

**RULES ON HOSPITALIZATION  
OF MENTALLY ILL**

**CHAPTER 175  
RULES OF PROCEDURE AND FORMS FOR THE  
INVOLUNTARY HOSPITALIZATION OF THE MENTALLY ILL**

[See Section 229.40 of the Code]

IN THE MATTER OF  
RULES OF PROCEDURE AND  
FORMS FOR THE INVOLUNTARY  
HOSPITALIZATION OF THE  
MENTALLY ILL

REPORT OF  
THE SUPREME  
COURT

TO THE 1979 REGULAR SESSION OF THE SIXTY-EIGHTH GENERAL ASSEMBLY OF THE STATE OF IOWA:

Pursuant to section 684.19, The Code and 1978 Session of the 67th General Assembly, Chapter 1085, Section 12, the Supreme Court of Iowa has prescribed and hereby reports to the General Assembly new rules of procedure, exhibit A, and forms, exhibit B, for the involuntary hospitalization of the mentally ill, copies of which are attached hereto and made a part hereof.

Respectfully submitted,  
THE SUPREME COURT OF IOWA

/s/ W. W. Reynoldson  
W. W. Reynoldson, Chief Justice

Des Moines, Iowa  
January 26, 1979

ACKNOWLEDGEMENT

I, the undersigned, secretary of the Senate of the State of Iowa, hereby acknowledge delivery to me on the twenty-sixth day of January, 1979, of the foregoing report of the Supreme Court of Iowa pertaining to rules of procedure and forms for the involuntary hospitalization of the mentally ill.

/s/ Frank J. Stork

Secretary of the Senate, 1979  
Regular Session of the Sixty-  
Eighth General Assembly of the  
State of Iowa

ACKNOWLEDGEMENT

I, the undersigned, Chief Clerk of the House of Representatives of the State of Iowa, hereby acknowledge delivery to me on the twenty-sixth day of January 1979, of the foregoing report of the Supreme Court of Iowa pertaining to rules of procedure and forms for the involuntary hospitalization of the mentally ill.

/s/ David L. Wray

Chief Clerk of the House of  
Representatives, 1979 Regular  
Session of the Sixty-Eighth Gen-  
eral Assembly of the State of  
Iowa

## EXHIBIT A

1. A form for application seeking the involuntary hospitalization or treatment of any person on grounds of serious mental impairment may be obtained from the clerk of court in a county in which the person whose hospitalization is sought resides or is presently located. Such application may be filled out and presented to the clerk by any person who has an interest in the treatment of another for serious mental impairment and who has sufficient contact with or knowledge about that person to provide the information required on the face of the application and by section 229.6, The Code. The clerk or clerk's designee shall provide the forms required by section 229.6, The Code, to the person who desires to file the application for involuntary commitment. The clerk shall see that all the necessary information required by section 229.6, The Code, accompanies the application.

2. If the judge or referee determines that insufficient grounds to warrant a hearing on the respondent's serious mental impairment appear on the face of the application and supporting documentation, the judge or referee shall order the proceedings terminated, so notify the applicant, and all papers and records pertaining thereto shall be confidential and subject to the provisions of section 229.24, The Code.

3. If the judge or referee determines that sufficient grounds to warrant a hearing on the respondent's serious mental impairment appear on the face of the application and supporting documentation, the sheriff or sheriff's deputy shall immediately serve notice, personally and not by substitution, on the respondent. Pursuant to section 229.9, The Code, notice shall also be served on respondent's attorney as soon as he or she is identified or appointed by the judge or referee.

A. If the respondent is being taken into immediate custody pursuant to section 229.11, The Code, the notice shall include a copy of the order required by section 229.11, The Code, and rule 14 of these rules.

B. The notice of procedures required under section 229.7, The Code, shall inform the respondent of: (1) his or her immediate right to counsel, at county expense if necessary; (b) the right to request an examination by a physician of his or her choosing, at county expense if necessary; (c) the right to be present at the hearing; (d) the right to a hearing within 5 days if the respondent is taken into immediate custody pursuant to section 229.11, The Code; (e) the right not to be forced to hearing sooner than 48 hours after notice, unless respondent waives such minimum prior notice requirement.

The notice shall also inform the respondent of: (a) his or her duty to remain in the jurisdiction and the consequences of an attempt to leave; and (b) his or her duty to submit to examination by a physician appointed by the court.

4. The respondent may waive the minimum prior notice requirement only in writing and only if the judge or referee determines that the respondent's best interests will not be harmed by such waiver.

5. In no case shall the hearing provided in section 229.12, The Code, be held until the attorney has had time to see the respondent and adequately prepare his or her case.

6. If the respondent is involuntarily confined prior to the hearing pursuant to a determination under section 229.11, The Code, the respondent's attorney may apply to the judge or referee for an opportunity to confer with the respondent, in a place other than the place of confinement, in advance of the hearing provided for in section 229.12, The Code.

7. If personal service as defined in rule 3 cannot be made, any respondent may be served as provided by court order, consistent with due process of law.

8. Returns of service of notice shall be made as provided in rule 59, Rules of Civil Procedure.

9. Amendment of process of proof of service shall be allowed in the manner provided in rule 59.1, Rules of Civil Procedure.

10. If practicable the court should allow the respondent's attorney to present evidence and argument prior to the judge's determination under section 229.11, The Code.

11. If the respondent's attorney is afforded no opportunity to present evidence and argument prior to the determination under section 229.11, The Code, the attorney shall be entitled to do so after the determination during the course of respondent's confinement pursuant to an order issued under that section.

12. The clerk shall see that the respondent's attorney receives a copy of the examination report filed pursuant to section 229.10(2), The Code, sufficiently in advance of the hearing to allow him or her to prepare for the hearing and to prepare responses from physicians engaged by the respondent, where relevant. Respondent's attorney shall promptly file a copy of a report of any physician who has examined respondent and whose evidence the attorney expects to use at the hearing. The clerk shall provide the court and the county attorney with a copy thereof when filed.

