	Cit	у	State Zip code	County
De	efendant's age:				
Α.	Defendant is 17 years of a	ge or youn	ger:		not know
В.	Provide Defendant's year	of birth, if k	now		
TΙ	ne name and age of othe	r individu	ale	if any whose welfare m	av he affecte
	e alleged elder abuse:	IIIaiviaa	ais,	ii airy, wiiose weiiaie iii	iay be arrecte
Ati	tach additional sheets if necessary	,			
	lame Provide only initials if minor	Age		Name Provide only initials if minor	Age
(1)			(3)	
(.	2)			(4)	
Real	elationship of the vulneral buse: heck all that apply	ole elder a	nd C	Defendant at the time of the	-
Reak ak Ch	elationship of the vulneratouse: neck all that apply Married	ole elder a	F.	Defendant at the time of the	-
Reak Ch	elationship of the vulnerabouse: neck all that apply Married Separated	ole elder a	F. G.	Defendant at the time of the Relative or household me	ember
Reak ak Ch	elationship of the vulnerabouse: neck all that apply Married Separated	ole elder a	F.	Defendant at the time of the	ember
Reak Ch A.	elationship of the vulnerabouse: aeck all that apply Married Separated Divorced	ole elder a	F. G.	Defendant at the time of the Relative or household me Caretaker Fiduciary (Includes attorn	ember ney, guardian, or
Roak Ch A. B.	elationship of the vulnerabouse: aeck all that apply Married Separated Divorced	ole elder a	F. G. H.	Defendant at the time of th Relative or household me Caretaker Fiduciary (Includes attorr conservator)	ember ney, guardian, or
Reak Ch	elationship of the vulnerabouse: neck all that apply Married Separated Divorced Living together	ole elder a	F. G. H.	Defendant at the time of the Relative or household me Caretaker Fiduciary (Includes attorr conservator) Person in a position of true	ember ney, guardian, or ust or confidence
Reak Ch A. B. C. D. E.	elationship of the vulnerabouse: neck all that apply Married Separated Divorced Living together		F. G. H. I.	Defendant at the time of the Relative or household me Caretaker Fiduciary (Includes attorr conservator) Person in a position of true Business	ember ney, guardian, or ust or confidence
Ricals Chi	elationship of the vulnerabouse: neck all that apply Married Separated Divorced Living together Intimate relationship ature of the alleged elder		F. G. H. I.	Defendant at the time of the Relative or household me Caretaker Fiduciary (Includes attorr conservator) Person in a position of true Business	ember ney, guardian, or ust or confidence
Riak Ch A. B. C. D.	elationship of the vulnerabouse: neck all that apply Married Separated Divorced Living together Intimate relationship ature of the alleged eldereck all that apply Physical injury		F. G. H. J. K.	Defendant at the time of the Relative or household me Caretaker Fiduciary (Includes attorr conservator) Person in a position of true Business Other:	ember ney, guardian, or ust or confidence

D. Financial Exploitation ☐ Incest Other: ____ **E.** Threat of physical or J. sexual harm. 8. These are the acts of abuse, threats of abuse, financial exploitation, or neglect: Identify who committed the abuse, threats of abuse, financial exploitation, or neglect. Include how the vulnerable elder was hurt or threatened, how the vulnerable elder's money was misused, how the vulnerable elder was neglected or confined, where and when the abuse happened, and the likelihood that the abuse or threats will occur in the future. ☐ *Check this box if you have attached a page with additional information.* 9. I am asking the court to issue a Final Protective Order and: **A.** The Enter a Temporary Protective Order. **B.** Order Defendant to: *Check each that applies* (1) Stop the elder abuse. (2) Move from the elder's residence. (3) Provide suitable alternative housing for the elder. (4) Not enter or attempt to enter the following locations at the following times: ☐ *Check this box if you have attached a page with additional information.* (5) Not exercise any powers on behalf of the elder through a court-appointed guardian, conservator, or guardian ad litem, an attorney in fact, or another third party. (6) Not exercise control over the elder's funds, benefits, property, resources

