

In the Iowa District Court for _____ County
County where case file

Upon the Petition of _____) Equity case no.: _____
)
)
Petitioner, *first, middle, last*) Statement of Resolved
) and Unresolved Issues
) *Check one*
And Concerning _____) Petitioner
) Respondent
Respondent, *first, middle, last*) Combined
)

1. Personal information

A. Petitioner's birth year and present residence: _____
Birth year

Petitioner's present street address _____ *City* _____ *State* _____ *Zip code*

County

B. Respondent's birth year and present residence: _____
Birth year

Respondent's present street address _____ *City* _____ *State* _____ *Zip code*

County

2. Children's information

Check one

- Children are not involved in this case. *If you checked this box, skip to section 3B.*
- Children are involved in this case. *If you checked this box, complete the below and proceed to section 3A.*

1. The parties jointly filed a Child Support Guidelines Worksheet.
 2. Petitioner filed a Child Support Guidelines Worksheet.
 3. Respondent has filed a Child Support Guidelines Worksheet.
- c. The parties have discussed payment of child support.
- Check one*
1. The parties have agreed to use Petitioner's child support guidelines worksheet.
 2. The parties have agreed to use Respondent's child support guidelines worksheet.
 3. The parties have agreed to use their jointly filed child support guidelines worksheet.
 4. The parties cannot agree on the calculation of child support.

Since the parties cannot agree upon the calculation of child support, each party is required to answer the following questions in order to properly determine the amount of child support to be ordered.

Completed by Petitioner

Are you presently employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you self-employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you full- or part-time?	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>
Are you salaried or hourly?	Salaried <input type="checkbox"/>	Hourly <input type="checkbox"/>
What is your pay rate?	\$ _____ per Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/>	
How many hours do you work?	_____ Hours per Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/>	
Do you earn overtime?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is your overtime pay rate?	\$ _____ per Hour	
How much overtime do you work?	_____ Hours per Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/>	
Do you receive regular bonuses or commissions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In what amounts and how often?	\$ _____ per Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/>	
Do you have any second or part-time jobs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is your pay rate?	\$ _____ per Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/>	
How many hours do you work?	_____ Hours per Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/>	

Do you <i>receive</i> spousal support?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In what amounts and how often?	\$ _____ per month	
Under what county and state court order?	County: _____	No. _____
Do you regularly receive any other monetary amounts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
From what source? (<i>SSD / SSI / SSR / VA / Other</i>)	_____	
In what amounts and how often?	\$ _____ per month	

Deductions		
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Do you <i>pay</i> spousal support?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In what amounts and how often?	\$ _____ per month	
Under what county and state court order?	County: _____	No. _____
Do you make mandatory pension contributions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In what amounts and how often?	\$ _____ per month	
Do you pay mandatory occupational license fees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In what amounts and how often?	\$ _____ per month	
Do you pay union dues?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In what amounts and how often?	\$ _____ per month	
Do you pay <i>ongoing</i> medical support for other minor children?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Which children? (initials and birth year only)	_____	
In what amounts and how often?	\$ _____ per month	
Under what county and state court order?	County: _____	No. _____
How much have you actually paid in the last year?	\$ _____	
Do you pay <i>ongoing</i> child support for other minor children?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Which children? (initials and birth year only)	_____	
In what amounts and how often?	\$ _____ per month	
Under what county and state court order?	County: _____	No. _____
When was the order originally entered?	_____	
How much have you actually paid in the last year?	\$ _____	
Do you pay child care expenses for this case's children?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In what amounts and how often?	\$ _____ per Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/>	

Other Children		
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Do you have other minor children (not stepchildren)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
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<i>Child's Initials</i> (attach additional page if needed)	<i>Child's Birth Year</i>	<i>Are You Legally Responsible? *</i>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>

** To be legally responsible means that you either (a) gave birth to the child, (b) adopted the child, (c) were married to the birth mother when the child was conceived or born, (d) executed a paternity affidavit, or (e) were found and ordered responsible in an administrative or judicial order.*

