



**Rule 17.30—Form 13: Petition for Relief from Sexual Abuse on Behalf of Ward or Protected Person** Iowa Code chapter 236A

Before using this form, read the *Protect Yourself from Sexual Abuse* guide on the Iowa Judicial Branch website at: [www.iowacourts.gov/for-the-public/court-forms](http://www.iowacourts.gov/for-the-public/court-forms). The guide explains what sexual abuse is, court procedures, and how to contact an attorney. You may want to, or should, see 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 of personal information the court requires but that cannot be listed in this Petition.

For other general information about sexual abuse, call the confidential **Iowa Victim Service Call Center** at 1-800-770-1650, or text IOWAHELP to 20121.

<b>In the Iowa District Court for _____ County</b> <i>County where Petition is filed</i>	
<hr/> <p><b>Plaintiff</b>  <i>Full name of parent or guardian seeking protection from sexual abuse</i></p> <p>on behalf of</p> <hr/> <p><b>Ward or Protected Person</b>  <i>Full name of Ward or Protected Person in need of relief from sexual abuse (use initials if Ward is a minor)</i></p> <p><b>vs.</b></p> <hr/> <p><b>Defendant</b>  <i>Full name of Defendant as alleged sexual abuser</i></p>	<p>Civil No. _____  <i>Leave blank – clerk of court will fill in</i></p> <p style="text-align: center;"><b>Petition for Relief from Sexual Abuse on Behalf of Ward or Protected Person</b>  Iowa Code chapter 236A</p> <hr/> <p><small>If you need assistance to participate in court due to a disability, call the disability coordinator (information at <a href="http://www.iowacourts.gov/for-the-public/ada">www.iowacourts.gov/for-the-public/ada</a>). Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942).  <b>Disability coordinators cannot provide legal advice.</b></small></p>

**1. I am filing this action under Iowa Code chapter 236A because I am asking for protection from sexual abuse for my Ward or a Protected Person (hereafter referred to as “Ward”).**

**2. My Ward now lives in \_\_\_\_\_ County, Iowa.**

**3. My Ward is \_\_\_\_\_ years of age.**

**4. Mailing address**

**A.** I can receive mail about this case at the following address:

*If you do not want Defendant to know where you or your Ward live, any of the following addresses may be used: a mailing address, the mailing address of a shelter or other agency, a public or private post office box, or any other mailing address with permission of the resident of that address. Copies of court documents may be sent to this address, so use an address where you are sure mail will be received.*

\_\_\_\_\_ Mailing address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_ County





**9. Defendant has abused my Ward:** *Check all that apply*

- A.  By committing or attempting to commit a sex act on my Ward against my Ward's will, or my Ward consented because of threatened violence, was under the influence of drugs, or was unconscious. *Sexual abuse may include any form of sexual intercourse, touching or fondling of inner thigh, groin, genitals, anus or breast, or indecent exposure, or invasion of privacy.*
- B.  By threatening to sexually abuse my Ward.
- C.  By saying or acting in a way that made my Ward afraid of being physically or sexually abused.

**10. Sexual Abuse**

- A. These are Defendant's **most recent** acts of sexual abuse or acts that made my Ward afraid of being sexually abused. *Describe how, when, and where the abuse or threats of abuse occurred, including any injuries or medical treatment your Ward received. Note: if the Ward is with you during preparation of this Petition and is able to write, the Ward may also describe the following information at the end of this Petition.*

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

- B. Defendant has **in the past** sexually abused my Ward, or said or did something that made my Ward feel afraid of being sexually abused. *Describe how, when, and where the abuse or threats of abuse occurred, including any injuries or medical treatment your Ward received. Note: if the Ward is with you during preparation of this Petition and is able to write, the Ward may also describe the following information at the end of this petition.*

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

**11. The initials and age of each child under age 18, if any, whose welfare may be affected by the alleged sexual abuse:**

<b>Initials of minor child</b> <i>You must provide full name of child on a Protected Information Disclosure form</i>	<b>Age</b>	<b>Initials of minor child</b> <i>You must provide full name of child on a Protected Information Disclosure form</i>	<b>Age</b>
(1)		(4)	
(2)		(5)	
(3)		(6)	

*Check this box if you have attached page(s) with additional information.*

**12. Defendant has access to or owns firearms, ammunition, other weapons, or permits to buy or carry any of these items.** *Check one*

Yes       No       Do not know

*If yes, describe these items, where they are located, who may be holding them for Defendant, who else knows about them, and anything else relevant to them.*

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

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**13. I ask that Defendant be ordered to stay away from places such as my Ward’s residence, school, or work.** *Check Yes or No*

Yes       No

*If you check Yes, describe those places, explain why Defendant should stay away, and list any reason Defendant has to be at those places.*

Place Defendant should stay away from	Why Defendant should stay away	Reasons Defendant has to be at this place
A.		
B.		
C.		
D.		
E.		

