



**Rule 17.200—Form 224: Financial Affidavit for a Dissolution of Marriage with Children**

Each party must complete one of these forms. Provide as much information as you can.

**Caution:** This form may require you to provide protected or sensitive information.

 If filing electronically and you include protected information on this form, fill out or update the Protected Information Disclosure form (211), if you have not already done so.

 If filing in paper, you may use form 211 to provide any protected information in full if you have not already done so.

**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 your case is filed

**Upon the Petition of**

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

and concerning

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

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

**Financial Affidavit for a  
Dissolution of Marriage  
with Children**

I am

Check one

- A.  Petitioner  
B.  Respondent

I, \_\_\_\_\_, state that this is a true and complete statement  
Print your name  
of my assets, debts, and present income as of the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.  
Day Month Year

**1. Assets** Things you and your spouse own.

A. Real estate

Attach additional sheets if necessary.

\*Owner (Whose name is on the deed?): P = Petitioner R = Respondent J = Joint (Both)

Type of real estate	Owner* P,R,J	Market value What it would sell for	Debt Total amount you still owe on it and to whom owed	Net value Market value minus debt owed
(1) Homestead Address of the home you own & where you usually live		\$	\$ to:	\$
(2) Other real estate Address of other houses, apartments, or land that you own.		\$	\$ to:	\$

Check this box if you have attached a sheet with additional information on real estate.

**B. Vehicles**

*Includes cars, trucks, motorcycles, and other motorized vehicles.*

*\*Owner (Whose name is on the car or vehicle title?): P = Petitioner R = Respondent J = Joint (Both)*

<b>Vehicles</b> <i>Make (e.g. Ford)</i> <i>Year</i>	<b>Owner*</b> <i>P,R,J</i>	<b>Market value</b> <i>What it would sell for</i>	<b>Debt</b> <i>Total amount you still owe on it and to whom owed</i>	<b>Net Value</b> <i>Market value minus debt owed</i>
(1)		\$	\$ to:	\$
(2)		\$	\$ to:	\$
(3)		\$	\$ to:	\$

*Check this box if you have attached a sheet with additional information on vehicles.*

**C. Securities, stocks, & bonds**

*\*Owner (Whose name is on the securities, stocks, or bonds?):*

*P = Petitioner R = Respondent J = Joint (Both)*

<b>Securities, stocks, &amp; bonds</b> <i>Company name</i>	<b>Owner*</b> <i>P,R,J</i>	<b>Market value</b> <i>What it would sell for</i>	<b>Debt</b> <i>Total amount you still owe on it and to whom owed</i>	<b>Net value</b> <i>Market value minus debt owed</i>
(1)		\$	\$ to:	\$
(2)		\$	\$ to:	\$
(3)		\$	\$ to:	\$

*Check this box if you have attached a sheet with additional information on securities, stocks, and bonds.*

**D. Life insurance**

*\*Owner (Whose name is on the policy?): P = Petitioner R = Respondent J = Joint (Both)*

<b>Life insurance</b> <i>Company name</i>	<b>Owner*</b> <i>P,R,J</i>	<b>Cash value</b> <i>Not death benefit</i>	<b>Loan from cash value</b> <i>Total amount still owed on loan</i>	<b>Net value</b> <i>Cash value minus loan owed</i>
(1)		\$	\$	\$
(2)		\$	\$	\$
(3)		\$	\$	\$

*Check this box if you have attached a sheet with additional information on life insurance.*

**E. Bank accounts**

*\*Owner (Whose name is on the checking or savings account?):*

*P = Petitioner R = Respondent J = Joint (Both)*

<b>Checking &amp; savings accounts</b> <i>Bank or Credit Union name If you do not use bank accounts, write "Cash"</i>	<b>Owner*</b> <i>P,R,J</i>	<b>Cash value</b>	<b>Personal loans or overdraft accounts</b> <i>Total amount you still owe on it</i>	<b>Net value</b> <i>Cash value minus loan / overdraft owed</i>
(1)		\$	\$	\$
(2)		\$	\$	\$
(3)		\$	\$	\$

*Check this box if you have attached a sheet with additional information on checking and savings accounts.*

