

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

Business address of attorney or organization

City

State

ZIP code

(_____) _____
Phone number

Fax number

Email address

Additional email address, if applicable

Oath and signature of parent

I, _____, have read this Affidavit, and I certify under
Print your name

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

_____, 20_____
*Month Day Year Signature**

Mailing address

City

State

ZIP code

(_____) _____
Phone number

Email address

Additional email address, if applicable

**Handwrite your signature on this form. Scan the form after signing it and file it electronically.*