13. The court-designated physician shall submit a written report of the examination as required by section 229.10(2), The Code, on the form designated for use by the Supreme Court. The report shall contain the following information: (1) Respondent's Name; (2) Address; (3) Date of Birth; (4) Place of Birth; (5) Sex; (6) Occupation; (7) Marital Status; (8) Number of children, and names; (9) Nearest Relative's Name, Relationship, and Address; and (10) The Physician's diagnosis and recommendations with a detailed statement of the facts, symptoms and overt acts observed or described to him or her, which led to the diagnosis.

14. The judge's or referee's immediate custody order under section 229.11, The Code, shall include a finding of probable cause to believe that the respondent is seriously mentally impaired and is likely to injure himself or herself or others if allowed to remain at liberty.

15. If the respondent is detained in a facility for persons accused of or convicted of crimes, the 24 hour detention limitation of section 229.11(3), The Code, shall be strictly enforced and procedures for placement of the respondent in a proper facility described in section 229.11, The Code, shall be instituted immediately.

16. The hearing provided in section 229.12, The Code, shall be held in the county where the application was filed unless the judge or referee finds

that the best interests of the respondent would be served by transferring the proceedings to a different location.

17. The hearing required by section 229.12, The Code, may be held at a hospital or other treatment facility, provided a proper room is available and provided such a location would not be detrimental to the best interests of the respondent.

18. The respondent's rights should be explained to him or her and, to the extent possible, the nature and possible consequences of the proceedings. Prior to the commencement of the hearing under section 229.12, The Code, the judge or referee shall ascertain whether the respondent has been so informed.

19. Subpoena power shall be available to all parties participating in the proceedings, and subpoenas or other investigative demands may be enforced by the judge or referee.

20. The person(s) filing the application and any physician or mental health professionals who examine the respondent in connection with the hospitalization proceedings or later proceedings must be present at the hearing conducted under section 229.12, The Code, unless, prior to the hearing, the judge or referee, for good cause, finds their presence is not necessary. The respondent must be present at the hearing unless prior to the hearing the respondent's attorney stipulates in writing to his or her absence, such stipulation to state (1) that the attorney has conversed with the respondent, (2) that in the attorney's judgment the respondent can make no meaningful contribution to the hearing, and (3) the basis for such conclusions. A stipulation to the respondent's absence shall be reviewed by the judge or referee before the hearing, and may be rejected if it appears that insufficient grounds are stated or that the respondent's interests would not be served by his or her absence.

21. An electronic recording or other verbatim record of the hearing provided in section 229.12, The Code, shall be made and retained for three years or until the respondent has been discharged from involuntary custody for ninety days, whichever is longer.

22. If the respondent is in custody in another county prior to the hearing provided in section 229.12, The Code, respondent's attorney may request that the respondent be delivered to the county in which the hearing will be held prior thereto in order to facilitate preparation by respondent's attorney. Such requests should be denied only if they are unreasonable and if the denial would not harm respondent's interests in representation by counsel.

23. Orders for evaluation under section 229.13, The Code, should be based on full consideration by the judge or referee of alternative facilities reasonably adapted to evaluation of the particular respondent. The valuation shall be ordered on an out-patient, or less than full-time basis unless the judge or referee finds that out-patient or less than full-time evaluation is unavailable, inappropriate in terms of the physical safety of the respondent or the other persons, or would seriously compromise the reliability of the evaluation. Such a finding shall be in writing and shall briefly state the facts relied upon in support of it.

24. If, pursuant to section 229.13, The Code, the chief medical officer requests an extension of time for evaluation beyond 15 days, he or she shall file application in the form prescribed by these rules with the clerk of court in the county in which the hearing was held. The application shall contain a statement by the chief medical officer or his or her designee identifying with reasonable particularity the facts and reasons in support of the request for extension. The clerk shall immediately notify the respondent's attorney of the request and shall furnish a copy of the application to him or her. The clerk shall also immediately furnish a copy of the application to the respondent's advocate, if one has been appointed.

25. The findings of the chief medical officer pursuant to section 229.14, The Code, must state with reasonable particularity on the form prescribed by these rules the facts and basis for the diagnostic conclusions concerning the respondent's serious mental impairment and recommended treatment, including but not limited to: the basis for his or her conclusion as to respondent's mental illness, judgmental capacity concerning need for treatment; treatability; and dangerousness; and the basis for his or her conclusions concerning recommended treatment including the basis for the judgment that his or her treatment recommendation is the least restrictive alternative treatment pursuant to options (1), (2), (3), or (4) of section 220.14, The Code.

26. The clerk shall promptly furnish copies of all reports issued under section 229.15, The Code, to the patient's attorney or advocate or to both if they both are serving in their respective capacities at the same time, and such reports shall comply substantially with the requirements of rule 25.

27. The clerk shall institute an orderly system for filing periodic reports required under section 229.15, The Code, and shall in timely fashion ascertain when a report is overdue. In the event a report is not filed, the clerk shall contact the chief medical officer of the treatment facility and obtain a report.

28. If the magistrate does not immediately proceed to the facility where a person is detained pursuant to section 229.22, The Code, the magistrate shall verbally communicate approval or disapproval of the detention and such communication shall be duly noted by the chief medical officer of the facility on the form prescribed by these rules.

29. If the facility to which the respondent is delivered pursuant to section 229.22, The Code, lacks a chief medical officer, the person then in charge of the facility shall, if treatment appears necessary to protect the respondent, immediately notify a physician. The person in charge of the facility shall then immediately notify the magistrate.

30. As soon as practicable after the respondent's delivery to a facility under section 229.22, The Code, the magistrate shall identify or appoint an attorney for the respondent and shall immediately notify such attorney of respondent's emergency detention. If counsel can be identified at the time of respondent's arrival at a facility, or if legal services are available through a Legal Aid or public defender office, the magistrate must immediately notify such counsel and such counsel shall be afforded an opportunity to see the respondent and to make such preparation as is appropriate before or after the magistrate's order is issued.

31. Whenever chemotherapy is instituted, the person in charge of the facility where the respondent is hospitalized shall notify the respondent's attorney or advocate in a letter indicating in what way the treatment is "necessary to preserve the patient's life or to appropriately control behavior by the person which is likely to result in physical injury to that person or others if allowed to continue." Moreover, the person in charge of the facility will keep the respondent's attorney or advocate apprised of any undesirable side effects and change in treatment which occur.

