

**Rule 17.100—Form 123: Response to a Motion**

Use this form if your spouse has filed a Motion (most likely form 122) and you disagree with what your spouse is asking the court to do in that Motion.

*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 your case is filed*

**Upon the Petition of**

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

and concerning

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

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

**Response to a Motion**

I am

*Check one*

- A.  Petitioner
- B.  Respondent

**1. Motion**

The other party filed a Motion on \_\_\_\_\_, 20\_\_\_\_.  
*Month Day Year*

**2. Response**

*Check A or B.*

- A.  I agree with the Motion.
- B.  I disagree with the request(s) in the Motion to:

*If you check B, check all of the following that apply. If you check any box in B, you must tell the court why you disagree with the request in C.*

- (1)  Change the hearing date that has been set for \_\_\_\_\_, 20\_\_\_\_.  
*Month Day Year*
- (2)  Order counseling (conciliation).
- (3)  Set a hearing date for a divorce Decree by default.
- (4)  Award my spouse attorney's fees before the divorce is final.
- (5)  Award spousal support (alimony) to my spouse before the divorce is final.
- (6)  Shorten the 90-day waiting period for getting a divorce Decree.
- (7)  Other request. *Explain* \_\_\_\_\_

*Continued on next page*

C. I disagree with the Motion because: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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### 3. 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*

### 4. Certification of Service by Mailing or Delivery

*Section 4 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 Response 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*

### 5. Oath and Signature

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

penalty of perjury and pursuant to the laws of the State of Iowa that I have read this Response and that the information I have provided in it 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.*