



**Rule 17.10—Form 12: *Petition for Relief from Domestic Abuse on Behalf of a Minor Child*** Iowa Code chapter 236

Before using this form, read the *Protect Yourself from Domestic 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 domestic abuse is, court procedures, and 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.
- You think Defendant will hire an attorney.
- You think Defendant will try to get custody of your minor child's 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 of personal information the court requires but that cannot be listed in this Petition.

For other general information about domestic abuse, call the confidential **Iowa Victim Service Call Center** at 1-800-770-1650, or text IOWAHELP to 20121.

<b>In the Iowa District Court for _____ County</b> <i>County where Petition is filed</i>	
<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <p><b>Plaintiff</b>  <i>Full name of parent or guardian seeking protection from domestic abuse</i></p> <p>on behalf of</p> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <p><b>Child</b>  <i>Initials of minor child in need of relief from domestic abuse</i></p> <p><b>vs.</b></p> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <p><b>Defendant</b>  <i>Full name of Defendant as alleged domestic abuser</i></p>	<div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <p>Civil No. _____  <i>Leave blank – clerk of court will fill in</i></p> <div style="text-align: center; padding: 10px;"> <p><b>Petition for Relief from Domestic Abuse on Behalf of a Minor Child</b></p> <p>Iowa Code chapter 236</p> </div> <div style="border-bottom: 1px solid black; margin-bottom: 5px;"></div> <p style="font-size: small;">If you need assistance to participate in court due to a disability, call the disability coordinator (information at <a href="http://www.iowacourts.gov/for-the-public/ada">www.iowacourts.gov/for-the-public/ada</a>). Persons who are hearing or speech impaired may call Relay Iowa TTY (1-800-735-2942).  <b>Disability coordinators cannot provide legal advice.</b></p>

**1. I am filing this action under Iowa Code chapter 236 because I am asking for protection from domestic abuse for my child.**

**2. My child now lives in \_\_\_\_\_ County, Iowa.**

**3. My child is \_\_\_\_\_ years of age.**

**4. Mailing address**

**A.** I can receive mail about this case at the following address:

*If you do not want Defendant to know where you or your child live, 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. Copies of court documents may be sent to this address, so use an address where you are sure mail will be received.*

**Rule 17.10—Form 12: *Petition for Relief from Domestic Abuse on Behalf of a Minor Child*,**  
continued

<i>Mailing address</i>	<i>City</i>	<i>State</i>	<i>ZIP code</i>	<i>County</i>
------------------------	-------------	--------------	-----------------	---------------

***You must tell the clerk of court if your mailing address changes. This will help make sure you get information about your case as soon as possible. If you have an email account, the clerk of court can help you sign up for electronic filing, or use this guide on the Iowa Judicial Branch website: [www.iowacourts.gov/efile/efile-instructions/](http://www.iowacourts.gov/efile/efile-instructions/).***

**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.

<i>Child's mailing address</i>	<i>City</i>	<i>State</i>	<i>ZIP code</i>	<i>County</i>
--------------------------------	-------------	--------------	-----------------	---------------

**5. Defendant lives at the following address, if known:**

<i>Defendant's address</i>	<i>City</i>	<i>State</i>	<i>ZIP code</i>	<i>County</i>
----------------------------	-------------	--------------	-----------------	---------------

**6. Defendant's employer and work address, if known:**

Defendant's employer

<i>Defendant's employment address</i>	<i>City</i>	<i>State</i>	<i>ZIP code</i>	<i>County</i>
---------------------------------------	-------------	--------------	-----------------	---------------

**7. Defendant's age** *Check one*

**A. Defendant is 17 years of age or younger:** ☐ Yes ☐ No ☐ Do not know  
*Check one*

**B.** Provide Defendant's year of birth, if known: \_\_\_\_\_  
Year

*Continued on next page*

## 8. Relationship of Child and Defendant

- A. Describe your child's relationship to Defendant in your own words, for example, romantic couple, brother and sister, parent and child, roommates, etc.:
- 

- B. Describe your child's relationship to Defendant **at the time** of the abuse or threat of abuse according to the following descriptions: *Check all that apply. If none of these boxes accurately describes your child's relationship with Defendant, do not complete this form. Contact an attorney or call the police about the abuse.*

- |   |   |
|---|---|
| (1) <input type="checkbox"/> Family or household members* living together at the time of the assault  | (4) <input type="checkbox"/> Family or household members* <b>not</b> living together at the time of the assault, but who have lived together within the last year |
| (2) <input type="checkbox"/> Separated or divorced and not living together at the time of the assault | (5) <input type="checkbox"/> In an intimate relationship** or have been in an intimate relationship and had contact within the past year of the assault           |
| (3) <input type="checkbox"/> Parents of the same child under age 18                                   |   |

\* **"Family or household members"** means spouses, persons cohabiting, parents, and close blood relatives, but it does not mean children under age 18 of family or household members. Iowa Code § 236.2(a) and 4(a)-(b). If your child under age 18 is being abused by a family or household member, contact the Child Abuse Hotline at 1-800-362-2178.