**F. Household contents**

*\*Owner: P = Petitioner R = Respondent J = Joint (Both)*

<b>Household contents</b> <i>Describe</i>	<b>Owner*</b> <i>P,R,J</i>	<b>Market value</b> <i>What it would sell for</i>	<b>Debt</b> <i>Total amount you still owe on it and to whom owed</i>	<b>Net value</b> <i>Market value minus debt owed</i>
(1) Furniture		\$	\$	\$
a.		\$	to:	\$
b.		\$	to:	\$
c.		\$	to:	\$
d.		\$	to:	\$
(2) Appliances / Electronics		\$	\$	\$
a.		\$	to:	\$
b.		\$	to:	\$
c.		\$	to:	\$
d.		\$	to:	\$
(3) Other contents		\$	\$	\$
a.		\$	to:	\$

b.		\$	\$ to:	\$
c.		\$	\$ to:	\$

Check this box if you have attached a sheet with additional information on household assets.

**G. Retirement assets**

*\*Owner (Whose name is on the retirement account?): P = Petitioner R = Respondent J = Joint (Both)*

<b>Retirement assets</b> <i>Examples: Pensions, IRAs, 401(k)s, annuities, etc.</i>	<b>Owner*</b> <i>P,R,J</i>	<b>Market value</b> <i>What it would sell for</i>	<b>Loan from retirement account</b> <i>Total amount you still owe on it and to whom owed</i>	<b>Net value</b> <i>Market value minus loan owed</i>
(1)		\$	\$ to:	\$
(2)		\$	\$ to:	\$
(3)		\$	\$ to:	\$

Check this box if you have attached a sheet with additional information on retirement assets.

**H. Other assets**

*Items not listed in the other boxes should be listed here. For example: jewelry, furs, guns, sporting goods, farm animals.*

*\*Owner: P = Petitioner R = Respondent J = Joint (Both)*

<b>Other assets</b> <i>Describe</i>	<b>Owner*</b> <i>P,R,J</i>	<b>Market value</b> <i>What it would sell for</i>	<b>Debt</b> <i>Total amount you still owe on it and to whom owed</i>	<b>Net value</b> <i>Market value minus debt owed</i>
(1)		\$	\$ to:	\$
(2)		\$	\$ to:	\$
(3)		\$	\$ to:	\$

Check this box if you have attached a sheet with additional information on other assets.

**I. Totals**

(1) Total from attached sheets	Listed in 1A-H.	\$
(2) <b>Total net value of assets</b>	Listed in 1A-H.	\$

**2. Other Debts**

Debts may include things such as past due balances on utilities, money owed to a landlord for damages after moving, credit card debt, and loans from friends, family, or banks.

Include as “Other Debts” money you or your spouse owe that you did not include in the “Debt” or “Loan” columns in 1A-H.

\*Whose debt is it? P = Petitioner R = Respondent J = Joint (Both)

<b>Other debts</b> <i>List only those not included as “debt” or “loans” under “Assets” in part 1.</i>	<b>Whose debt?*</b> <i>P,R,J</i>	<b>Amount owed</b>
A.		\$
B.		\$
C.		\$
D.		\$
E.		\$
F.		\$
G.		\$
H.		\$
I.		\$
J.		\$
K.		\$
L.		\$
M.		\$
N.		\$
O. Totals from attached sheets, if any <input type="checkbox"/> Check this box if you have attached a sheet with additional information on other debts and enter the total.		\$
<b>Total other debts</b> <i>Including amounts shown on attached sheets, if any.</i>		\$

*Continued on next page*

### 3. Income and Deductions

The deductions listed in section 3 are the deductions allowed by the Iowa Child Support Guidelines and are subtracted when determining net income.

#### A. Petitioner

(1) Income and Deductions If you are Respondent, give your best estimate for each amount.

\*How often is income paid or deduction taken?

