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Rule 17.300—Form 309: ***Application and Affidavit to Defer Payment of Costs***

Applicant uses this form only if Applicant cannot afford to pay the fees to file and serve the Application.

- Use this form if it would cause you to suffer a hardship if you had to pay the filing fee and cost of serving papers.
- You may need to provide proof of your income and assets and your expenses.
- Costs and fees paid to someone other than the court or sheriff **cannot be waived**.

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 Jefferson **County**

County where Application is filed

Upon the Petition of

Frederick Shaddock

Petitioner

Full name of Petitioner as it is in the Application

and concerning

Oksana Shemet Shaddock

Respondent

Full name of Respondent as it is in the Application

Equity case no. TBD

Application and Affidavit to Defer Payment of Costs

1. Request

A. My name is Frederick Shaddock.

B. For my Application and Affidavit, I state that:

Check all that apply

(1) ☒ I am unable to pay the filing fee or service costs or other court costs.

(2) ☒ I ask the court for permission to proceed without prepayment of costs and fees.

(3) ☒ I am filing this Application and Affidavit in good faith.

(4) ☒ I believe I am entitled to what I am asking for in this case.

C. Household

There are 2 people living in my household.

Number

D. My household income is $ 1,500.00 per month.

Put the total amount of all income and benefits before deductions for all members of your household.

E. My income comes from:

List the sources of your income. Examples: salary, wages, or benefits such as unemployment, Title 19, FIP.

Social Security, odd jobs

Show Lines | Hide Lines

F. My household has the following monthly expenses:

(1) Rent or mortgage $900.00

(2) Utilities $500.00

(3) Phone $150.00

(4) Food $200.00

(5) Transportation $50.00

G. I have $154.23 in cash, checking, and savings.

Continued on next page

2. 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*

3. Certification of Service by Mailing or Delivery

Section 3 *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, Frederick Shaddock tify that on May 26 , 20 24
Print your name *Month* *Day* *Year*

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

Oksana Shemet Shaddock
Name of person to whom I delivered or mailed it

520 N Street SW, S-316	Washington	DC	20024
Party's or attorney's mailing address	*City*	*State*	*ZIP code*

4. Oath and Signature

I, Frederick Shaddock, certify under penalty of perjury and pursuant to the laws of
Print your name

the State of Iowa that I have read this Application and Affidavit and that the information I have provided in this Application and Affidavit is true and correct.

~~MAY~~ November	MAY 26	, 20 24	
Signed on: Month	*Day*	*Year*	*Your signature**

806 North 4th Street	Fairfield	IA	52556
Mailing address	*City*	*State*	*ZIP code*

(641) 472-5830	Fred@Shaddock.net	
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.*