

Small Claims Form 3.27: Verification of Account, Identification of Judgment Debtor, and Certificate Re Military Service

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

Plaintiff(s) _____ (Name) _____ (Name) vs. Defendant(s) _____ (Name) _____ (Name)	<b>Verification of Account, Identification of Judgment Debtor, and Certificate Re Military Service</b> Small Claim No. _____  <b>For defendant:</b> _____ (This form required for each Defendant.)
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1. I, \_\_\_\_\_, am a party or an employee of Plaintiff(s) whose claim(s) is (are) shown in the attached statement(s). I have personal knowledge that the attached statement(s) is (are) a true copy of the original creditor's records showing the balance due is true and correct. I further state that the sum of \$\_\_\_\_\_ is the balance due and owing as of \_\_\_\_\_ from Defendant(s) to Plaintiff(s) and any interest amount owing is accurately stated in the Petition or Original Notice.

2. I further state that Defendant resides at \_\_\_\_\_, is employed at \_\_\_\_\_, and Defendant's occupation is \_\_\_\_\_.

3. Check A, B, or C for Defendant

A. Defendant **is not** in the military service of the United States government, I have verified this fact by (check one):

- Checking the Defense Manpower Data Center (DMDC) (requires name and SSN or name and date of birth).
- Contacting Defendant who informed me.
- Regularly seeing Defendant and believing Defendant is are not active in the U.S. military.

**Or** B. I have investigated, and I am unable to determine whether or not Defendant is in the military service of the United States government

**Or** C. Defendant **is** in the military service of the United States government

4. I also state to the best of my knowledge (check one):

- Defendant **is** under a disability or confined in a reformatory, jail, or penitentiary.
- Defendant **is not** under a disability or confined in a reformatory, jail, or penitentiary

I certify under penalty of perjury and pursuant to the laws of the State of Iowa that these facts are true and correct.

Date: \_\_\_\_\_

\_\_\_\_\_  
Signature of Affiant

\_\_\_\_\_  
Phone number

/s/ \_\_\_\_\_  
Filing Plaintiff or Attorney

\_\_\_\_\_  
Email address

\_\_\_\_\_  
Law firm, or entity for which filing is made, if applicable

\_\_\_\_\_  
Additional email address, if applicable

\_\_\_\_\_  
Mailing Address