W = Weekly B = Bi-weekly (every other week) M = Monthly T = Two times a month

Current income and deductions for Petitioner <i>Sources of income and deductions, not including Social Security benefits</i>	Income		Deductions	
	How often paid?*	Gross amount <i>Before deductions</i>	How often taken?*	Amount of deduction
	<i>W,B,M,T</i>		<i>W,B,M,T</i>	
a. Wages from employer <i>Employer name:</i> <i>Job title:</i>		\$		\$
b. Wages from employer <i>Employer name:</i> <i>Job title:</i>		\$		\$
c. Unemployment assistance		\$		\$
d. Workers' compensation		\$		\$
e. Pension / Retirement		\$		\$
f. Veteran's benefits		\$		\$
g. Other <i>Identify:</i>		\$		\$
h. Other <i>Identify:</i>		\$		\$
i. Other <i>Identify:</i>		\$		\$
j. Mandatory pension contribution <i>List required contribution only (e.g. IPERS, TIAA/CREF). Contributions above the required amount are optional and not allowed as a deduction.</i>				\$
k. Union Dues				\$
**l. Prior court-ordered child support <i>Paid to:</i>				\$
**m. Prior court-ordered medical support <i>Paid to:</i>				\$
**n. Prior court-ordered spousal support (alimony) <i>Paid to:</i>				\$
o. Totals from attached sheets, if any <input type="checkbox"/> <i>Check this box if you have attached a sheet with additional information on Petitioner's income and deductions.</i>		\$		\$
<b>Totals</b> <i>Current income and deductions for Petitioner</i>		\$ 0.00 <i>Income total</i>		\$ 0.00 <i>Deductions total</i>

\*\*Under "Amount of deduction," list the amount of child support or spousal support actually paid under a prior court order (an order filed before this action). If child support payments were not made through the Child Support Recovery Unit, attach proof of payments for the past 12 months.

(2) Petitioner’s other children with no court-ordered support, if any: *If you are Respondent, provide as much information as you can.*

*List the initials and birth year of each child for whom **Petitioner** is the legal parent.*

**Do not include any children involved in this case.**

First, middle, & last initials of each child	Birth year	First, middle, & last initials of each child	Birth year
i.		iv.	
ii.		v.	
iii.		vi.	

*Check this box if you have attached a sheet listing additional children for whom Petitioner is the legal parent.*

(3) Petitioner’s actual child care expenses due to employment, if any:

*For custodial parent only. If you are not the custodial parent, skip to (4).*

\$ \_\_\_\_\_ per \_\_\_\_\_  
*Amount Frequency*

(4) Petitioner’s income from Social Security benefits, if any:

a. Supplemental Security Income (SSI), if any:

i. Supplemental Security Income (SSI) paid to Petitioner for disability: \$ \_\_\_\_\_ per month

ii. Supplemental Security Income (SSI) paid to children for their disability: \$ \_\_\_\_\_ per month

iii. List the children in Petitioner’s home who receive SSI benefits *Use initials only:*

First, middle, & last initials of each child	Birth year	First, middle, & last initials of each child	Birth year
(a)		(d)	
(b)		(e)	
(c)		(f)	

*Check this box if you have attached a sheet listing additional children who receive Supplemental Security Income (SSI).*

b. Social Security Disability (SSD) or Social Security Retirement (SSR), if any:

i. Benefit paid for Petitioner \$ \_\_\_\_\_ per month

ii. Benefit paid for each child in Petitioner’s home \$ \_\_\_\_\_ per month

iii. Number of children receiving benefits \_\_\_\_\_ children

c. Social Security Disability (SSD), if any:

i. Paid to children for their disability: \$ \_\_\_\_\_ per month

ii. List the children in Petitioner’s home who receive SSD benefits *Use initials only:*

First, middle, & last initials of each child	Birth year	First, middle, & last initials of each child	Birth year
(a)		(d)	
(b)		(e)	
(c)		(f)	

Check this box if you have attached a sheet listing additional children who receive Social Security Disability (SSD).