Health Insurance / Health Care Coverage Plans		
Do you (or spouse) have a health care coverage plan available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you presently covered by this plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is / Are the child(ren) presently covered by this plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is the cost for just you (or spouse)? (<i>single plan</i>)	\$ _____ per month	
What is the cost to cover additional people? (<i>family plan</i>)	\$ _____ per month	
Are other people covered by the plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Including you</i> , how many people are covered?		
Do you have the children enrolled in HAWK-I?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is your total monthly HAWK-I premium?	\$ _____	
Do you have the children enrolled in Medicaid?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you receive FIP or Medicaid?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you reside with a child receiving FIP, Medicaid, or HAWK-I?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

Completed by Respondent

Are you presently employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you self-employed?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you full- or part-time?	Full-Time <input type="checkbox"/>	Part-Time <input type="checkbox"/>
Are you salaried or hourly?	Salaried <input type="checkbox"/>	Hourly <input type="checkbox"/>
What is your pay rate?	\$ _____ per Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/>	
How many hours do you work?	_____ Hours per Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/>	
Do you earn overtime?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is your overtime pay rate?	\$ _____ per Hour	

How much overtime do you work?	_____ Hours per Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/>	
Do you receive regular bonuses or commissions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In what amounts and how often?	\$ _____ per Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/>	
Do you have any second or part-time jobs?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is your pay rate?	\$ _____ per Hour <input type="checkbox"/> Week <input type="checkbox"/> Month <input type="checkbox"/> Year	
How many hours do you work?	_____ Hours per Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/>	
Do you <i>receive</i> spousal support?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In what amounts and how often?	\$ _____ per month	
Under what county and state court order?	County: _____	No. _____
Do you regularly receive any other monetary amounts?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
From what source? (<i>SSD / SSI / SSR / VA / Other</i>)	_____	
In what amounts and how often?	\$ _____ per month	

Deductions		
Do you <i>pay</i> spousal support?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In what amounts and how often?	\$ _____ per month	
Under what county and state court order?	County: _____	No. _____
Do you make mandatory pension contributions?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In what amounts and how often?	\$ _____ per month	
Do you pay mandatory occupational license fees?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In what amounts and how often?	\$ _____ per month	
Do you pay union dues?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In what amounts and how often?	\$ _____ per month	
Do you pay <i>ongoing</i> medical support for other minor children?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Which children? (initials and birth year only)	_____	
In what amounts and how often?	\$ _____ per month	
Under what county and state court order?	County: _____	No. _____
How much have you actually paid in the last year?	\$ _____	
Do you pay <i>ongoing</i> child support for other minor children?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Which children? (initials and birth year only)	_____	
In what amounts and how often?	\$ _____ per month	

Under what county and state court order?	County:	No.
When was the order originally entered?		
How much have you actually paid in the last year?	\$	
Do you pay child care expenses for this case's children?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
In what amounts and how often?	\$ _____ per Week <input type="checkbox"/> Month <input type="checkbox"/> Year <input type="checkbox"/>	

Other Children			
Do you have other minor children (not stepchildren)?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	
<i>Child's Initials</i> (attach additional page if needed)	<i>Child's Birth Year</i>	<i>Are You Legally Responsible? *</i>	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>

* To be legally responsible means that you either (a) gave birth to the child, (b) adopted the child, (c) were married to the birth mother when the child was conceived or born, (d) executed a paternity affidavit, or (e) were found and ordered responsible in an administrative or judicial order.