Rule 17.20—Form 11: Petition for Relief from Elder Abuse, continued

			belongings, or assets.
		(7)	Give the elder custody or control of the elder's funds, benefits, property, resources, belongings, or assets.
		(8) [(9) [
			☐ Check this box if you have attached a page with additional information.
	C.		ssue subpoenas for the following witnesses and evidence (Iowa Code § 235F.5(4)): List witness names and addresses
		-	
		_	
		-	
		[Check this box if you have attached a page with additional information.
10	. R	ead b	pefore signing
	W	hen y	ou file this Petition, you are beginning important legal matters.
	C	heck tl	ne box for each statement below after you have read it.
A.		unabl physi	erstand that a "vulnerable elder" is a person who is at least 60 years of age who is le to protect himself or herself from elder abuse as a result of a mental condition, a cal condition, or a personal circumstance that results in an increased risk of harm elder.
B.		guard	erstand that the court may, on its own motion, or on the motion of a party, appoint a dian ad litem for the elder if justice requires. The elder's attorney may not also serve e elder's guardian ad litem.
C.		I und	erstand that there will be a court hearing 5 to 15 days after this Petition is filed.
D.		Defer	erstand that a law enforcement officer will give Defendant a copy of this Petition, if ndant can be found, and that Defendant will receive other relevant court papers. ionally, if I have filed on behalf of an elder, the elder will also receive a copy of the on.
E.		Prote	erstand that I must attend the hearing. If I change my mind and do not want a Final ctive Order, I should file with the clerk of court a "Request to Modify, Cancel, or an Iowa Code chapter 235F Final Protective Order" before the scheduled

	(_	torney's phone number Attorney's fax number – optional Attorney's email address – optional
	Bı	usiness address of attorney or organization City State ZIP code
	\overline{N}	ame of attorney or organization, if any Attorney's PIN – Ask the attorney
		(1) The county attorney helped me:
		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.
	В.	☐ An attorney <i>did</i> help me prepare or fill in this paper. <i>If an attorney helped you complete this</i>
	A.	An attorney <i>did not</i> help me prepare or fill in this paper. If you check A, go to the "Oath and signature" section below.
		nderstand that I may fill out and file this Petition by myself or with the help of an attorney. cck A. or B.
11	. At	torney help
		and tell the judge. I should file with the clerk of court a "Request to Change or Cancel a Chapter 235F Protective Order." This form can be picked up at the clerk of court's office and is available on the Iowa Judicial Branch website.
K.		I understand that If I want to change any part of the protective order, I should go back
J.		I understand that a protective order is a serious legal obligation. Only the court can change the terms of this protective order.
I.		I understand that if a Temporary or Final Protective Order is issued, I can call law enforcement for assistance. Law enforcement may use every reasonable means to enforce the Protective Order. If a court finds Defendant in violation of the Temporary or Final Protective Order, Defendant may be put in jail and have to pay a fine.
Н.		I understand that if I believe that the Temporary or Final Protective Order has been violated, I can bring this to the court's attention by filing with the clerk of court an "Affidavit to Start Contempt Proceedings." This form can be picked up at the clerk of court's office and is available on the Iowa Judicial Branch website.
G.		I understand that the Final Protective Order could be in effect 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 prior to the expiration of the order.
F.		I understand that the hearing is an opportunity to tell the judge about the elder abuse. I may bring to the hearing people who saw the abuse or evidence that shows the abuse, such as medical reports, police reports, pictures, or other documents to convince the judge that a Final Protective Order is necessary. 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, emails, etc.
		hearing. This form is available at the clerk of court's office and on the Iowa Judicial Branch website.

Name of attorney or organi	zation, if any		Attorney's PIN – A	Ask the attorney	
Business address of attorne	y or organization		City	State	ZIP code
()	(_)		_	
Attorney's phone number	A	torney's fax	number – optional	Attorney's emai	l address – opt
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For information on elder abuse, neglect, or financial exploitation, call the confidential **lowa Victim Service Call Center** at 1-800-770-1650, the lowa Department on Aging at 1-800-532-3213, or text IOWAHELP to 20121.