**B. Respondent**

(1) **Income and Deductions** *If you are Petitioner, give your best estimate for each amount.*

*\*How often is income paid or deduction taken?*

*W = Weekly B = Bi-weekly (every other week) M = Monthly T = Two times a month*

Current income and deductions for Respondent <i>Sources of income and deductions, not including Social Security benefits</i>	Income		Deductions	
	How often paid?*	Gross amount <i>Before deductions</i>	How often taken?*	Amount of deduction
<i>W,B,M,T</i>			<i>W,B,M,T</i>	
a. Wages from employer <i>Employer name:</i> <i>Job title:</i>		\$		\$
b. Wages from employer <i>Employer name:</i> <i>Job title:</i>		\$		\$
c. Unemployment assistance		\$		\$
d. Workers' compensation		\$		\$
e. Pension / Retirement		\$		\$
f. Veteran's benefits		\$		\$
g. Other <i>Identify:</i>		\$		\$
h. Other <i>Identify:</i>		\$		\$
i. Other <i>Identify:</i>		\$		\$
j. Mandatory pension contribution <i>List required contribution only (e.g. IPERS, TIAA/CREF). Contributions above the required amount are optional and not allowed as a deduction.</i>				\$
k. Union Dues				\$
**l. Prior court-ordered child support <i>Paid to:</i>				\$
**m. Prior court-ordered medical support <i>Paid to:</i>				\$
**n. Prior court-ordered spousal support (alimony) <i>Paid to:</i>				\$



o. Totals from attached sheets, if any <input type="checkbox"/> Check this box if you have attached a sheet with additional information on Respondent's income and deductions.		\$		\$
<b>Totals</b> <i>Current income and deductions for Respondent</i>		\$ 0.00 <b>Income total</b>		\$ 0.00 <b>Deductions total</b>

**\*\*Under "Amount of deduction," list the amount of child support or spousal support actually paid under a prior court order (an order filed before this action). If child support payments were not made through the Child Support Recovery Unit, attach proof of payments for the past 12 months.**

(2) Respondent's other children with no court-ordered support, if any: *If you are Petitioner, provide as much information as you can.*

*List the initials and birth year of each child for whom Respondent is the legal parent.*

**Do not include any children involved in this case.**

First, middle, & last initials of each child	Birth year	First, middle, & last initials of each child	Birth year
i.		iv.	
ii.		v.	
iii.		vi.	

Check this box if you have attached a sheet listing additional children for whom Respondent is the legal parent.

(3) Respondent's actual child care expenses due to employment, if any:

*For custodial parent only. If you are not the custodial parent, skip to (4).*

\$ \_\_\_\_\_ per \_\_\_\_\_  
*Amount Frequency*

(4) Respondent's income from Social Security benefits, if any:

a. Supplemental Security Income (SSI), if any:

i. Supplemental Security Income (SSI) paid to Respondent for disability: \$ \_\_\_\_\_ per month

ii. Supplemental Security Income (SSI) paid to children for their disability: \$ \_\_\_\_\_ per month

iii. List the children in Respondent's home who receive SSI benefits *Use initials only:*

First, middle, & last initials of each child	Birth year	First, middle, & last initials of each child	Birth year
(a)		(d)	
(b)		(e)	
(c)		(f)	

Check this box if you have attached a sheet listing additional children who receive Supplemental Security Income (SSI).

b. Social Security Disability (SSD) or Social Security Retirement (SSR), if any:

- i. Benefit paid for Respondent \$ \_\_\_\_\_ per month
- ii. Benefit paid for each child in Respondent's home \$ \_\_\_\_\_ per month
- iii. Number of children receiving benefits \_\_\_\_\_ children

c. Social Security Disability (SSD), if any:

- i. Paid to children for their disability: \$ \_\_\_\_\_ per month
- ii. List the children in Respondent's home who receive SSD benefits *Use initials only*:

First, middle, & last initials of each child	Birth year	First, middle, & last initials of each child	Birth year
(a)		(d)	
(b)		(e)	
(c)		(f)	

Check this box if you have attached a sheet listing additional children who receive Supplemental Security Disability (SSD).

**4. Costs for Health Insurance, Medical Support, and Dental Care**

A. Costs for Petitioner *If you are Respondent, give your best estimate for each amount.*

(1) Petitioner has **health insurance** available through employer.

