



**Rule 17.400—Form 424: Custody and Visitation Financial Statement**

**Caution:** This form may require you to provide protected or sensitive information.

**Each party** must complete one of these forms.

 If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure (form 411) if you have not already done so.

 If filing in paper, you may use form 411 to provide any protected information in full if you have not already done so.

**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 case is filed*

**Upon the Petition of**

\_\_\_\_\_  
**Petitioner** *first, middle, last*  
*Full name of Petitioner*

and concerning

\_\_\_\_\_  
**Respondent** *first, middle, last*  
*Full name of Respondent*

Equity case no. \_\_\_\_\_

**Custody and Visitation  
Financial Statement of**

*Check one*

☐ Petitioner

☐ Respondent

I am

*Check one*

A. ☐ Petitioner

B. ☐ Respondent

I, \_\_\_\_\_, state that this is a true and complete statement  
*Print your name*  
of my assets, debts, and present income as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
*Day Month Year*

**1. My income**

*\*How often is income paid?*

*W = Weekly B = Bi-weekly (every other week) M = Monthly T = Two times a month*

<b>A. Current income from employment and other sources</b> <i>Sources of income, not required to list name of employer</i>	<b>Gross income</b>		<b>Net income</b>	
	<b>How often?*</b> <i>W,B,M,T</i>	<b>Gross amount</b> <i>Before taxes</i>	<b>How often?*</b> <i>W,B,M,T</i>	<b>Net amount</b> <i>After taxes</i>
(1) Wages from employer <i>Job:</i> <i>Title:</i>		\$		\$
(2) Wages from employer <i>Job:</i> <i>Title:</i>		\$		\$
(3) Other income <i>Describe source:</i>		\$		\$

(4) Other income <i>Describe source:</i>		\$		\$
(5) Other income <i>Describe source:</i>		\$		\$
<b>Total income for you from employment and other sources</b>	<b>Total gross income</b>	\$	<b>Total net income</b>	\$

<b>B. Deductions allowed for child support calculations</b>			
Tax status			
I have custody of the children in this case <i>Check Yes or No</i>			<input type="checkbox"/> Yes <input type="checkbox"/> No
(1) Number of exemptions Yourself <i>Guidelines allow one exemption for parent</i>	1		
Children			
(2) Income tax withheld Federal		\$	
State		\$	
(3) FICA <i>Social Security &amp; Medicare</i>		\$	
(4) Mandatory pension contribution		\$	
(5) Mandatory occupational license fees		\$	
(6) Union dues		\$	
(7) Prior court-ordered child support <i>Paid to:</i>		\$	
<i>Paid to:</i>		\$	
<i>Paid to:</i>		\$	
(8) Prior court-ordered medical support <i>Paid to:</i>		\$	
<i>Paid to:</i>		\$	
<i>Paid to:</i>		\$	
(9) Prior court-ordered spousal support (alimony) <i>Paid to:</i>		\$	
(10) Actual child care expenses due to employment <i>custodial parent only</i>		\$	
<b>Total deductions</b>		\$	

☐ Check this box if you have attached a sheet with additional information on your income and deductions.

## 2. Social Security Disability (SSD):

### A. SSD benefits paid to you

(1) Amount paid for your expenses \$\_\_\_\_\_ per month

(2) Benefit paid for each child in your home \$\_\_\_\_\_ per month

a. Number of children receiving benefits \_\_\_\_\_ children

b. List the children in your home who receive SSD benefits *Use initials only*

	Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
First, middle, & last initials						
Birth year						

☐ Check this box if you have attached a sheet listing additional children who live in your home and receive Social Security Disability (SSD).

### B. Benefits paid to other person children are living with

(1) Benefit paid for each child in other person's home \$\_\_\_\_\_ per month

(2) Number of children receiving benefits \_\_\_\_\_ children

(3) List the children who receive SSD benefits but live with someone other than you.  
*Use initials only:*

	Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
First, middle, & last initials						
Birth year						

☐ Check this box if you have attached a sheet listing additional children who live in your home and receive Social Security Disability (SSD).

***Continued on next page***

### 3. Qualified Additional Dependent Deduction

- List the initials and birth year of each child you are the legal parent of.
- Do not include any children covered by the child support order involved in this case.