\*\* An **"intimate relationship"** means a significant romantic involvement that does not have to 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 child's relationship with Defendant, do not complete this form. Contact an attorney or call the police about your child's abuse.

## 9. Defendant has abused my child: *Check all that apply*

- A. ☐ **Physically.** Defendant: caused pain or injury or contact that was offensive to my child, placed my child in fear of immediate physical contact, displayed a dangerous weapon in a threatening way or pointed a firearm at my child, or made it hard for my child to breathe normally or limited my child's blood flow circulation.
- B. ☐ **Sexually.** Defendant committed or attempted to commit a sex act on my child against my child's will, or my child consented because of threatened violence, was under the influence of drugs, or was unconscious. *Sexual abuse may include any form of sexual intercourse, touching or fondling of inner thigh, groin, genitals, anus or breast, or indecent exposure, or invasion of privacy.*
- C. ☐ By saying or acting in a way that made my child afraid of being physically or sexually abused.

## 10. Domestic Abuse

- A. These are Defendant's **most recent** acts of physical or sexual abuse or acts that made my child afraid of being physically or sexually abused. *Describe how, when, and where the abuse or threats of abuse occurred, including any injuries or medical treatment your child received.*  
**Note:** if the child is with you during preparation of this Petition and is able to write, the child may also describe the following information at the end of this petition.

---

---

---

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

- B. Defendant has **in the past** physically abused, sexually abused, or said or did something that made my child feel afraid for his or her physical safety. *Describe how, when, and where the abuse or threats of abuse occurred, including any injuries or medical treatment your child received.*  
**Note:** if the child is with you during preparation of this Petition and is able to write, the child may also describe the following information at the end of this petition.

---

---

---

---

---

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

## 11. Defendant has access to or owns firearms, ammunition, other weapons, or permits to buy or carry any of these items. *Check one*

☐ Yes    ☐ No    ☐ Do not know

*If yes, describe these items, where they are located, who may be holding them for Defendant, who else knows about them, and anything else relevant to them.*

---

---

---

---

---

---

---

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

**Numbers 12 – 19.** *If your child and Defendant have no biological or adopted children under age 18 in common, skip paragraphs 12A and 13 through 19 and go to paragraph 20. Answer 12B only if there are children in the home who are not biological or adopted children of your child and Defendant. Paragraphs 12A and 13 – 19 relate to child custody and the court’s duty to decide custody, visitation, and any support issues. If you are unsure how to answer these questions, contact an attorney for advice.*

## 12. Children

- A.** In the table below, list the children under age 18 your child has in common with Defendant either biologically or by adoption. List only the children's initials, birthdate(s), and county and state where they live: *Use a Protected Information Disclosure form to provide full names and birthdates to the court.*

Child’s initials	Birth year	County and state where child lives
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		

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

- B.** The other children under age 18 living in my child’s home and who may be affected by this case are: *Answer 12B only if there are children in the home who are not biological or adopted children of your child and Defendant. Use a Protected Information Disclosure form to provide full names and birthdates to the court.*

Child’s initials	Birth year	Child’s initials	Birth year
(1)		(4)	
(2)		(5)	
(3)		(6)	

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

**13. The following person should have custody of these children.** *Check one*

☐ My child                      ☐ Defendant                      ☐ Other *Identify below*

---

---

---

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

**14. The court's decision about custody or visitation will affect my child's safety and my child's children's safety in the following way:** *Describe how safety will be affected.*

---

---

---

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

**15. If my child has custody of these children, Defendant could have the following visitation:** *Describe how Defendant could visit the children without contacting your child — for example: through friends, relatives, or baby-sitters. List any suggestions or concerns you have about visitation and suggest where and how the visitation or exchanges take place.*

---

---

---

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

**16. During the last five years, my child's children have lived with the following people, at the following addresses:**

Child's initials	Each person children lived with other than you	Person's address at <i>that</i> time	From when to when?		
				to	
				to	
				to	
				to	
				to	
				to	
				to	

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

**17. The current address of each adult listed in number 16 is:**

Each person children lived with other than you	Current address
A.	
B.	
C.	
D.	
E.	