EXHIBIT B

IN THE IOWA DISTRICT COURT IN AND FOR \_\_\_\_\_ COUNTY, IOWA

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

IN THE MATTER OF:

No. \_\_\_\_\_

\_\_\_\_\_,  
ALLEGED TO BE SERIOUSLY  
MENTALLY IMPAIRED,



APPLICATION ALLEGING SERI-  
OUS MENTAL IMPAIRMENT PUR-  
SUANT TO SECTION 229.6,  
THE CODE.

Respondent.

I \_\_\_\_\_, of \_\_\_\_\_ (address), allege Re-  
spondent is suffering from serious mental impairment. In support thereof I  
state as follows:

Based on the above facts, I believe Respondent is a danger to himself or  
herself or others or may be causing serious emotional injury to persons who  
are unable to remove themselves from his or her presence.

Do you request the respondent be taken into immediate custody? Yes \_\_\_  
No \_\_\_

Attached hereto is a written statement of a licensed physician in support  
of this application.

Attached hereto is an affidavit corroborating these allegations.  
(Strike the one not applicable.)

\_\_\_\_\_  
Applicant



IN THE IOWA DISTRICT COURT IN AND FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

\_\_\_\_\_,  
ALLEGED TO BE SERIOUSLY  
MENTALLY IMPAIRED,

Respondent.



No. \_\_\_\_\_

AFFIDAVIT IN SUPPORT OF  
APPLICATION ALLEGING SERI-  
OUS MENTAL IMPAIRMENT PUR-  
SUANT TO SECTION 229.6,  
THE CODE.

I \_\_\_\_\_ of \_\_\_\_\_ (address), being first  
duly sworn on oath, depose and state that I am acquainted with Respondent who  
resides at \_\_\_\_\_

(Street)

(City)

\* County, Iowa and that I believe the above named person is seriously mentally  
impaired.

In support thereof, I state as follows:

Subscribed and sworn to before undersigned this \_\_\_\_\_ day of \_\_\_\_\_ A.D.,  
19\_\_.

\_\_\_\_\_  
Notary Public in and for the  
State of Iowa

\_\_\_\_\_  
Clerk of Iowa District Court

\*According to filed report

IN THE IOWA DISTRICT COURT IN AND FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

\_\_\_\_\_  
ALLEGED TO BE SERIOUSLY  
MENTALLY IMPAIRED,

No. \_\_\_\_\_

NOTICE TO RESPONDENT PUR-  
SUANT TO SECTION 229.7,  
THE CODE.

Respondent.

TO: \_\_\_\_\_

You are hereby notified that there is now on file in the office of the Clerk of District Court of \_\_\_\_\_ County, Iowa, a verified application alleging that: \_\_\_\_\_ is seriously mentally impaired and a fit subject for custody and treatment, as shown by the application and (Report of the Physician) (Supporting Affidavits) on file in this proceeding, copies of which are attached; and that said matter will come on for hearing on said application before said Court at the \_\_\_\_\_ County, Iowa, on the \_\_\_ day of \_\_\_\_\_, 19\_\_\_, at \_\_\_ o'clock .M.; and that such Order will be on said Hearing as may appear to the Court to be for the best interest of said person.

You are further notified you have the following rights in connection with this matter:

- 1. THE RIGHT TO THE ASSISTANCE OF AN ATTORNEY. If you cannot afford an attorney, one will be appointed for you at county expense.
- 2. THE RIGHT TO AN EXAMINATION BY A PHYSICIAN OF YOUR OWN CHOOSING. If you cannot afford an examination by your physician, you may have such an examination at county expense.
- 3. THE RIGHT TO A HEARING WITHIN 5 DAYS, and no sooner than 48 hours (except Saturdays, Sundays, and holidays) if you are presently in custody.
- 4. THE RIGHT TO A HEARING NO SOONER THAN 48 HOURS AFTER SERVICE OF THIS NOTICE (except Saturdays, Sundays, and holidays) if you are not presently in custody.
- 5. THE RIGHT TO BE PRESENT AT THE HEARING.

You are hereby advised that:

- 1. You must not leave the county while awaiting hearing. If you leave the county, you may be taken into custody.
- 2. You must submit to an examination by a physician appointed by the court. If you do not, the court may order you to do so.

\_\_\_\_\_  
Judge of the \_\_\_\_\_ Judicial  
District of Iowa or Judicial Hos-  
pitalization Referee

RETURN OF SERVICE

STATE OF IOWA

\_\_\_\_\_ COUNTY

} ss.

The within notice received this \_\_\_\_ day of \_\_\_\_\_, 19\_\_, and I certify  
a.m.  
that on the \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_, at \_\_\_\_ p.m., I served the same on  
\_\_\_\_\_ by delivering a copy thereof to said \_\_\_\_\_ in the  
City, Township of \_\_\_\_\_ in \_\_\_\_\_ County, State of Iowa.

\_\_\_\_\_  
Sheriff, \_\_\_\_\_ County

By \_\_\_\_\_  
Deputy Sheriff

IN THE IOWA DISTRICT COURT IN AND FOR \_\_\_\_\_ COUNTY, IOWA

DATE: \_\_\_\_\_

TIME: \_\_\_\_\_

IN THE MATTER OF:

No. \_\_\_\_\_

\_\_\_\_\_,  
ALLEGED TO BE SERIOUSLY  
MENTALLY IMPAIRED,

ORDER FOR IMMEDIATE CUS-  
TODY PURSUANT TO SECTION  
229.11, THE CODE

Respondent.

A request has been presented that respondent should be immediately detained due to serious mental impairment. After review of the application and supporting documentation, I find there is probable cause to believe respondent is seriously mentally impaired and is likely to injure himself or herself or others if allowed to remain at liberty.

This finding is based on the following facts:

\*1. I hereby order that respondent shall be detained in the custody of \_\_\_\_\_ until the hearing date pursuant to section 229.11(1), The Code.

