

Petition for Relief from Domestic Abuse on Behalf of a Minor Child

Read Protect Yourself from Domestic Violence on the Iowa Judicial Branch website before using this form. The booklet explains court procedures and provides information about 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.
- If you think Defendant will try to get custody of your children.
- If you think Defendant will hire an attorney.

Caution: You must provide any protected or confidential information in full on a separate Protected Information Disclosure form.

For other general information about domestic abuse, call the confidential **Iowa Domestic Violence Hotline: 1-800-942-0333.**

In the Iowa District Court for _____ County
County where Petition is filed

Plaintiff

Full name of parent or guardian seeking relief from domestic abuse

on behalf of

Minor Child

Initials of minor child in need of relief from domestic abuse

VS.

Defendant

Full name of alleged domestic abuser

Civil no. _____

Leave blank – Clerk of court will fill in

Petition for Relief from Domestic Abuse on Behalf of a Minor Child
Iowa Code ch. 236

If you need assistance to participate in court due to a disability, contact the disability coordinator at: (_____)_____. Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942). **Disability coordinators cannot provide legal advice.** Disability coordinator contact information available at: http://www.iowacourts.gov/Administration/Directories/ADA_Access/.

1. I understand that this action is being filed under Iowa Code chapter 236.
2. My child now lives in _____ County, Iowa.
3. My child is _____ years of age.
4. Mailing addresses
 - A. I can receive mail at the following address: *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.*

Plaintiff's Mailing address City State ZIP code County

- B. My child can receive mail at the following address: *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.*

Child's Mailing address City State ZIP code County

5. Defendant lives at the following address (if known):

Defendant's home address City State ZIP code County

6. Defendant's employer and work address (if known):

Employer

Defendant's work address City State ZIP code County

7. Defendant is 17 years of age or younger (if known) Yes No

If yes, provide Defendant's year of birth: _____
yyyy

8. Identification and age of each child under age 18 whose welfare may be affected by this controversy: *Use a Protected Information Disclosure form to provide full names and birthdates to the court.*

First, middle, and last initials of each child	Birth year	First, middle, and last initials of each child	Birth year
A.		D.	
B.		E.	
C.		F.	

Check this box if you have attached sheets with additional information.

9. Relationship of Plaintiff and Defendant **at the time** of the abuse or threat of abuse:
Check only one

- | | |
|--|--|
| A. <input type="checkbox"/> Married | F. <input type="checkbox"/> Living together |
| B. <input type="checkbox"/> Separated | G. <input type="checkbox"/> Lived together within one year of the assault, but not at the time of the assault |
| C. <input type="checkbox"/> Divorced | H. <input type="checkbox"/> Intimate relationship* |
| D. <input type="checkbox"/> Adult relatives living together | I. <input type="checkbox"/> Have been in an intimate relationship and have had contact within one year of the assault* |
| E. <input type="checkbox"/> Parents of the same minor child or children under age 18 | |

** An "intimate relationship" means a significant romantic involvement that need not include sexual involvement. An intimate relationship does not include a casual social relationship or association in a business or professional capacity.*

Note: If none of these boxes accurately describes your relationship, do not complete this form. Contact an attorney or call the police about your abuse.

10. Nature of the alleged domestic abuse
Check all that apply

- A. Defendant has physically abused my child.
- B. Defendant has sexually abused my child.
- C. Defendant has threatened my child and the child fears for his or her physical safety.

11. Injuries

A. Describe the **most recent injury**, including threats and any nonconsensual (against the will of your child) sexual experience. Please include **how** the injury or threat happened, **where** it happened, and **when** your child was injured or threatened. *Please note: If the child is present during preparation of this Petition and is able to write, the child may also describe recent injuries or threats at the end of this Petition.*

Check this box if you have attached sheets with additional information.

B. Describe any **other injuries** or threats your child has received from Defendant. Please include **how** your child was injured or threatened, **where** it happened, and **when** it happened.

Check this box if you have attached sheets with additional information.

Note: If your child and Defendant have no children in common (biological or adopted) under age 18, skip questions 12 through 19.

Questions 12-19 relate to the Uniform Child Custody Jurisdiction and Enforcement Act and to the court's duty under Iowa Code section 236.5(1)(b)(5) (2013). If you are unsure how to answer these questions, contact a lawyer for advice.

12. Who should have temporary custody of the children the child has in common with Defendant? Check one

My child Defendant Other *Identify* _____

13. Explain how the safety of your child and the children of the child will be affected by the court's decision about temporary custody or temporary visitation.

14. If your child wants custody of the children in common, provide suggestions for how Defendant could visit the children without contacting your child—for example: through friends, relatives, or baby-sitters. List any concerns you may have about visitation:

15. Identify the minor children (under age 18) your child has in common with Defendant. Give each child's initials, address, and birthdate. If children are living in a shelter or other safe place, give only the county and state where they are living.

Child's initials	Present address (or county/state)	Birth year
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

16. If your child's minor children have lived with people other than your child or Defendant during the last five years, list those other persons and places:

Initials	Person(s) lived with in last 5 years	Address at that time	From when to when
_____	_____	_____	_____ to _____
_____	_____	_____	_____ to _____
_____	_____	_____	_____ to _____
_____	_____	_____	_____ to _____

Check this box if you have attached sheets with additional information accounting for each child's living situations over the last five years.

17. Give the present address of each adult listed in question 16, above:

Person(s) child lived with (other than you)	Present address
_____	_____
_____	_____
_____	_____

18. Has there ever been any court case concerning custody of the minor children that your child has in common with Defendant in Iowa or any other state?