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

**18. There is another court order about custody of, or child support for, the minor children listed in paragraph 12(A).** *Check Yes or No*

☐ Yes    ☐ No    *If Yes, there is or has been a court case or order, explain below.*

---

---

---

---

---

---

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

**19. There is someone else who has physical custody of the children listed in paragraph 12(A), or who claims to have custody or visitation rights to them.**

*Check Yes or No*

☐ Yes    ☐ No

*If you check Yes, list each person's name and address below.*

Full name	Current address

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

*Continued on next page*

**20. I ask the Court to require Defendant to pay monthly financial support.**

*Check Yes or No*

☐ **Yes** *If financial support is requested, you may fill out and file a financial statement form available from the clerk of court.*

☐ **No**

*If you check Yes, explain how much support and for what reasons (child support, rent, food, utilities, childcare). Include your child's monthly income and Defendant's monthly income (if known) from all sources (including work, any public assistance, disability payments):*

Amount of monthly support requested	Reasons for financial support
A. \$	
B. \$	
C. \$	
D. \$	
E. \$	
F. \$	
My monthly income	\$
Defendant's monthly income	\$

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

**21. Additional requests**

**I ask for possession of the following:** *Check all that apply*

☐ **Residence** *List address of residence and reason why you should have possession.*

---

---

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

☐ **Vehicle** *List the year, make, and model of the vehicle, and why you should have possession.*

---

---

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



**Rule 17.10—Form 12: *Petition for Relief from Domestic Abuse on Behalf of a Minor Child*,**  
continued

- ☐ **Pet or companion animal** *List the pet's name and description, and reason why you should have possession.*

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

- ☐ **Identification or other documents** *List the documents or records you need (for example, birth certificate, passport, driver's license, immigration documents, or benefit cards, immunization records, credit or debit cards, check books) and the reason why you should have the document or record.*

Identification or other document	Reasons for you to have possession
A.	
B.	
C.	
D.	
E.	
F.	

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

- ☐ **Other** *List other items and reason why you should have possession.*

---

---

---

---

---

---

---

---

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

**22. I ask that Defendant be ordered to stay away from places such as my child's residence, school, or work.** *Check Yes or No*

☐ Yes      ☐ No

*If you check Yes, describe those places, explain why Defendant should stay away, and list any reason Defendant has to be at those places.*

Place Defendant should stay away from	Why Defendant should stay away	Reasons Defendant has to be at this place
A.		
B.		
C.		
D.		
E.		

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

**23. Counseling**

I ask the court to order **individual** counseling for: *Check any that apply*

- ☐ No one
- ☐ My child—the person I am completing this Petition for
- ☐ Defendant
- ☐ Children *List by initials* \_\_\_\_\_

The reason for counseling is because:

---

---

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

I am able to pay for counseling *Check Yes or No*      ☐ Yes      ☐ No

## 24. Request for court order

**Note:** There are two kinds of protective orders. A temporary order lasts until the court holds a hearing (within 15 days). A final order lasts up to one year, and the court issues it only after a full hearing.

### I ask the court to do the following for my child:

**A.** Immediately issue a Temporary Protective Order to protect my child before the hearing because my child is in present danger of domestic abuse.

**B.** Set a hearing on this Petition and issue a one-year Final Protective Order.

**C.** Order Defendant to: *Check all that apply*

- (1) ☐ Stop the domestic abuse.
- (2) ☐ Stay away from my child (the person you are filing the Petition for).
- (3) ☐ Stay away from the minor children in common with my child.
- (4) ☐ Stay away from my child's home or the family home.
- (5) ☐ Stay away from my child's work, school, and any other places listed in paragraph 22.
- (6) ☐ Not be in my child's presence and not contact my child, or attempt to contact my child, either personally or through another person, whether by telephone, social media, writing, or any other way.
- (7) ☐ Give my child possession of the family home or provide other housing.
- (8) ☐ Give my child possession of the family car.
- (9) ☐ Give my child temporary custody of the children, with appropriate visitation for Defendant
- (10) ☐ Provide my child temporary financial support.
- (11) ☐ Not have firearms, ammunition, or other dangerous weapons.
- (12) ☐ Give my child all other items listed in paragraph 21.
- (13) ☐ Other *Describe*

---

---

---

---

---

---

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

**D.** Order the counseling as described in paragraph 23.

**Rule 17.10—Form 12: *Petition for Relief from Domestic Abuse on Behalf of a Minor Child*,**  
continued

- E. ☐ Issue subpoenas for the following witnesses and evidence (Iowa Code § 236.4(6)): *List witness names and addresses*

---

---

---

---

---

---

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

- F. Grant any other relief authorized by law.

**Note: if you change your mind** about any of these requests, you must tell the judge at the hearing. The hearing will occur 5 to 15 days after you file this Petition, if law enforcement can find Defendant. You may modify or cancel any of the requests made in this Petition. You also may ask the judge to grant any of your requests even if you did not mark them on this Petition.

**25. Protected or confidential information.**

This file is a public record available to anyone, pursuant to Iowa Code section 236.10. If you would like all or part of this file not to be available to the general public in order to protect the safety or privacy of any person, then you must ask the court to “seal” all or part of the file.