\*2. Because I find the less restrictive alternative of custody pursuant to section 229.11(1), The Code, will not be sufficient to protect respondent from himself or herself or others, I hereby order that respondent shall be detained at \_\_\_\_\_ until the hearing date pursuant to section 229.11(2), The Code.

\*3. Because I find that an actual emergency exists and there is no other secure facility available besides a facility for the confinement of persons accused or of convicted of crime, I hereby order that respondent shall be detained at \_\_\_\_\_ for a period of not more than 24 hours pursuant to section 229.11(3), The Code. I furthermore order that respondent shall be kept under close supervision at all times and that as soon as practicable arrangements for transfer to a suitable secure facility be made.

\*(Strike two of these three numbered provisions.)

\_\_\_\_\_  
Judge of the \_\_\_\_\_ Judicial  
District of Iowa or Judicial Hos-  
pitalization Referee

IN THE IOWA DISTRICT COURT IN AND FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

\_\_\_\_\_  
ALLEGED TO BE SERIOUSLY  
MENTALLY IMPAIRED,



No. \_\_\_\_\_

ORDER APPOINTING ATTORNEY  
PURSUANT TO SECTION 229.8,  
THE CODE.

Respondent.

AND NOW, TO-WIT, on this \_\_\_\_ day of \_\_\_\_\_, A.D., 19\_\_, on Application previously filed with the (Court) (Judicial Hospitalization Referee) acting for and in behalf of \_\_\_\_\_ County, Iowa, alleging that the above named person is seriously mentally impaired, and upon which hearing was fixed by the (Court) (Judicial Hospitalization Referee) for the \_\_\_\_ day of \_\_\_\_\_, A.D., 19\_\_, being presented to this (Court) (Judicial Hospitalization Referee), and upon showing made that the said person is unrepresented at this time and that no arrangements have been made either by the said person or any member of his or her family to procure such representation, it is now ORDERED by the (Court) (Judicial Hospitalization Referee) that \_\_\_\_\_, a regular practicing attorney for the \_\_\_\_\_ County, Iowa, Bar be and is hereby appointed to represent the said person at this hearing and at each adjourned meeting of or hearing before said (Court) (Judicial Hospitalization Referee) at which the subject matter of this Cause is under consideration by said (Court) (Judicial Hospitalization Referee).

\_\_\_\_\_  
Judge of the \_\_\_\_\_ Judicial  
District of Iowa or Judicial Hos-  
pitalization Referee

IN THE DISTRICT COURT OF IOWA IN AND FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

\_\_\_\_\_,  
ALLEGED TO BE SERIOUSLY  
MENTALLY IMPAIRED,



No. \_\_\_\_\_

APPLICATION FOR APPOINT-  
MENT OF COUNSEL AND FI-  
NANCIAL STATEMENT

Respondent.

I, the undersigned, being first sworn, on oath depose and say that I am (respondent) (respondent's spouse) (next friend) or (guardian) herein, and I request the Court to appoint counsel to represent respondent at public expense. The following statement relating to respondent's financial affairs is submitted in support of this application.

Name \_\_\_\_\_

Address \_\_\_\_\_

Marital Status \_\_\_\_\_

Number and Ages of Dependents \_\_\_\_\_

Business or Employment \_\_\_\_\_

Average Weekly Earnings \_\_\_\_\_

Total Income past 12 Months \_\_\_\_\_

Is respondent now in custody: Yes \_\_\_ No \_\_\_. If NO, is he or she working and at what salary: \_\_\_\_\_

Is spouse working: Yes \_\_\_ No \_\_\_. If so, name of employer and average weekly wage \_\_\_\_\_

Motor vehicles: List make, year, amount owing thereon, if any, and how title is registered \_\_\_\_\_

List balance of bank accounts of respondents and spouse \_\_\_\_\_

List all sources of income other than salary from employment \_\_\_\_\_

Describe real estate owned, if any, and value thereof \_\_\_\_\_

Total amount of debts: \_\_\_\_\_

List on the reverse side hereof all other assets owned by respondent, other than clothing and personal effects.

The foregoing statements are true to the best of my knowledge, are made under penalty of perjury, and are made in support of respondent's application for appointment of legal counsel because respondent is financially unable to employ counsel.

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

\_\_\_\_\_  
Notary Public in and for the  
State of Iowa

IN THE IOWA DISTRICT COURT IN AND FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

\_\_\_\_\_  
ALLEGED TO BE SERIOUSLY  
MENTALLY IMPAIRED,

Respondent.

No. \_\_\_\_\_

APPOINTMENT OF PHYSICIAN PUR-  
SUANT TO SECTION 229.8, THE  
CODE.

STATE OF IOWA, \_\_\_\_\_ COUNTY:

To \_\_\_\_\_, a regular practicing physician of \_\_\_\_\_  
County, Iowa:

An application in due form of law having been laid before the (Court) (Judicial Hospitalization Referee) of this County, alleging that Respondent is seriously mentally impaired, and is a fit subject for custody and treatment, you are hereby appointed by said (Court) (Judicial Hospitalization Referee) to visit or see said respondent and to make personal examination touching the truth of the allegations of said application and touching respondent's actual condition.

You will therefore proceed at once to make such examination and forthwith report thereon to said (Court) (Judicial Hospitalization Referee) at this office as the law requires in such cases.

NOTE TO EXAMINING PHYSICIAN:

If you have been appointed under section 229.11, The Code, your examination must be conducted within 24 hours.

\_\_\_\_\_  
Judge of the \_\_\_\_\_ Judicial  
District of Iowa or Judicial  
Hospitalization Referee

IN THE IOWA DISTRICT COURT IN AND FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

No. \_\_\_\_\_

\_\_\_\_\_  
ALLEGED TO BE SERIOUSLY  
MENTALLY IMPAIRED,

PHYSICIAN'S REPORT OF EXAMI-  
NATION PURSUANT TO SECTION  
229.10(2), THE CODE.

Respondent.