- a.  True
- b.  False

*If you check a, list the frequency and cost of health insurance paid.*

*If you check b, continue to (2).*

*\*How often paid? W = Weekly B = Bi-weekly (every other week) M = Monthly  
T = Two times a month*

Type of employer health insurance	How often paid?* <i>W,B,M,T</i>	Cost
Single health insurance		\$
Family health insurance		\$

(2) Petitioner has **health insurance** through a source other than employer.

- a.  True
- b.  False

*If you check a, list the frequency and cost of health insurance paid.*

*If you check b, continue to (3).*

*\*How often paid? W = Weekly B = Bi-weekly (every other week) M = Monthly  
T = Two times a month*

Type of other health insurance	How often paid?*	Cost
	<i>W,B,M,T</i>	
Single health insurance		\$
Family health insurance		\$

(3) Petitioner pays **medical support** for the child or children as required by court order.

- a.  True  
 b.  False

*If you check a, list the frequency and cost of medical support paid.*

*If you check b, continue to (4).*

\*How often paid? *W = Weekly B = Bi-weekly (every other week) M = Monthly  
 T = Two times a month*

Medical support paid to	How often paid?*	Cost
	<i>W,B,M,T</i>	
		\$
		\$
		\$

(4) Petitioner has **dental insurance** available through employer.

- a.  True  
 b.  False

*If you check a, list the frequency and cost of dental insurance paid.*

*If you check b, continue to (5).*

\*How often paid? *W = Weekly B = Bi-weekly (every other week) M = Monthly  
 T = Two times a month*

Type of employer dental insurance	How often paid?*	Cost
	<i>W,B,M,T</i>	
Single dental insurance		\$
Family dental insurance		\$

(5) Petitioner has **dental insurance** through a source other than employer.

- a.  True  
 b.  False

*If you check a, list the frequency of other dental insurance paid.*

*If you check b, continue to (6).*

\*How often paid? *W = Weekly B = Bi-weekly (every other week) M = Monthly  
 T = Two times a month*

Type of other dental insurance	How often paid?*	Cost
	<i>W,B,M,T</i>	
Single dental insurance		\$
Family dental insurance		\$

(6) Petitioner pays **other medical expenses** not covered by insurance.

- a.  True  
 b.  False

*If you check a, list the cost and frequency of other medical expenses paid that are not covered by insurance. Include all medical, dental, vision, etc. expenses as one lump sum.*

*If you check (6)b, continue to 4B, Costs for Respondent.*

*\*How often paid? W = Weekly B = Bi-weekly (every other week) M = Monthly  
 T = Two times a month*

How often paid?*	Cost
<i>W,B,M,T</i>	
	\$
	\$

**B. Costs for Respondent** *If you are Petitioner, give your best estimate for each amount.*

(1) Respondent has **health insurance** available through employer.

- a.  True  
 b.  False

*If you check a, list the frequency and cost of health insurance paid.*

*If you check b, continue to (2).*

*\*How often paid? W = Weekly B = Bi-weekly (every other week) M = Monthly  
 T = Two times a month*

Type of employer health insurance	How often paid?*	Cost
	<i>W,B,M,T</i>	
Single health insurance		\$
Family health insurance		\$

(2) Respondent has **health insurance** through a source other than employer.

- a.  True  
 b.  False

*If you check a, list the frequency and cost of health insurance paid.*

*If you check b, continue to (3).*

*\*How often paid? W = Weekly B = Bi-weekly (every other week) M = Monthly  
 T = Two times a month*

Type of other health insurance	How often paid?*	Cost
	<i>W,B,M,T</i>	
Single health insurance		\$
Family health insurance		\$

(3) Respondent pays **medical support** for the child or children as required by court order.

- a.  True  
 b.  False

*If you check a, list the frequency and cost of medical support paid.*

*If you check b, continue to (4).*

\*How often paid? *W = Weekly B = Bi-weekly (every other week) M = Monthly*  
*T = Two times a month*

Medical support paid to	How often paid?*	Cost
	<i>W,B,M,T</i>	
		\$
		\$
		\$

(4) Respondent has **dental insurance** available through employer.