Defendant from whom you are seeking protection will have access to the file, even if the court seals it. Some court records cannot be sealed, such as court orders and support payment records. The court upon request may remove address and location information from those records.

*Check all that apply if you want this file to be sealed.*

- ☐ I request that this case file be sealed so that most parts of it are not available to the general public. I understand that court orders and support records cannot be sealed.
- ☐ I request that the court remove my address and location information from court documents.
- ☐ I request that the court seal names and addresses of all children and wards.
- ☐ Other request:

---

---

---

---

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

**Note:** It is the responsibility of the person filing a document or exhibit with the court to ensure that protected or confidential information is omitted from or abbreviated on the document or

**Rule 17.10—Form 12: *Petition for Relief from Domestic Abuse on Behalf of a Minor Child*,**  
continued

exhibit. See Iowa Court Rule 16.602. Protected information, such as children's full names or social security numbers, should be abbreviated on this form and provided in full on the Protected Information Disclosure form.

**26. Plaintiff's understanding of this Petition—read before signing**

*When you file this Petition with the court, several legal matters are set into motion. Check each statement below after reading it.*

- A. ☐ **I understand** there will be a court hearing scheduled for 5 to 15 days after I file this Petition. At this hearing, the judge will decide whether to give my child a Final Protective Order. I understand that, if I cannot be there on that date, I must immediately **ask the court in writing** to change the hearing date and I should contact the clerk of court.
- B. ☐ **I understand** that I must attend the hearing. If I change my mind and do not want a Final Protective Order, I should file with the clerk of court a "Request to Modify, Cancel, or Extend an Iowa Code Chapter 236 Final Protective Order" before the scheduled hearing. This form is available at the clerk of court's office and on the Iowa Judicial Branch website.
- C. ☐ **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 even if the file is "sealed."
- D. ☐ **I understand** that if I do not attend the hearing, or if I file a request to cancel the protective order, the judge can dismiss the Temporary Protective Order so that it will no longer have any effect.
- E. ☐ **I understand** that the hearing is my opportunity to tell the judge how my child was abused 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, police reports, texts, voice messages, social media messages, pictures, other documents, or anything else that might help convince the judge that my child needs a Final Protective Order. *Bring paper copies of any information you want the court to see from your cell phone or other electronic device, such as screen shots of social media posts, pictures, texts, and emails.*
- F. ☐ **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 custody or unrestricted visitation.
- G. ☐ **I understand** that the hearing is my opportunity to tell the judge what financial support my child needs. I should be ready to provide financial information at the hearing, such as income and living expenses and other expenses.
- H. ☐ **I understand** that the Final Protective Order could be in effect for up to one year. I also understand that, if the Final Protective Order is granted, it may be extended beyond one year by filing for an extension before it expires.
- I. ☐ **I understand** that, if I believe that Defendant has violated the Temporary or

**Rule 17.10—Form 12: *Petition for Relief from Domestic Abuse on Behalf of a Minor Child*,**  
continued

Final Protective Order, I can call law enforcement for assistance. I also can bring this to the court's attention by filing with the clerk of court an "Affidavit to Start Contempt Proceedings." This form is available at the clerk of court's office and on the Iowa Judicial Branch website.

- J. ☐ **I understand** that, if a Temporary or Final Protective Order is issued, law enforcement officers can use every reasonable means to enforce the Order, including arresting Defendant for violating the Order. I understand 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 and fined if my child initiates or voluntarily maintains any contact with Defendant that is not allowed by the order or my child otherwise violates the Protective Order.
- K. ☐ **I understand** that requesting 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 file with the clerk of court a "Request to Change or Cancel a Chapter 236 Protective Order." This form is available at the clerk of court's office and on the Iowa Judicial Branch website.

**27. Attorney help**

I understand that I may fill out and file this Petition 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:

_____ 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	

## 28. Oath and signature

I, \_\_\_\_\_ have read this Petition, 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 Petition 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.*

**Note:** The following space for the child's optional statement and signature by initials is not  
required to file the Petition, but merely provides information for the judge.

## 29. Child's optional statement and signature by initials

I, \_\_\_\_\_, want my parent or guardian to file this Petition for me.  
*Child's initials only*

The Defendant hurt me, or threatened to hurt me by: *Describe **how**, **when**, and **where** the Defendant  
hurt or threatened to hurt you, including any injuries or medical treatment you may have gotten.*

---

---

---

---

---

Signed on: \_\_\_\_\_, 20\_\_\_\_  
*Month Day Year Child's initials only\**

\_\_\_\_\_  
*Mailing address City State ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number Email address Additional email address – if available*

For other general information about domestic abuse, call the confidential <b>Iowa Victim Service Call Center</b> at 1-800-770-1650, or text IOWAHELP to 20121.
--