Health Insurance / Health Care Coverage Plans		
Do you (or spouse) have a health care coverage plan available?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Are you presently covered by this plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Is / Are the child(ren) presently covered by this plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is the cost for just you (or spouse)? (<i>single plan</i>)	\$ _____ per month	
What is the cost to cover additional people? (<i>family plan</i>)	\$ _____ per month	
Are other people covered by the plan?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
<i>Including you</i> , how many people are covered?		
Do you have the children enrolled in HAWK-I?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
What is your total monthly HAWK-I premium?	\$	
Do you have the children enrolled in Medicaid?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you receive FIP or Medicaid?	Yes <input type="checkbox"/>	No <input type="checkbox"/>
Do you reside with a child receiving FIP, Medicaid, or HAWK-I?	Yes <input type="checkbox"/>	No <input type="checkbox"/>

(4) Tax exemptions for children

Check one

- a. The matter of tax exemptions for the children is not an issue.
- b. The parties agree on tax exemptions for the children as follows:

First, middle, & last initials of each child	Parent who should now claim child for tax exemption	Every Year	Even Years	Odd Years

Check this box if you have attached a sheet listing additional children.

c. The parties cannot agree on the matter of tax exemptions for the children. Each party's position is as follows:

1. Petitioner

Check this box if you have attached a sheet with additional information

2. Respondent:

Check this box if you have attached a sheet with additional information

(5) Health care insurance and expenses

Check one

- a. The matter of the children's health care insurance and expenses is not an issue in this case.
- b. The parties agree on the matter of the children's health care insurance and expenses. Complete *section 1, 2 and 3 below*.

1. Current insurance information

Type of policy <i>Health, dental, vision etc.</i>	Name of person/entity currently maintaining the policy

Check this box if you have attached a sheet with additional information

2. Future insurance for children

Check one

(a) The parties agree that the current insurance information identified above will remain in effect.

(b) The parties jointly request the Court adopt the following alternative arrangement:

Check this box if you have attached a sheet with additional information

(c) The parties cannot agree on the matter of the children's health care insurance. Each party's position is as follows:

1. Petitioner

Check this box if you have attached a sheet with additional information

2. Respondent

Check this box if you have attached a sheet with additional information

3. Medical care expenses *Uncovered medical expenses means all medical expenses for the children not paid by insurance. With the exception of joint physical care cases, the custodial parent pays the first \$250 per year per child of uncovered medical expenses up to a maximum of up to \$800 for all children. Please see Chapter 9.12((5) of the Iowa Child Support Guidelines.*

Check one

(a) The parties have agreed to pay the uncovered medical care expenses for the children as follows:

Check this box if you have attached a sheet with additional information

(b) The parties cannot agree on the matter of the payment of the uncovered medical care expenses. Each party's position is as follows:

1. Petitioner

Check this box if you have attached a sheet with additional information

2. Respondent

Check this box if you have attached a sheet with additional information

(6) Post-secondary educational subsidies *For dissolution cases only. See Iowa Code section 598.21F*

Check one

- a. The matter of contribution to the children's post-secondary educational subsidies is not an issue in this case.
- b. The matter of the parties' contribution to the children's post-secondary educational subsidies is not yet ripe and the court will maintain jurisdiction of this matter.
- c. The parties agree to the following on their contribution to the children's post-secondary educational subsidies:

Check this box if you have attached a sheet with additional information

- d. The parties cannot agree on their contribution to the children's post-secondary educational subsidies. Each party's position is as follows:

1. Petitioner

Check this box if you have attached a sheet with additional information

2. Respondent

Check this box if you have attached a sheet with additional information

B. Financial matters *See Iowa Code 598.21*
This section applies to divorce cases only

(1) Affidavit of Financial Status
Check all that apply

- a. Petitioner has filed an Affidavit of Financial Status.
- b. Respondent has filed an Affidavit of Financial Status.