DATE AND TIME OF EXAMINATION \_\_\_\_\_

1. Respondent's Name \_\_\_\_\_
2. Address \_\_\_\_\_  
(Street) (City or Town) (County) (State)
3. Date of Birth \_\_\_\_\_  
(Day) (Month) (Year)
4. Place of Birth \_\_\_\_\_
5. Sex \_\_\_\_\_
6. Occupation \_\_\_\_\_
7. Marital Status \_\_\_\_\_ 8. Number of Children \_\_\_\_\_
9. Nearest Relative's Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Address \_\_\_\_\_  
(Street) (City or Town) (County) (State)
10. Is this an examination under section 229.11, The Code?  
\_\_\_\_\_
11. Did a qualified mental health professional assist with this exam? If so,  
who? \_\_\_\_\_  
(Please provide address.) If the professional's report is written,  
please attach.
12. In your judgment, is respondent mentally ill? \_\_\_\_\_ If so, state  
diagnosis and supporting facts.
13. In your judgment is respondent capable of making responsible decisions  
with respect to his or her hospitalization or treatment? \_\_\_\_\_  
If not, state supporting facts:
14. In your judgment, is the respondent treatable? \_\_\_\_\_ If so, state  
diagnosis and supporting facts:
15. In your judgment, would the respondent benefit from treatment?
16. In your judgment, is the respondent likely to physically injure himself  
or herself or others?



(a) What overt acts have led you to conclude the respondent is likely to physically injure himself or herself or others?

17. In your judgment, is the respondent likely to inflict severe emotional injury on those unable to avoid contact with the respondent?

18. Can the respondent be evaluated on an out-patient basis?  
Basis for answer:

19. Can the respondent, without danger to self or others, be released to the custody of a relative or friend during the course of evaluation?

20. Is full time hospitalization necessary for evaluation?

21. Does the respondent have a prior history of other physical or mental illness? If yes, please specify.

22. Was the patient medicated at the time of examination? If so, please supply the following information:

MEDICINE \_\_\_\_\_

DOSAGE \_\_\_\_\_

TIME \_\_\_\_\_

Signed \_\_\_\_\_  
Physician

Address \_\_\_\_\_

IN THE IOWA DISTRICT COURT IN AND FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

\_\_\_\_\_,  
ALLEGED TO BE SERIOUSLY  
MENTALLY IMPAIRED,

Respondent.

No. \_\_\_\_\_

ORDER FOR CONTINUANCE PURSU-  
ANT TO SECTION 229.10(4),  
THE CODE.

This matter came on for hearing upon the oral application of Attorney,  
\_\_\_\_\_, and for good cause shown, it is ordered that hearing in  
the above matter shall be continued, and shall be rescheduled upon  
application of \_\_\_\_\_, Attorney.

Done this \_\_\_\_ day of \_\_\_\_\_, 19\_\_.

\_\_\_\_\_  
Judge of the \_\_\_\_\_ Judicial  
District of Iowa or Judicial  
Hospitalization Referee

IN THE IOWA DISTRICT COURT IN AND FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

No. \_\_\_\_\_

\_\_\_\_\_  
ALLEGED TO BE SERIOUSLY  
MENTALLY IMPAIRED,

}  
STIPULATION PURSUANT TO  
SECTION 229.12, THE CODE, AND  
RULE 20, RULES FOR INVOLUN-  
TARY HOSPITALIZATION.

Respondent.

It is hereby stipulated that Respondent need not be present at the hearing to determine his or her serious mental impairment.

(1) I have conversed with respondent about the hearing and his or her absence on \_\_\_\_\_ (date).

(2) In my judgment, respondent can make no meaningful contribution to the hearing. I base this judgment on the following grounds:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

SIGNED

\_\_\_\_\_  
Respondent's Attorney

IN THE IOWA DISTRICT COURT IN AND FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

No. \_\_\_\_\_

\_\_\_\_\_  
ALLEGED TO BE SERIOUSLY  
MENTALLY IMPAIRED,



NOTICE OF MEDICATION PURSUANT  
TO SECTION 229.12(1), THE  
CODE.

Respondent.

I \_\_\_\_\_, physician, inform (Judge  
\_\_\_\_\_ or \_\_\_\_\_ Referee)

P.M.

that the respondent was medicated at A.M. on \_\_\_\_\_,  
19\_\_.

The medication will cause the following probable effects:

The medication (may) (probably will not) affect respondent's ability to  
understand the nature of these proceedings.

SIGNED

\_\_\_\_\_  
Physician

IN THE IOWA DISTRICT COURT IN AND FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

No. \_\_\_\_\_

\_\_\_\_\_  
ALLEGED TO BE SERIOUSLY  
MENTALLY IMPAIRED,



DISCHARGE AND TERMINATION OF  
PROCEEDING PURSUANT TO SEC-  
TION 229.12, THE CODE.

Respondent.

A hearing was held on the \_\_\_\_ day of \_\_\_\_\_, 19 \_\_, pertaining to the alleged mental impairment of Respondent and all relevant and material evidence was presented.

Therefore it is found that the contention of the Applicant alleging the respondent to be seriously mentally impaired has not been sustained by clear and convincing evidence.

It is therefore ordered that the Application for Involuntary Hospitalization of Respondent is hereby denied.

It is further ordered that the respondent be released from custody and that all proceedings in this matter are hereby terminated.

Done this \_\_\_\_ day of \_\_\_\_\_, 19 \_\_.

\_\_\_\_\_  
Judge of the \_\_\_\_\_ Judicial  
District of Iowa or Judicial  
Hospitalization Referee

IN THE IOWA DISTRICT COURT IN AND FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

No. \_\_\_\_\_

\_\_\_\_\_,  
ALLEGED TO BE SERIOUSLY  
MENTALLY IMPAIRED,

}  
FINDINGS OF FACT PURSUANT TO  
SECTION 229.13, THE CODE.

Respondent.

A hearing on the above entitled matter was held on the \_\_\_\_ day of \_\_\_\_\_, 19\_\_. The court finds that the contention that the respondent is seriously mentally impaired has been

1. Judgmental Capacity:

2. Treatability:

3. Dangerousness:

4. Mental illness:

Done this \_\_\_\_ day of \_\_\_\_\_, 19\_\_.

