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

*County where case file*

Upon the Petition of ) Equity case no.: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, ) Statement of Resolved

Petitioner, *first, middle, last* ) 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.*

If children are involved in this matter, complete the following:

|  |  |
| --- | --- |
| First, middle, & last initials of each child | Birth year |
| 1. |  |
| 2. |  |
| 3. |  |
| 4. |  |

*□ Check this box if you are attaching a separate sheet listing additional children.*

**3. Agreements**

*Fill out the sections which apply to your case*

A. Matters relating to children *Check all that are true*

(1) Custody/Visitation

a. *□* We agree to the custody and visitation set out in the attached Parenting Plan. *Form 229 from Supreme Court website or similar Parenting Plan document.*

b. *□* We do not agree about custody and visitation.

1. *□* Petitioner has attached a Proposed Parenting Plan. *Form 230 or something similar thereto.*

2. *□* Respondent has attached a Proposed Parenting Plan. *Form 230 or something similar thereto.*

(2) Children in the Middle

a. *□* Petitioner has filed a Children in the Middle Certificate.

b. *□* Respondent has filed a Children in the Middle Certificate.

(3) Child support *Check all that apply*

**Note:** *The amount of child support is determined using the Iowa Child Support Guidelines. The Iowa Department of Human Services provides a child support estimator on its website. Go to:* [*https://childsupport.ia.gov/*](https://childsupport.ia.gov/)

a*. □* Child support is not an issue in this case as it has already been established in an unrelated case.

Case information: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

*County Case number*

b. *□* One or both parties have filed Child Support Guidelines Worksheets.

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 | No |
| Are you self-employed? | Yes | No |
| Are you full- or part-time? | Full-Time | Part-Time |
| Are you salaried or hourly? | Salaried | Hourly |
| What is your pay rate? | $ ­­­per Hour / Week / Month / Year | |
| How many hours do you work? | Hours per Week / Month / Year | |
| Do you earn overtime? | Yes | No |
| What is your overtime pay rate? | $ per Hour | |
| How much overtime do you work? | Hours per Week / Month / Year | |
| Do you receive regular bonuses or commissions? | Yes | No |
| In what amounts and how often? | $ per Week / Month / Year | |
| Do you have any second or part-time jobs? | Yes | No |
| What is your pay rate? | $ per Hour / Week / Month / Year | |
| How many hours do you work? | Hours per Week / Month / Year | |
| Do you *receive* spousal support? | Yes | No |
| In what amounts and how often? | $ per Week / Month / Year | |
| Under what county and state court order? | County, No. | |
| Do you regularly receive any other monetary amounts? | Yes | No |
| From what source? (*SSD / SSI / SSR / VA / Other*) |  | |
| In what amounts and how often? | $ per Week / Month / Year | |

|  |  |  |
| --- | --- | --- |
| **Deductions** | | |
| Do you *pay* spousal support? | Yes | No |
| In what amounts and how often? | $ per Week / Month / Year | |
| Under what county and state court order? | County, No. | |
| Do you make mandatory pension contributions? | Yes | No |
| In what amounts and how often? | $ per Week / Bi-Week / Month / Year | |
| Do you pay mandatory occupational license fees? | Yes | No |
| In what amounts and how often? | $ per Week / Bi-Week / Month / Year | |
| Do you pay union dues? | Yes | No |
| In what amounts and how often? | $ per Week / Bi-Week / Month / Year | |
| Do you pay *ongoing* medical support for other minor children? | Yes | No |
| Which children? (initials and birth year only) |  | |
| In what amounts and how often? | $ per Week / Month / Year | |
| Under what county and state court order? | County, No. | |
| How much have you actually paid in the last year? | $ | |
| Do you pay *ongoing* child support for other minor children? | Yes | No |
| Which children? (initials and birth year only) |  | |
| In what amounts and how often? | $ per Week / Month / Year | |
| 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 | No |
| In what amounts and how often? | $ per Week / Month / Year | |
|  |  | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Other Children** | | | |
| Do you have other minor children (not stepchildren)? | Yes | No | |
| *Child’s Initials* (attach additional page if needed) | *Child’s Birth Year* | *Are You Legally Responsible?* ***\**** | |
| Child 1: |  | Yes | No |
| Child 2: |  | Yes | No |
| **\*** *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 | No |
| Are you presently covered by this plan? | Yes | No |
| Is / Are the child(ren) presently covered by this plan? | Yes | No |
| What is the cost for just you (or spouse)? (*single plan*) | $ per Week / Bi-Week / Month | |
| What is the cost to cover additional people? (*family plan*) | $ per Week / Bi-Week / Month | |
| Are other people covered by the plan? | Yes | No |
| *Including you*, how many people are covered? |  | |
| Do you have the children enrolled in HAWK-I? | Yes | No |
| What is your total monthly HAWK-I premium? | $ | |
| Do you have the children enrolled in Medicaid? | Yes | No |
| Do you receive FIP or Medicaid? | Yes | No |
| Do you reside with a child receiving FIP, Medicaid, or HAWK-I? | Yes | No |

