

**Rule 17.300—Form 310: Affidavit of Service of Original Notice and Application to Modify Child Support**

**Applicant:** Use this form only if someone other than Applicant (you), or a person who is not a sheriff or a process server, delivered a copy of the Application to the other party.

- The person, other than Applicant, who gave the Application and Original Notice to the other party, fills in this form.
- Applicant, or the person who gave the Application and Original Notice to the other party, must file this form with the clerk of court.

*If you do not understand how to use this form, or if you should use this form, talk to an attorney.*

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

*County where Application is filed*

**Upon the Petition of**

**Petitioner** *Full name: first, middle, last*

and concerning

**Respondent** *Full name: first, middle, last*

Equity case no. \_\_\_\_\_

**Affidavit of Service of Original  
Notice and Application to Modify  
Child Support**

**1. Affidavit**

I, \_\_\_\_\_, delivered a copy of the Original Notice and  
*Name of person – Cannot be Applicant, sheriff, or process server*

Application to Modify Child Support for this case to:

*Check one*

☐ a.m.

☐ p.m.

\_\_\_\_\_, 20\_\_\_\_\_, at \_\_\_\_\_  
*Name of Other Parent                      Month                      Day                      Year                      Time*

by handing the other party copies of the attached papers.

**2. Oath and Signature**

*To be completed by the person who gave the Application to the other party.*

I, \_\_\_\_\_, have read this Affidavit of Service, and I certify  
*Print your name*

under penalty of perjury and pursuant to the laws of the State of Iowa that the information I  
have provided in this Affidavit of Service is true and correct.

\_\_\_\_\_, 20\_\_\_\_\_,  
*Signed on:   Month                      Day                      Year                      Your signature\**

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

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

*\* If you are filing electronically, scan the form after signing it and then file electronically.*