



**Rule 17.30—Form 17: Request to Modify, Cancel, or Extend a Sexual Abuse Final Protective Order** Iowa Code chapter 236A

Use this form if you want to change, stop, or extend a chapter 236A Final Protective Order. 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, 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 think Defendant will try to get custody of your children.

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.

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.

**In the Iowa District Court for \_\_\_\_\_ County**

*County where Petition is filed*

**Plaintiff**

*Full name of person filing petition*

VS.

**Defendant**

*Full name of alleged sexual abuser*

Civil no. \_\_\_\_\_

*Leave blank – clerk of court will fill in*

**Request to Modify, Cancel, or Extend a Sexual Abuse Final Protective Order**

Iowa Code chapter 236A

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](http://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 236A 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 236A 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**

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

☐ Yes ☐ No

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- B. ☐ I request the court **leave in place the provision ordering Defendant to stop abusing me, my child, or my Ward (or Protected Person), 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*

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

- (2) ☐ Change the court's order regarding **custody or visitation** in the following way: *Explain*

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☐ *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*

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☐ *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*

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☐ *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*

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

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- (6) ☐ Change the court's order regarding **possession of the family car** in the following way: *Explain*

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

- (7) ☐ Change the court's order regarding **counseling** in the following way: *Explain*

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

- (8) ☐ 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.*

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☐ 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*

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

- C.** ☐ I request that the court extend the chapter 236A 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 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>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>Attorney’s phone number</i>		_____ <i>Attorney’s fax number – optional</i>	_____ <i>Attorney’s email address</i>

*Continued on next page*

## 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.*

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.