(2) Real estate

a. Ownership of real estate *For each parcel of real estate you own, provide the following information. Attach a separate sheet for each additional parcel.*

Check one

1. We do not own any real estate. *If you checked this box, skip to 3.B(3).*
2. We own real estate located at: _____,
street address
in the City of _____, County of _____,
and State of _____.

b. Division of real estate

The real estate shall be:

Check one

1. Sold and the profit or debt divided _____% to Petitioner and _____% to Respondent.
2. Awarded to the Petitioner, subject to all liens and mortgages.
3. Awarded to the Respondent, subject to all liens and mortgages.
4. Other *Explain:*

c. Additional real estate

Check this box if you have attached a sheet for additional parcels of real estate

(3) All other assets/personal property

Check one

- a. We have divided all of our other assets/personal property. Petitioner will keep the personal property in Petitioner's possession. Respondent will keep the personal property in Respondent's possession.
If you checked "a" then go to section 3.B(4).
- b. The parties cannot agree on the division of the parties' other assets/personal property. Each party's position is as follows:
(1) Petitioner

Check this box if you have attached a sheet with additional information

(2) Respondent

Check this box if you have attached a sheet with additional information

(4) Division of debts

Check all that apply

- a. There are no debts. *If you checked this section proceed to Section 3B(5).*
- b. We have agreed upon the division of debts. *Proceed to Section 3B(5).*
- c. The parties cannot agree upon the division of the parties' debts. Each party's position is as follows:

(1) Petitioner

Business or person to whom a debt is owed	Amount remaining to be paid	Proposed to be paid by Petitioner	Proposed to be paid by Respondent

Check this box if you have attached a sheet with additional information

(2) Respondent

Business or person to whom a debt is owed	Amount remaining to be paid	Proposed to be paid by Petitioner	Proposed to be paid by Respondent

Check this box if you have attached a sheet with additional information

(5) Property settlement payment

Check one

- a. The parties agree that neither Petitioner nor Respondent will pay any money to the other.
- b. The parties agree on the property settlement payment as follows:

Check this box if you have attached a sheet with additional information

- c. The parties cannot agree upon the property settlement payment. Each party's position is as follows:
 - (1) Petitioner

Check this box if you have attached a sheet with additional information

(2) Respondent

Check this box if you have attached a sheet with additional information

(6) Alimony/spousal support *See Iowa Code 598.21A*

Check one

- a. Alimony/spousal support is not an issue in this case.
- b. The parties agree on alimony/spousal support as follows

Check one

(1) Petitioner pays alimony (spousal support) to Respondent as follows:

(2) Respondent pays alimony (spousal support) to Petitioner as follows:

(3) The parties cannot agree upon the property settlement payment.
Each party's position is as follows:

(a) Petitioner

Check this box if you have attached a sheet with additional information

(b) Respondent

Check this box if you have attached a sheet with additional information

(7) Attorney's fees
Check one

- a. Each party will pay their own attorney's fees.
- b. Other *Explain*

Check this box if you have attached a sheet with additional information

- c. The parties cannot agree on attorney's fees. Each party's position is as follows:
 - (1) Petitioner

Check this box if you have attached a sheet with additional information

(2) Respondent

Check this box if you have attached a sheet with additional information

(8). Court costs

Check one

- a. Petitioner will pay all court costs.
- b. Respondent will pay all court costs.
- c. Petitioner and Respondent shall each pay one-half of the total court costs.
- d. The parties cannot agree on court costs. Each party's position is as follows:

(1) Petitioner

Check this box if you have attached a sheet with additional information

(2) Respondent

Check this box if you have attached a sheet with additional information

C. Other agreements

D. Signatures

(1) Petitioner

I, _____, certify under penalty of perjury and pursuant to the laws of the State of Iowa that I have read this Statement of Disputed and Undisputed Issues and the statements and allegations contained therein are true and correct as I verily believe.

Petitioner

(2) Respondent

I, _____, certify under penalty of perjury and pursuant to the laws of the State of Iowa that I have read this Statement of Disputed and Undisputed Issues and the statements and allegations contained therein are true and correct as I verily believe.

Respondent

Approved as to form:

Counsel for Petitioner

Counsel for Respondent