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.

Equity case no	In the Iowa District Court for	County
Affidavit of Service of Original Notice and Application to Modify Child Support Affidavit Affidavit Affidavit Affidavit Affidavit Affidavit Affidavit Affidavit Application to Modify Child Support Application to Modify Child Support Application to Modify Child Support Application to Modify Child Support for this case to: Application to Modify Child Support for this case to:		County where Application is filed
Notice and Application to Modify Child Support	Upon the Petition of	Equity case no
Respondent Full name: first, middle, last 1. Affidavit I,	Petitioner Full name: first, middle, last	Notice and Application to Modify
1. Affidavit I,	and concerning	Cilia Support
I,	Respondent Full name: first, middle, last	_
Name of person – Cannot be Applicant, sheriff, or process server Application to Modify Child Support for this case to:	1. Affidavit	
Name of person – Cannot be Applicant, sheriff, or process server Application to Modify Child Support for this case to:	I,	, delivered a copy of the Original Notice and
on	Name of person – Cannot be Applicant, sheriff,	or process server
on	Application to Modify Child Support for thi	s case to: Check one
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,		☐ a.m.
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,	on	, 20 at p.m.
2. Oath and Signature To be completed by the person who gave the Application to the other party. I,	Name of Other Parent Mont	h Day Year Time
I,	by handing the other party copies of the a	ttached papers.
under penalty of perjury and pursuant to the laws of the State of lowa that the information I have provided in this Affidavit of Service is true and correct. Signed on: Month Day Year Your signature*		cation to the other party.
under penalty of perjury and pursuant to the laws of the State of lowa that the information I have provided in this Affidavit of Service is true and correct. Signed on: Month Day Year Your signature*	I,	, have read this Affidavit of Service, and I certify
have provided in this Affidavit of Service is true and correct.		<u> </u>
Mailing address City State ZIP code		
Mailing address City State ZIP code	20	
()	Signed on: Month Day Year	Your signature*
(Mailing address	City State ZIP code
Phone number Email address Additional email address – if applicable	()	
	Phone number Email address	Additional email address – if applicable