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

**14. Counseling**

I ask the court to order **individual** counseling for: *Check any that apply*

- No one
- My Ward—the person I am completing this Petition for
- Defendant

The reason for counseling is because:

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

I am able to pay for counseling *Check Yes or No*       Yes       No

**15. Other requests** *List other requests and reasons why the court should grant them.*

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

**16. Request for court order**

**Note:** There are two kinds of protective orders. A temporary order lasts until the court holds a hearing (within 15 days). A final order lasts up to one year, and the court issues it only after a full hearing.

**I ask the court to do the following for my Ward:**

**A.** Immediately issue a Temporary Protective Order to protect my Ward before the hearing because my Ward is in present danger of sexual abuse.

**B.** Set a hearing on this Petition and issue a one-year Final Protective Order.

**C.** Order Defendant to: *Check all that apply*

(1)  Stop the sexual abuse.

(2)  Stay away from my Ward.

(3)  Stay away from the minor children in common with my Ward.

(4)  Stay away from my Ward's home or the family home.

(5)  Stay away from my Ward's work, school, and any other places listed in paragraph 13.

(6)  Not be in my Ward's presence and not contact my Ward, or attempt to contact my Ward, either personally or through another person, whether by telephone, social media, writing, or any other way.

(7)  Not have firearms, ammunition, or other dangerous weapons.

(8)  Grant the other requests I have made in paragraph 15.

(9)  Other *Describe*

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

**D.** Order the counseling as described in paragraph 14.

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- E.  Issue subpoenas for the following witnesses and evidence (Iowa Code § 236.4(6)): *List witness names and addresses*

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

- F. Grant any other relief requested in this Petition or authorized by law.

**Note: if you change your mind** about any of these requests, you must tell the judge at the hearing. The hearing will occur 5 to 15 days after you file this Petition, if law enforcement can find Defendant. You may modify or cancel any of the requests made in this Petition. You also may ask the judge to grant any of your requests even if you did not make them in this Petition.

### 17. Protected or confidential information.

This file is a public record available to anyone, pursuant to Iowa Code section 236A.11(3). If you would like all or part of this file not to be available to the general public in order to protect the safety or privacy of any person, then you must ask the court to “seal” all or part of the file.

Defendant from whom you are seeking your Ward’s protection will have access to the file, even if the court seals it. Some court records cannot be sealed, such as court orders and support payment records. The court upon request may remove address and location information from those records.

*Check all that apply if you want this file to be sealed.*

I request that this case file be sealed so that most parts of it are not available to the general public. I understand that court orders and support records cannot be sealed.

I request that the court remove my Ward’s address and location information from court documents.

Other request:

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

**Note:** It is the responsibility of the person filing a document or exhibit with the court to ensure that protected or confidential information is omitted from or abbreviated on the document or exhibit. See Iowa Court Rule 16.602. Protected information, such as Ward’s full name or social security number, should be abbreviated on this form and provided in full on the Protected Information Disclosure form.

## 18. Plaintiff's understanding of this Petition—read before signing

*When you file this Petition with the court, several legal matters are set into motion. Check each statement below after reading it.*

