



Rule 17.20—Form 15: Request to Modify, Cancel, or Extend an Elder Abuse Final Protective Order Iowa Code chapter 235F

Use this form if you want to change, stop, or continue a chapter 235F Final Protective Order on behalf of a vulnerable elder. Read *Protect Yourself from Elder Abuse 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 Iowa 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 Request. If you are not provided with a PID, please ask the clerk of court for one.

For other general information about elder abuse, call the confidential **Iowa 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

County where Petition is filed

Plaintiff or Substitute Petitioner

Full name of person who filed petition

vs.

Defendant

Full name of alleged elder abuser

Civil no. _____

Leave blank – clerk of court will fill in

Request to Modify, Cancel, or Extend an Elder Abuse Protective Order

Iowa Code chapter 235F

If you need assistance to participate in court due to a disability, call the disability coordinator (information at www.iowacourts.gov/for-the-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. The court issued a chapter 235F Protective Order in this case on _____
Month

_____, _____
Day Year

2. I am asking the court to **change the Protective Order** as follows:

Check A., B., or C.

A. ☐ I request that the court **cancel the entire chapter 235F Protective Order** for the following reasons:

If you check A, provide your reasons for canceling the order and then go to section 3.

(1) Reasons for canceling the Protective Order:

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

(2) I have been communicating with a domestic violence advocate about my situation:

☐ Yes ☐ No

- B.** ☐ I request the court **leave in place the provision ordering Defendant to stop abusing me, or the vulnerable elder, but change the following provisions:**

Check all that apply

- (1) ☐ Cancel the “no-contact” provision telling Defendant to stay away from my residence, school, or place of employment because: *Explain*

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

- (2) ☐ Change the court’s order regarding relief from financial exploitation in the following way: *Explain*

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

- (3) ☐ Change the court’s order regarding contact and communication in the following way: *Explain*

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

- (4) ☐ Change the court’s order regarding residence or housing in the following way: *Explain*

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

- (5) ☐ Change the court’s order regarding financial support in the following way: *Explain*

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

- (6) ☐ Change the court's order regarding other provisions in the Protective Order in the following way: *Explain what else you are asking the court to change*

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

Do you believe that the person(s) the Protective Order protects will be safe if the court changes the Protective Order as you have asked? ☐ Yes ☐ No *Explain*

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

- C. ☐ **I request that the court extend** the chapter 235F Final Protective Order in this case for a period up to one year.

3. **I request that the court** set a hearing on this Request. If the court sets a hearing, I request that the court direct the sheriff to serve Defendant a copy of this Request with a copy of the Order for Hearing, and following the hearing, cancel or change the Protective Order as I have requested. I request that the judge order the sheriff to serve Defendant with a copy of any new order issued.

4. Read before signing

Please check each statement below after you have read it.

- ☐ **I understand** that I may fill out and file this Request by myself or with the help of an attorney.
- ☐ **I understand** that there may be a court hearing after I file this Request, which I must attend if the hearing is scheduled.
- ☐ **I understand** that the Protective Order stays in effect until the judge cancels or changes it.
- ☐ **I understand** that I must follow the order until the judge cancels or changes it.

5. Attorney help

I understand that I may fill out and file this Request 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 paper. If you check A, go to the “Oath and signature” section below.

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

_____ Name of attorney or organization, if any		_____ Attorney’s PIN – 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	

(2) ☐ Another attorney helped me:

_____ Name of attorney or organization, if any		_____ Attorney’s PIN – 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	

6. Oath and signature

I, _____ have read this Request, 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 Request 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.

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