\_\_\_\_\_  
Judge of the \_\_\_\_\_ Judicial  
District of Iowa or Judicial  
Hospitalization Referee

IN THE IOWA DISTRICT COURT IN AND FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

No. \_\_\_\_\_

\_\_\_\_\_  
ALLEGED TO BE SERIOUSLY  
MENTALLY IMPAIRED,



NOTICE OF TERMINATION OF PRO-  
CEEDINGS PURSUANT TO SECTION  
229.21(3), THE CODE.

Respondent.

TO THE CHIEF JUDGE OF THE \_\_\_\_\_ JUDICIAL DISTRICT OR HIS DESIGNEE:

Please be advised that I have terminated the proceedings in regard to the above Respondent for the reasons stated in the order entered, a copy of which is attached.

\_\_\_\_\_  
Judicial Hospitalization Referee  
\_\_\_\_\_ County, Iowa

IN THE IOWA DISTRICT COURT IN AND FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

No. \_\_\_\_\_

\_\_\_\_\_  
ALLEGED TO BE SERIOUSLY  
MENTALLY IMPAIRED,



NOTICE OF ORDER PURSUANT  
TO SECTION 221.21(3),  
THE CODE.

Respondent.

TO THE CHIEF JUDGE OF THE \_\_\_\_\_ JUDICIAL DISTRICT OR HIS DESIGNEE:

Please be advised that I have issued an order regarding the above Respondent for the reasons stated in the order and findings of fact, copies of which are attached.

DATE OF HOSPITALIZATION \_\_\_\_\_

\_\_\_\_\_  
Judicial Hospitalization Referee  
\_\_\_\_\_  
County, Iowa.



IN THE IOWA DISTRICT COURT IN AND FOR \_\_\_\_\_ COUNTY, IOWA

DATE \_\_\_\_\_

IN THE MATTER OF:

\_\_\_\_\_  
ALLEGED TO BE SERIOUSLY  
MENTALLY IMPAIRED,



No. \_\_\_\_\_  
APPLICATION FOR ORDER FOR EXTEN-  
SION OF TIME FOR PSYCHIATRIC  
EVALUATION PURSUANT TO SECTION  
229.13, THE CODE.

Respondent.

I \_\_\_\_\_, Chief Medical Officer of the  
\_\_\_\_\_ request an extension of time not to  
(Facility)

exceed seven (7) days in order to complete the psychiatric evaluation of  
Respondent.

I request this extension because:

I feel this extension is in Respondent's best interests.

\_\_\_\_\_  
Chief Medical Officer  
Facility

IN THE IOWA DISTRICT COURT IN AND FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

No. \_\_\_\_\_

\_\_\_\_\_

Respondent.



ORDER RE: EXTENSION OF  
TIME PURSUANT TO SECTION  
229.13, THE CODE.

An Application for Extension of Time for Psychiatric Evaluation in the above entitled matter having been presented to the Court/Judicial Hospitalization Referee this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_ and upon a showing of good cause;

It is hereby ordered that the Extension of Time be granted for a period not to exceed seven (7) days.

Done this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

\_\_\_\_\_  
Judge of the \_\_\_\_\_ Judicial Dis-  
trict of Iowa or Judicial Hospi-  
talization Referee

IN THE IOWA DISTRICT COURT IN AND FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

\_\_\_\_\_  
Respondent.



No. \_\_\_\_\_  
CHIEF MEDICAL OFFICER'S  
REPORT OF PSYCHIATRIC  
EVALUATION PURSUANT TO  
SECTION 229.14, THE CODE.

DATE AND TIME OF EVALUATION \_\_\_\_\_

1. Treatment, including medications that respondent has received during the present hearing and evaluation period.
2. Medications respondent is now receiving.
3. Have there been previous psychiatric illnesses?  
If so, give approximate dates:  
  
Was hospitalization and/or treatment necessary?  
If so, give place, date, length of stay, condition on discharge:
4. Has the respondent any other disease or injury at present?  
  
If so, specify:
5. Respondent's past medical history.
6. Is respondent suffering from any transmissible\*\* disease or has he been exposed to such a disease within the past 3 weeks? If so, specify:
7. Is there a family history of mental illness, or mental deficiency, or convulsive disorder?  
If so, give names, relationship and type of disorder:
8. In your judgment is respondent mentally ill?  
If so, state diagnosis and supporting facts:
9. In your judgment is respondent capable of making responsible decisions with respect to his or her hospitalization or treatment?

\*\*According to filed report

---

If not, state supporting facts:

10. In your judgment, is the respondent treatable? \_\_\_\_\_

If so, state diagnosis and supporting facts:

11. In your judgment, is the respondent likely to injure himself or herself or others?

(a) What overt acts have led you to conclude the respondent is likely to physically injure himself or herself or others?

12. In your judgment, is the respondent likely to inflict severe emotional injury on those unable to avoid contact with the respondent?

13. PROPOSED TREATMENT.

Please state one of the four alternative findings contained in Sec. 229.14, The Code:\*

A. If respondent does not require full-time hospitalization, please state your recommendation for treatment on an out-patient or other appropriate basis:

B. If respondent is in need of full-time custody and care but is unlikely to benefit from further treatment in a hospital, please recommend an alternative placement:

C. Other:

14. State facts and reasons supporting your judgment that the recommended course of treatment is the least restrictive, effective treatment for this patient:

Signed \_\_\_\_\_

Address \_\_\_\_\_

- 
- \*1. That the respondent does not, as of the date of the report, require further treatment for serious mental impairment. (Section 229.14(1), The Code.)
  2. That the respondent is seriously mentally impaired and in need of full-time custody, care and treatment in a hospital, and is considered likely to benefit from treatment. (Section 229.14(2), The Code.)
  3. That the respondent is seriously mentally impaired and in need of treatment, but does not required\*\* full-time hospitalization. (Section 229.14(3), The Code.)
  4. That the respondent is seriously mentally impaired and in need of full-time custody and care, but is unlikely to benefit from further treatment in a hospital. (Section 229.14(4), The Code.)

Form 18

\*\*According to filed report

IN THE IOWA DISTRICT COURT IN AND FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

\_\_\_\_\_

Respondent.



No. \_\_\_\_\_

NOTICE OF CHIEF MEDICAL OFFICER'S REPORT OR APPLICATION PURSUANT TO SECTION 229.13, THE CODE.