***Completed by Respondent***

|  |  |  |
| --- | --- | --- |
| Are you presently employed? | Yes | No |
| Are you self-employed? | Yes | No |
| Are you full- or part-time? | Full-Time | Part-Time |
| Are you salaried or hourly? | Salaried | Hourly |
| What is your pay rate? | $ ­­­per Hour / Week / Month / Year | |
| How many hours do you work? | Hours per Week / Month / Year | |
| Do you earn overtime? | Yes | No |
| What is your overtime pay rate? | $ per Hour | |
| How much overtime do you work? | Hours per Week / Month / Year | |
| Do you receive regular bonuses or commissions? | Yes | No |
| In what amounts and how often? | $ per Week / Month / Year | |
| Do you have any second or part-time jobs? | Yes | No |
| What is your pay rate? | $ per Hour / Week / Month / Year | |
| How many hours do you work? | Hours per Week / Month / Year | |
| Do you *receive* spousal support? | Yes | No |
| In what amounts and how often? | $ per Week / Month / Year | |
| Under what county and state court order? | County, No. | |
| Do you regularly receive any other monetary amounts? | Yes | No |
| From what source? (*SSD / SSI / SSR / VA / Other*) |  | |
| In what amounts and how often? | $ per Week / Month / Year | |

|  |  |  |
| --- | --- | --- |
| **Deductions** | | |
| Do you *pay* spousal support? | Yes | No |
| In what amounts and how often? | $ per Week / Month / Year | |
| Under what county and state court order? | County, No. | |
| Do you make mandatory pension contributions? | Yes | No |
| In what amounts and how often? | $ per Week / Bi-Week / Month / Year | |
| Do you pay mandatory occupational license fees? | Yes | No |
| In what amounts and how often? | $ per Week / Bi-Week / Month / Year | |
| Do you pay union dues? | Yes | No |
| In what amounts and how often? | $ per Week / Bi-Week / Month / Year | |
| Do you pay *ongoing* medical support for other minor children? | Yes | No |
| Which children? (initials and birth year only) |  | |
| In what amounts and how often? | $ per Week / Month / Year | |
| Under what county and state court order? | County, No. | |
| How much have you actually paid in the last year? | $ | |
| Do you pay *ongoing* child support for other minor children? | Yes | No |
| Which children? (initials and birth year only) |  | |
| In what amounts and how often? | $ per Week / Month / Year | |
| 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 | No |
| In what amounts and how often? | $ per Week / Month / Year | |

|  |  |  |  |
| --- | --- | --- | --- |
| **Other Children** | | | |
| Do you have other minor children (not stepchildren)? | Yes | No | |
| *Child’s Initials* (attach additional page if needed) | *Child’s Birth Year* | *Are You Legally Responsible?* ***\**** | |
| Child 1: |  | Yes | No |
| Child 2: |  | Yes | No |
| **\*** *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 | No |
| Are you presently covered by this plan? | Yes | No |
| Is / Are the child(ren) presently covered by this plan? | Yes | No |
| What is the cost for just you (or spouse)? (*single plan*) | $ per Week / Bi-Week / Month | |
| What is the cost to cover additional people? (*family plan*) | $ per Week / Bi-Week / Month | |
| Are other people covered by the plan? | Yes | No |
| *Including you*, how many people are covered? |  | |
| Do you have the children enrolled in HAWK-I? | Yes | No |
| What is your total monthly HAWK-I premium? | $ | |
| Do you have the children enrolled in Medicaid? | Yes | No |
| Do you receive FIP or Medicaid? | Yes | No |
| Do you reside with a child receiving FIP, Medicaid, or HAWK-I? | Yes | No |

(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 |
| 1. |  |  |  |  |
| 2. |  |  |  |  |
| 3. |  |  |  |  |
| 4. |  |  |  |  |

*□* *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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

2. Respondent:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*□* *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 *Health, dental, vision etc.* | Name of person/entity currently maintaining the policy |
| (a) |  |
| (b) |  |
| (c) |  |

*□* *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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*□* *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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

2. Respondent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*□* *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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*□* *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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

2. Respondent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*□* *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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*□* *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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

2. Respondent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*□* *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:* \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(2) Respondent

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*□* *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 |
| (a) | $ |  |  |
| (b) | $ |  |  |
| (c) | $ |  |  |
| (d) | $ |  |  |
| (e) | $ |  |  |

*□* *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 |
| (a) | $ |  |  |
| (b) | $ |  |  |
| (c) | $ |  |  |
| (d) | $ |  |  |
| (e) | $ |  |  |

*□* *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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*□* *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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(2) Respondent

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*□* *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:

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

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

(a) Petitioner

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(b) Respondent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*□* *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*

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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*□ 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

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

(2) Respondent

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*□* *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

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

(2) Respondent

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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

C. Other agreements

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D. Summary

*Check one*

(1) *□* The parties have no unresolved issues. Stipulated Order to be submitted.

(2) *□* The parties have unresolved issues and mediation is necessary.

*Check one (if mediation is necessary)*

a. *□* The parties have agreed upon and retained the following person to mediate our unresolved issues: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

b. *□* The parties have not agreed upon a mediator and need a mediator assigned.

E. 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