DATE:

|  |  |  |
| --- | --- | --- |
|  | **Yourself** | **Other Parent**  |
| **Legal name of each parent** *including prior names used* |  |  |
| **Legal name of parent’s current spouse or significant other** |  |  |
| **Attorney’s name**  |  |  |
| **County where case is filed** |  |
| **Type of case** *modification, divorce custody* |  |
| **Children’s names & ages** |  |
| **County where children reside** |  |
| **Why are you seeking representation for the child(ren)?** |  |  |
| **Next hearing date or** **other deadline** |  |  |
| **Trial date, if scheduled** |  |  |

**Please submit this form by email to diane@iaccj.org.** We will respond within 1 business day.

*(Note: Please do not file a motion to have Iowa Center for Children’s Justice appointed until we confirm our ability to take the case.)*