Yes No

If yes, explain: _____

19. Do you, Plaintiff, know of any other person who has physical custody of the minor children (your grandchildren) or claims to have custody or visitation rights respect to the children?

Yes No

If yes, explain: _____

Check this box if you have attached sheets with additional information.

20. Request for Court Order

You may get two kinds of orders. A short-term order lasts until a hearing is held (within 15 days). A long-term order lasts up to one year, and is issued only after a full hearing. You can ask for either or both types of orders.

Plaintiff asks the court to do the following: *Check all that apply*

- A. **I request that the judge** immediately issue an Emergency or a Temporary Protective Order to protect my child before the hearing because my child is in present danger of domestic abuse. I request that the judge order Defendant to: *Check all that apply*

- (1) Stop the domestic abuse.
- (2) Stay away from my child's home or the family home.
- (3) Stay away from my child's work or school.
- (4) Not contact my child either personally or through another person, whether by telephone, social media, writing, or any other way.
- (5) Give my child temporary possession of the family home or provide other housing.
- (6) Give my child temporary possession of the family car.

Specify make, model, year, if known: _____

- (7) Give my child temporary custody of the children, with appropriate visitation for Defendant
- (8) Give my child temporary financial support.
- (9) Other *Specify* : _____

- B. **I request that the judge** set a hearing on this Petition; direct the sheriff to serve Defendant a copy of this Petition with a copy of the Order for Hearing; and following the hearing, issue a Protective Order (effective for up to one year). I request that the judge order the sheriff to serve Defendant with a copy of any Protective Order issued. I request that the judge grant any relief authorized by law, including ordering Defendant to:

Check all that apply

- (1) Stop the domestic abuse.
- (2) Stay away from my child's home or the family home.
- (3) Stay away from my child's work or school.
- (4) Not contact my child either personally or through another person, whether by telephone, social media, writing, or any other way.
- (5) Give my child possession of the family home or provide other housing.
- (6) Give my child possession of the family car.

Specify make, model, and year, if known: _____

- (7) Give my child temporary custody of the children, with appropriate visitation for Defendant.
- (8) Give my child financial support.
- (9) Take part in counseling.
- (10) Other *Specify* : _____

Note: If you change your mind about any of these requests, you must tell the judge at the hearing. The hearing will occur five to fifteen days after you file this Petition. You may cancel any of the requests made in this Petition. You may also ask the judge to grant you any of the requests, even if you did not mark them on this Petition.

21. Plaintiff's Understanding of this Petition—Read Before Signing

When Plaintiff files this Petition with the court, several legal matters are set into motion.

Check each statement below after reading it.

I understand that there will be a court hearing 5 to 15 days after I file this Petition.

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.

I understand that I must attend the hearing. If I change my mind and do not want a Protective Order, I should fill out and file with the clerk of court a "Motion to Dismiss" before the scheduled hearing. (This form can be picked up at the clerk of court's office.)

I understand that if I do not attend the hearing, or if I file a "Motion to Dismiss," the judge could allow Defendant to present testimony and might give Defendant what Defendant asks for, such as custody of the children or the home. If I file a "Motion to Dismiss," the judge can dismiss the Emergency or a Temporary Protective Order so that it will no longer have any effect.

I understand that the hearing is my opportunity to tell the judge how my child was hurt or threatened, where it happened, and when it happened. I can bring people with me to the hearing who saw Defendant abusing my child or saw my child's injuries. I can bring any evidence I have that shows my child has been abused, such as medical reports, pictures, pulled hair, or anything else that might help convince the judge that my child needs a Protective Order.

I understand that the court will give primary consideration to the safety of my child and my child's children. I should tell the judge how they will be in danger if Defendant is given temporary custody or unrestricted visitation.

I understand that the hearing is my opportunity to tell the judge whether paying court costs would hurt my ability to pay for my needs or my children's needs. I should be ready to provide financial information at the hearing, such as income and living expenses and other expenses.

I understand that the Protective Order could be in effect for up to one year. **I also understand** that if the Protective Order is granted, it may be extended beyond one year by filing for an extension before the Protective Order expires.

I understand that if I believe that the Protective Order has been violated, I can bring this to the court's attention by filling out and filing with the clerk of court an "Affidavit to Start Contempt Proceedings." (This form can be picked up at the clerk of court's office and is available on the Iowa Judicial Branch website.)

I understand that if a Protective Order is issued, peace officers can use every reasonable means to enforce the Protective Order, including taking Defendant into immediate custody, and 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 child could be arrested and jailed for aiding and abetting Defendant's violation of the Protective Order.

I understand that 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 fill out and file with the clerk of court a "Request to Cancel or Change a Chapter 236 Protective Order." (This form can be picked up at the clerk of court's office and is available on the Iowa Judicial Branch website.)

Note: The following space for the child’s description and signature is not required to file the Petition, but merely provides information for the judge.

B. Child or Ward

I, _____, consent to my parent or guardian filing this Petition on my behalf.

Child’s initials

The following is my description of injuries or threats I have received from Defendant:

Child’s handwritten initials Initial only in front of the clerk of court or a notary public.*

Mailing address *City* *State* *ZIP code*

() _____
Phone number *Email address* *Additional email address, if applicable*

* Whether filing electronically or in paper, you must handwrite your initials on this form. If you are filing electronically, scan the form after initialing it and then file electronically.

Subscribed and sworn to (or affirmed) before me this ____ day of _____, 20____.

(SEAL)

Clerk of Court (or)
Notary Public in and for the State of Iowa

_____ County Courthouse

_____ Iowa _____
City *ZIP code*

For other general information about domestic abuse,
call the confidential
Iowa Domestic Abuse Hotline:
1-800-942-0333