- A.  **I understand** there will be a court hearing scheduled for 5 to 15 days after I file this Petition. At this hearing, the judge will decide whether to give my Ward a Final Protective Order. I understand that, if I cannot be there on that date, I must immediately **ask the court in writing** to change the hearing date and I should contact the clerk of court.
- B.  **I understand** that I must attend the hearing. If I change my mind and do not want a Final Protective Order, I should file with the clerk of court a "Request to Modify, Cancel, or Extend an Iowa Code Chapter 236A Final Protective Order" before the scheduled hearing. This form is available at the clerk of court's office and on the Iowa Judicial Branch website.
- C.  **I understand** that a law enforcement officer will give Defendant a copy of this Petition, if Defendant can be found, and that Defendant will receive other relevant court papers even if the file is "sealed."
- D.  **I understand** that if I do not attend the hearing, or if I file a request to cancel the protective order, the judge can dismiss the Temporary Protective Order so that it will no longer have any effect.
- E.  **I understand** that the hearing is my opportunity to tell the judge how my Ward was abused or threatened, where it happened, and when it happened. I can bring people with me to the hearing who saw Defendant abusing my Ward or saw my Ward's injuries. I can bring any evidence I have that shows my Ward has been abused, such as medical reports, police reports, texts, voice messages, social media messages, pictures, other documents, or anything else that might help convince the judge that my Ward needs a Final 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, pictures, texts, and emails.*
- F.  **I understand** that the court will give primary consideration to the safety of my Ward and my Ward's children. I should tell the judge how they will be in danger if Defendant is given custody or unrestricted visitation.
- G.  **I understand** that the hearing is my opportunity to tell the judge what financial support my Ward needs. I should be ready to provide financial information at the hearing, such as income and living expenses and other expenses.
- H.  **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 before it expires.
- I.  **I understand** that if I believe Defendant has violated the Temporary or Final Protective Order, I can call law enforcement for assistance. I also can bring this to the court's attention by filing with the clerk of court an "Affidavit to Start Contempt Proceedings." This form is available at the clerk of court's office and on the Iowa Judicial Branch website.

J.  I understand that, if a Temporary or Final Protective Order is issued, law enforcement officers can use every reasonable means to enforce the Order, including arresting Defendant for violating the Order. I understand that, if a court finds that Defendant has violated the Protective Order, Defendant could be put in jail and have to pay a fine. I also understand that my Ward could be arrested and jailed and fined if my Ward initiates or voluntarily maintains any contact with Defendant that is not allowed by the order or my Ward otherwise violates the Protective Order.

K.  I understand that requesting a Protective Order is a serious legal action. If I want to change any part of the Protective Order, I should go back and tell the judge. I should file with the clerk of court a "Request to Change or Cancel a Chapter 236A Protective Order." This form is available at the clerk of court's office and on the Iowa Judicial Branch website.

### 19. Attorney help

I understand that I may fill out and file this Petition by myself or with the help of an attorney. Check **A.** or **B.**

A.  An attorney *did not* help me prepare or fill in this form. *If you check A, go to the "Oath and signature" section below.*

B.  An attorney *did* help me prepare or fill in 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:

_____ <i>Name of attorney or organization, if any</i>		_____ <i>Attorney's PIN – Ask the attorney</i>		
_____ <i>Business address of attorney or organization</i>		_____ <i>City</i>	_____ <i>State</i>	_____ <i>ZIP code</i>
(_____) _____ <i>Attorney's phone number</i>	(_____) _____ <i>Attorney's fax number – optional</i>	_____ <i>Attorney's email address</i>		

(2)  Another attorney helped me:

_____ <i>Name of attorney or organization, if any</i>		_____ <i>Attorney's PIN – Ask the attorney</i>		
_____ <i>Business address of attorney or organization</i>		_____ <i>City</i>	_____ <i>State</i>	_____ <i>ZIP code</i>
(_____) _____ <i>Attorney's phone number</i>	(_____) _____ <i>Attorney's fax number – optional</i>	_____ <i>Attorney's email address</i>		

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## 20. Oath and signature

I, \_\_\_\_\_ have read this Petition, and I certify under penalty  
*Print your name*

of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Petition 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.*

**Note:** The following space for the Ward's optional statement and signature by initials is not required to file the Petition, but is available to provide additional information for the judge.

## 21. Ward's optional statement and signature (by initials if minor)

I, \_\_\_\_\_, want my parent or guardian to file this Petition for me.  
*Name of Ward or initials only if minor*

The Defendant hurt me, or threatened to hurt me by: *Describe how, when, and where the Defendant hurt or threatened to hurt you, including any injuries or medical treatment you may have gotten.*

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Signed on: \_\_\_\_\_, 20\_\_\_\_  
*Month Day Year Ward's initials only\**

\_\_\_\_\_  
*Mailing address City State ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number Email address Additional email address – if available*

For other general information about sexual abuse, call the 24-hour confidential **Iowa Victim Service Call Center** at 1-800-770-1650, or text IOWAHELP to 20121.