	Child (1)	Child (2)	Child (3)	Child (4)	Child (5)	Child (6)
First, middle, & last initials						
Birth year						

- ☐ Check this box if you have attached a sheet listing additional children for the qualified additional dependent deduction.

### 4. Extraordinary Visitation *For noncustodial parent only*

- (1) Number of court-ordered overnights in a year \_\_\_\_\_.  
*If this number exceeds 127 days per year, provide a copy of the court order containing the visitation provisions.*

(2) Physical care

*Check one*

- a. ☐ The court ordered equally shared physical care for the children.

*If the court ordered equally shared physical care for the children, the extraordinary visitation credit does not apply.*

- b. ☐ The court did not order equally shared physical care for the children.

***Continued on next page***

## 5. My expenses

*List your living expenses*

*\*How often paid?: W = Weekly B = Bi-weekly (every other week) M = Monthly  
T = Two times a month A = Annually*

Type of expense	Paid to	How often paid?*	Monthly payment
		W,B,M,T,A	
(1) House payment or rent			\$
(2) Food <i>At home &amp; restaurants</i>			\$
(3) Transportation (gas, bus fare) <i>Not car loan payments – see (12).</i>			\$
(4) Clothing			\$
(5) Medical, dental <i>Not health insurance payments – see (10).</i>			\$
(6) Utilities (gas, electric)			\$
(7) Phone			\$
(8) Cable / satellite television / internet			\$
(9) Car insurance payment			\$
(10) Health insurance payment			\$
(11) Credit card payments			\$
(12) Car loan payments			\$
(13) Other loan payments			\$
(14) Other expense <i>Identify:</i>			\$
(15) Other expense <i>Identify:</i>			\$
(16) Other expense <i>Identify:</i>			\$
(17) Totals from attached sheets, if any <input type="checkbox"/> <i>Check this box if you have attached a sheet with additional information on your expenses.</i>			\$
<b>Total expenses</b>			\$

**6. My debts** Debts may include things such as past due balances on utilities, money owed to a landlord for damages after moving, credit card debt, and loans from friends, family, or banks.

\*How often paid?    *W* = Weekly    *B* = Bi-weekly (every other week)  
                                  *M* = Monthly    *T* = Two times a month    *A* = Annually

Payable to	Item or service	Amount	How often paid?*	Balance due
			<i>W,B,M,T,A</i>	
A.				\$
B.				\$
C.				\$
D.				\$
E. Totals from attached sheets, if any				\$
<input type="checkbox"/> Check this box if you have attached a sheet with additional information on other debts, and enter the total.				\$
<b>Total debts</b>				\$

**7. The other parent's income**

- List **the other parent's** information to the best of your ability.
- This information will not be used to determine child support obligations.

\*How often is income received?

*W* = Weekly    *B* = Bi-weekly (every other week)    *M* = Monthly    *T* = Two times a month

A. Current income from employment and other sources <i>Sources of income, not required to list name of employer</i>	Gross income		Net income	
	How often?*	Gross amount	How often?*	Net amount
	<i>W,B,M,T</i>	<i>Before taxes</i>	<i>W,B,M,T</i>	<i>After taxes</i>
(1) Wages from employer <i>Job:</i> <i>Title:</i>		\$		\$
(2) Wages from employer <i>Job:</i> <i>Title:</i>		\$		\$
(3) Other income <i>Describe source:</i>		\$		\$
(4) Other income <i>Describe source:</i>		\$		\$
<b>Total income for other parent from employment and other sources</b>	<b>Total gross income</b>	\$	<b>Total net income</b>	\$

## 8. 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 PIN – Ask the Attorney*

\_\_\_\_\_  
*Business address of attorney or organization*

\_\_\_\_\_  
*City*

\_\_\_\_\_  
*State*

\_\_\_\_\_  
*ZIP code*

(\_\_\_\_) \_\_\_\_\_  
*Attorney's phone no.*

(\_\_\_\_) \_\_\_\_\_  
*Attorney's fax no. – optional*

\_\_\_\_\_  
*Attorney's email address – optional*

## 9. Certification of Service by Mailing or Delivery

*Section 9 to be completed only if filing in paper or if 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 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*

## 10. Oath and Signature

I, \_\_\_\_\_, certify under penalty of perjury and pursuant  
*Print your name*  
to the 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. I ask the court to grant this Motion.

Signed on: \_\_\_\_\_, 20\_\_\_\_  
*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 handwritten your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*