TO: \_\_\_\_\_ Attorney for respondent.

You are hereby notified that pursuant to section 229.13, The Code, (a report) (a request for extension of time) (strike one), has been received from the chief medical officer of \_\_\_\_\_, a copy of which is attached hereto.

You are further notified that, if the chief medical officer has requested an extension of time for making a recommendation regarding disposition of this matter such request may be contested pursuant to section 229.13, The Code.

Done this \_\_\_\_ day of \_\_\_\_\_, 19\_\_.

\_\_\_\_\_  
Judge of the \_\_\_\_\_ Judicial District of Iowa or Judicial Hospitalization Referee

IN THE IOWA DISTRICT COURT IN AND FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

\_\_\_\_\_  
Respondent.



No. \_\_\_\_\_  
ORDER AFTER EVALUATION PUR-  
SUANT TO SECTION 229.14,  
THE CODE.

The Court received the report of the Chief Medical Officer and it was the  
recommendation of \_\_\_\_\_  
that the respondent \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is therefore ordered that the respondent \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Copies of this order shall be sent to respondent's attorney or advocate if  
one has been appointed.

Done this \_\_\_\_ day of \_\_\_\_\_, 19\_\_.

\_\_\_\_\_  
Judge of the \_\_\_\_\_ Judicial  
District of Iowa or Judicial Hos-  
pitalization Referee

IN THE IOWA DISTRICT COURT IN AND FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

No. \_\_\_\_\_

\_\_\_\_\_  
ALLEGED TO BE SERIOUSLY  
MENTALLY IMPAIRED,



NOTICE OF APPEAL FROM THE  
FINDINGS OF THE JUDICIAL  
HOSPITALIZATION REFEREE

Respondent.

TO: \_\_\_\_\_, JUDGE OF THE \_\_\_\_\_ JUDICIAL DISTRICT OF IOWA AND  
\_\_\_\_\_, CLERK OF THE DISTRICT COURT:

The undersigned hereby appeals the findings of \_\_\_\_\_ Judicial Hospitalization Referee, that Respondent is seriously mentally impaired and requests a review of the matter by a Judge of the Iowa District Court In and For \_\_\_\_\_ County, Iowa, all pursuant to section 229.21(4), The Code.

Dated the \_\_\_ day of \_\_\_\_\_, 19\_\_.

SIGNED

\_\_\_\_\_  
(Respondent, Next Friend,  
Guardian, Attorney)



IN THE IOWA DISTRICT COURT IN AND FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

No. \_\_\_\_\_

\_\_\_\_\_ ALLEGED TO BE SERIOUSLY MENTALLY IMPAIRED,

ATTORNEY'S REPORT AND REQUEST FOR WITHDRAWAL PURSUANT TO SECTION 229.19, THE CODE.

Respondent.

COMES NOW, \_\_\_\_\_, a regularly practicing attorney of \_\_\_\_\_ County, Iowa, and reports:

After having been employed or appointed to represent \_\_\_\_\_, the above named Respondent, I interviewed respondent, attended the hearing on the application, examined the attending physician and/or the reports thereof, examined any hospital reports available, and examined the witnesses who appeared at the hearing:

It is my opinion that there is no further need of legal services at this time.

I hereby request to be allowed to withdraw as attorney for the above named Respondent.

\_\_\_\_\_

Name:  
Address:  
City:  
Phone No.:

ATTORNEY FOR RESPONDENT

On this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_\_\_, the Application for withdrawal of \_\_\_\_\_, as attorney for respondent, was considered by the undersigned and is hereby approved. Said counsel is hereby released from the above matter. The undersigned hereby appoints (or has previously appointed) \_\_\_\_\_, as advocate for respondent.

\_\_\_\_\_  
Judge of the \_\_\_\_\_ Judicial District of Iowa or Judicial Hospitalization Referee

IN THE IOWA DISTRICT COURT IN AND FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

No. \_\_\_\_\_

\_\_\_\_\_,  
ALLEGED TO BE SERIOUSLY  
MENTALLY IMPAIRED,



CLAIM FOR ATTORNEY OR PHY-  
SICIAN'S FEES ORDER AND  
CERTIFICATE

Respondent.

STATE OF IOWA, \_\_\_\_\_, COUNTY, ss:

The undersigned (attorney) (physician), being first duly sworn (or affirmed), states that he/she was appointed by the (Court) (Judicial Hospitalization Referee) to (defend) (examine) the above named respondent, alleged to be seriously mentally impaired, pursuant to Sec. 229.8, The Code; that services have been completed by this claimant and that this claimant has not directly, or indirectly, received, or entered into a contract to receive, any compensation for such services from any sources.

WHEREFORE, this claimant prays for an order to be compensated in accordance with the provisions of Section 229.8, The Code.

\_\_\_\_\_  
Claimant

\_\_\_\_\_  
P.O. Address

Subscribed and sworn to (or affirmed) before me this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

\_\_\_\_\_  
Clerk of said District (or) Notary  
Public In and For said County

ORDER

The foregoing verified claim has been duly considered, is fixed and approved in the sum of \$ \_\_\_\_\_ and ordered paid out of

the county treasury. The Clerk is directed to certify a copy of above claim and this order to the County Auditor for payment to claimant, as provided by statute.

Dated this \_\_\_\_ day of \_\_\_\_\_, 19\_\_.

\_\_\_\_\_  
Judge of the \_\_\_\_\_ Judicial  
District of Iowa or Judicial Hos-  
pitalization Referee

CERTIFICATE

The above is a true copy of claim and order as appears of record in my office and is hereby certified to County Auditor for payment.

Dated this \_\_\_\_ day of \_\_\_\_\_, 19\_\_.

\_\_\_\_\_  
(Deputy) Clerk of Said Court

\_\_\_\_\_  
Chief Medical Officer

IN THE MATTER OF:

\_\_\_\_\_  
ALLEGED TO BE SERIOUSLY  
MENTALLY IMPAIRED,

Respondent.

} ORDER OF DETENTION PURSUANT  
TO SECTION 229.22(2), THE  
CODE.

