

IN THE IOWA DISTRICT COURT FOR _____ COUNTY

)	
_____ ,)	Case No. _____
Petitioner/Plaintiff,)	
)	CONFIDENTIAL) FORM
)	§598.22b & 602.6111(2)
v.		
_____ ,)	
Respondent/Defendant)	

Please note: This form is for the submission of information required by §598.22B and 602.6111(2). Parties are encouraged, but not required, to complete and sign a joint form. Please print or type all information.

Petitioner/Plaintiff

Name: (Last) _____ (First) _____ (Middle) _____

Address: _____

City _____ State _____ Zip code _____

Social Security No.: _____ Driver's License No.: _____

DOB: _____ Telephone No: (____) _____

Employer: _____

Employer's Address: _____

City _____ State _____ Zip code _____

Employer's Telephone No: (____) _____

Respondent/Defendant

Name: (Last) _____ (First) _____ (Middle) _____

Address: _____

City _____ State _____ Zip code _____

Social Security No.: _____ Driver's License No.: _____

DOB: _____ Telephone No: (____) _____

Employer: _____

Employer's Address: _____

City _____ State _____ Zip code _____

Employer's Telephone No: (____) _____

Child/Children

(1) Name: (Last) _____ (First) _____ (Middle) _____

Social Security No: _____ DOB: _____

(2) Name: (Last) _____ (First) _____ (Middle) _____

Social Security No: _____ DOB: _____

(3) Name: (Last) _____ (First) _____ (Middle) _____

Social Security No: _____ DOB: _____

(4) Name: (Last) _____ (First) _____ (Middle) _____

Social Security No: _____ DOB: _____

(5) Name: (Last) _____ (First) _____ (Middle) _____

Social Security No: _____ DOB: _____

The party/parties submit the above information in compliance with the Court's Order and with the knowledge the information will be used to enforce any support Order under Chapters 234, 252A, 252C, 252F, 252H, 252K, 600B, as provided for in Sections 598, *The Code*, and 602.6111(2), *The Code*. The parties have a duty to *promptly* file with the Clerk of the District Court or the Child Support Recovery Unit an update of this information if their address or employment change.

Dated this _____ day of _____, _____.

Signature of Petitioner/Plaintiff

Printed Name of Petitioner/Plaintiff

Signature of Respondent/Defendant

Printed Name of Respondent/Defendant

Signature of Attorney for Petitioner/Plaintiff

Signature of Attorney for Respondent/Defendant