- a.  True  
 b.  False

*If you check a, list the frequency and cost of dental insurance paid.*

*If you check b, continue to (5).*

\*How often paid? *W = Weekly B = Bi-weekly (every other week) M = Monthly*  
*T = Two times a month*

Type of employer dental insurance	How often paid?*	Cost
	<i>W,B,M,T</i>	
Single dental insurance		\$
Family dental insurance		\$

(5) Respondent has **dental insurance** through a source other than employer.

- a.  True  
 b.  False

*If you check a, list the frequency of other dental insurance paid.*

*If you check (5)b, continue to (6).*

\*How often paid? *W = Weekly B = Bi-weekly (every other week) M = Monthly*  
*T = Two times a month*

Type of other dental insurance	How often paid?*	Cost
	<i>W,B,M,T</i>	
Single dental insurance		\$
Family dental insurance		\$

(6) Respondent pays **other medical expenses** not covered by insurance.

- a.  True  
 b.  False

*If you check a, list the cost and frequency of other medical expenses paid that are not covered by insurance. Include all medical, dental, vision, etc. expenses as one lump sum.*

*If you check (6)b, continue to 5, Expenses.*

*\*How often paid? W = Weekly B = Bi-weekly (every other week) M = Monthly  
 T = Two times a month*

How often paid?*	Cost
<i>W,B,M,T</i>	
	\$
	\$

## 5. Expenses

### A. Living arrangements

*Check one*

- (1)  My spouse and I live in the same home.  
 (2)  My spouse and I do not live in the same home.

### B. My expenses

*Note: You must complete this section if you or your spouse want spousal support (alimony).*

*\*How often paid?: W = Weekly B = Bi-weekly (every other week) M = Monthly  
 T = Two times a month A = Annually*

Type of expense	Paid to	How often paid?*	Monthly payment
		<i>W,B,M,T,A</i>	
(1) House payment or rent			\$
(2) Food <i>At home &amp; restaurants</i>			\$
(3) Transportation ( <i>gas, bus fare</i> ) <i>Not car loan payments – see (12).</i>			\$
(4) Clothing			\$
(5) Medical, dental <i>Not health insurance payments – see (10).</i>			\$

(6) Utilities ( <i>gas, electric</i> )			\$
(7) Phone			\$
(8) Cable / satellite television / internet			\$
(9) Car insurance payment			\$
(10) Health insurance payment			\$
(11) Credit card payments			\$
(12) Car loan payments			\$
(13) Other loan payments			\$
(14) Other expense <i>Identify:</i>			\$
(15) Other expense <i>Identify:</i>			\$
(16) Other expense <i>Identify:</i>			\$
(17) Totals from attached sheets, if any <input type="checkbox"/> <i>Check this box if you have attached a sheet with additional information on your expenses.</i>			\$
<b>Total expenses</b>			<b>\$ 0.00</b>

*Continued on next page*

## 6. Attorney Help

Check one

- A.  An attorney did not help me prepare or fill in this paper.  
B.  An attorney helped me prepare or fill in this paper.

If you check B, you must fill in the following information:

\_\_\_\_\_  
Name of attorney or organization, if any      Attorney's P.I.N. # – Ask the attorney

\_\_\_\_\_  
Business address of attorney or organization      City      State      ZIP code

(\_\_\_\_\_) \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_  
Attorney's phone number      Attorney's fax number – optional      Attorney's email address – optional

## 7. Certification of Service by Mailing or Delivery

Section 7 to be completed only if filing in paper or if the other party is exempt from electronic filing.  
This document, if filed electronically, will automatically be served on registered parties.

I, \_\_\_\_\_, certify that on \_\_\_\_\_, 20\_\_\_\_\_  
Print your name      Month      Day      Year

I mailed or gave a copy of this Financial Affidavit to the other party or the other party's attorney at this address:

\_\_\_\_\_  
Name of person to whom I delivered or mailed it

\_\_\_\_\_  
Party's or attorney's mailing address      City      State      ZIP code

## 8. Oath and Signature

I, \_\_\_\_\_, certify under penalty of perjury and pursuant to the  
Print your name

laws of the State of Iowa that I have read this Financial Affidavit and that the information I have provided in this Financial Affidavit 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 available

\* Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.