DATE: \_\_\_\_\_

TIME OF DETENTION: \_\_\_\_\_

TIME OF NOTIFICATION OF MAGISTRATE: \_\_\_\_\_

TIME OF ARRIVAL OF MAGISTRATE: \_\_\_\_\_

I order immediate detention of Respondent because there is reason to believe Respondent is seriously mentally impaired and likely to injure himself, herself or others if not immediately detained.

The following facts have led me to the above conclusion:

This order is made pursuant to the verbal instructions of \_\_\_\_\_  
\_\_\_\_\_, magistrate.

\_\_\_\_\_  
Chief Medical Officer

IN THE IOWA DISTRICT COURT IN AND FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

No. \_\_\_\_\_

\_\_\_\_\_,  
ALLEGED TO BE SERIOUSLY  
MENTALLY IMPAIRED,



MAGISTRATE'S REPORT PURSUANT  
TO SECTION 229.22(2)(a), THE  
CODE.

Respondent.

1. Reason for failure to respond immediately to chief medical officer's call:

2. Substance of the information on the basis of which the respondent's continued detention was ordered:

TIME OF CALL: \_\_\_\_\_

TIME OF RESPONSE: \_\_\_\_\_

TIME OF APPOINTMENT OR NOTIFICATION OF COUNSEL: \_\_\_\_\_

\_\_\_\_\_  
Magistrate

IN THE IOWA DISTRICT COURT IN AND FOR \_\_\_\_\_ COUNTY, IOWA

IN THE MATTER OF:

No. \_\_\_\_\_

\_\_\_\_\_  
ALLEGED TO BE SERIOUSLY  
MENTALLY IMPAIRED,

EMERGENCY HOSPITALIZATION  
ORDER PURSUANT TO SECTION  
229.22(3) AND (4), THE  
CODE.

Respondent.

TIME OF NOTIFICATION OF MAGISTRATE: \_\_\_\_\_

TIME OF ACTION BY MAGISTRATE: \_\_\_\_\_

Information and evidence has been presented to this magistrate that respondent should be immediately detained due to serious mental impairment;

This Magistrate finds that there is probable cause to believe that Respondent is seriously mentally impaired, and because of that impairment is likely to injure himself or herself or others if not immediately detained;

This finding is based on the following circumstances and grounds: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

It is hereby ordered that \_\_\_\_\_ shall be detained in custody at \_\_\_\_\_ for examination and care for

Facility

a period not to exceed forty-eight hours, excluding Saturday, Sundays and Holidays.

It is further ordered that the facility may provide treatment which is necessary to preserve the respondent's life, or to appropriately control behavior by the respondent which is likely to result in physical injury to himself or herself or others if allowed to continue, but may not otherwise provide treatment to the respondent without his or her consent.

Done this \_\_\_\_\_ day of \_\_\_\_\_, 19\_\_.

Time \_\_\_\_\_.

\_\_\_\_\_  
Magistrate

## CERTIFICATE

I, Terry E. Branstad, do hereby certify that I am the President of the Senate of the 1979 Regular Session of the Sixty-eighth General Assembly of the State of Iowa; and I, Frank J. Stork, do hereby certify that I am the Secretary of the Senate of the 1979 Regular Session of the Sixty-eighth General Assembly of the State of Iowa, and we do hereby jointly certify that as such President and Secretary that on the twenty-sixth day of January, 1979, the Supreme Court of the State of Iowa reported to said Senate, and filed with it, the attached and foregoing Rules of Procedure and Forms for the Involuntary Hospitalization of the Mentally Ill;

THAT the date of making said report to the 1979 Regular Session of the Sixty-eighth General Assembly was within the twenty days subsequent to the convening of the 1979 Regular Session of the Sixty-eighth General Assembly;

THAT no other report pertaining to the Rules of Procedure and Forms for the Involuntary Hospitalization of the Mentally Ill was made or filed by said Supreme Court with said Senate;

THAT no changes, modifications, amendments, revisions or additions to the Rules of Procedure and Forms for the Involuntary Hospitalization of the Mentally Ill were made or enacted at such 1979 Regular Session of said Sixty-eighth General Assembly.

Signed this 11th day of May, 1979, being the last legislative day of the 1979 Regular Session of the Sixty-eighth General Assembly.

/s/ Terry E. Branstad

TERRY E. BRANSTAD

President of the Senate

/s/ Frank J. Stork

FRANK J. STORK

Secretary of the Senate, 1979  
Regular Session of the Sixty-  
eighth General Assembly of the  
State of Iowa.

## CERTIFICATE

I, Floyd H. Millen, do hereby certify that I am the Speaker of the House of Representatives of the 1979 Regular Session of the Sixty-eighth General Assembly of the State of Iowa; and I, David L. Wray, do hereby certify that I am the Chief Clerk of the House of Representatives of the 1979 Regular Session of the Sixty-eighth General Assembly of the State of Iowa, and we do hereby jointly certify that as such Speaker and Chief Clerk that on the twenty-sixth day of January, 1979, the Supreme Court of the State of Iowa reported to said House of Representatives, and filed with it, the attached and foregoing Rules of Procedure and Forms for the Involuntary Hospitalization of the Mentally Ill;

THAT the date of making said report to the 1979 Regular Session of the Sixty-eighth General Assembly was within the twenty days subsequent to the convening of the 1979 Regular Session of the Sixty-eighth General Assembly;

THAT no other report pertaining to the Rules of Procedure and Forms for the Involuntary Hospitalization of the Mentally Ill was made or filed by said Supreme Court with said House of Representatives;

THAT no changes, modifications, amendments, revisions or additions to the Rules of Procedure and Forms for the Involuntary Hospitalization of the Mentally Ill were made or enacted at such 1979 Regular Session of said Sixty-eighth General Assembly.

Signed this 11th day of May, 1979, being the last legislative day of the 1979 Regular Session of the Sixty-eighth General Assembly.

/s/ Floyd H. Millen

FLOYD H. MILLEN

Speaker of the House

/s/ David L. Wray

DAVID L. WRAY

Chief Clerk of the House of Representatives, 1979 Regular Session of the Sixty-eighth General Assembly of the State of Iowa.