

**RULES AND FORMS FOR INVOLUNTARY COMMITMENT
OR TREATMENT OF SUBSTANCE ABUSERS**

CHAPTER 1327

**RULES AND FORMS FOR INVOLUNTARY COMMITMENT
OR TREATMENT OF SUBSTANCE ABUSERS**

IN THE MATTER OF RULES
AND FORMS FOR INVOLUNTARY
COMMITMENT OR TREATMENT
OF SUBSTANCE ABUSERS

}

REPORT OF THE
SUPREME COURT

TO: SERGE H. GARRISON, SECRETARY OF THE LEGISLATIVE COUNCIL OF THE
STATE OF IOWA:

Pursuant to Iowa Code sections 125.94 and 602.4202 (Supp. 1983), the Supreme Court of Iowa has prescribed and hereby reports to the Legislative Council the attached Exhibits A and B, constituting Rules and Forms for Involuntary Commitment or Treatment of Substance Abusers, which have been issued on this date.

Respectfully submitted,
THE SUPREME COURT OF IOWA

/s/ W. W. Reynoldson

W. W. REYNOLDSON, Chief Justice

Des Moines, Iowa
March 22, 1984

ACKNOWLEDGMENT

I, the undersigned, Secretary of the Legislative Council of the State of Iowa, hereby acknowledge delivery to me on the twenty-second day of March, 1984, of the Report of the Supreme Court of Iowa pertaining to Rules and Forms for Involuntary Commitment or Treatment of Substance Abusers.

/s/ Serge H. Garrison

Secretary of the Legislative Council

EXHIBIT A
RULES FOR INVOLUNTARY COMMITMENT OR
TREATMENT OF SUBSTANCE ABUSERS

See Iowa Code section 125.94 (Supp. 1983)

1. A form for application seeking the involuntary commitment or treatment of any person on grounds of substance abuse may be obtained from the clerk of court in the county in which the person whose commitment 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 substance abuse and who has sufficient association with or knowledge about that person to provide the information required on the face of the application and under Iowa Code section 125.75. The clerk or clerk's designee shall provide the forms required by Iowa Code section 125.75 to the person who desires to file the application for involuntary commitment. The clerk shall see that all the information required by Iowa Code section 125.75 accompanies the application.

See forms 1, 2

2. If the judge or referee determines that insufficient grounds to warrant a hearing on the respondent's substance abuse appear on the face of the application and supporting documentation, the judge or referee shall order the proceedings terminated and so notify the applicant. All papers and records pertaining to terminated proceedings shall be confidential and subject to the provisions of Iowa Code section 125.93.

3. If the judge or referee determines that sufficient grounds to warrant a hearing on the respondent's substance abuse 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 Iowa Code section 125.79, notice also shall be served on respondent's attorney as soon as he or she is identified or appointed by the judge or referee.

If the respondent is to be taken into immediate custody pursuant to Iowa Code section 125.81, the notice shall include a copy of the order required by Iowa Code section 125.81 and R.C.S.A. 14.

The notice of procedures required under Iowa Code section 125.77 shall inform the respondent of: (a) respondent's immediate right to counsel, at public expense if necessary; (b) respondent's right to request an examination by a physician of his or her choosing, at public expense if necessary; (c) respondent's right to be present at the hearing; (d) respondent's right to a hearing within five days if the respondent is taken into immediate custody pursuant to Iowa Code section 125.81; and (e) respondent's right not to be forced to hearing sooner than forty-eight hours after notice, unless respondent waives such minimum prior notice requirement.

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

Referred to in rule 7

See form 3

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. At the request of the respondent or respondent's attorney, the hearing provided in Iowa Code section 125.82 may be continued beyond the statutory limit so that the respondent's attorney has adequate time to prepare respondent's case. In such instances custody pursuant

to Iowa Code section 125.81 may be extended by court order until the hearing is held. The continuance shall be no longer than five days beyond the statutory limit. The granting of a continuance shall not prevent the facility from making application to the court for an earlier release of the respondent from custody.

See form 11

6. If the respondent is involuntarily confined prior to the hearing pursuant to a determination under Iowa Code section 125.81, 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 Iowa Code section 125.82. The order shall provide for transportation and the type of custody and responsibility therefor during the period the respondent is away from the place of confinement under this rule.

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 Iowa R. Civ. P. 59.

9. Amendment of process or proof of service shall be allowed in the manner provided in Iowa R. Civ. P. 59.1.

10. If practicable the court should allow the respondent's attorney to present evidence and argument prior to the court's determination under Iowa Code section 125.81.

11. If the respondent's attorney is not afforded an opportunity to present evidence and argument prior to the court's determination under Iowa Code section 125.81, 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 furnish the respondent's attorney with a copy of the examination report filed pursuant to Iowa Code section 125.80(2), as soon as possible after receipt. In ruling on any request for an extension of time under Iowa Code section 125.80(4), the court shall consider the time available to the respondent's attorney after receipt of the examination report to prepare for the hearing and to prepare responses from physicians engaged by 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 Iowa Code section 125.80(2), on the form designated for use by the supreme court. The report shall contain the following information, or as much thereof as is available to the physician making the report: (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 observations or medical history which led to the diagnosis.

See form 10

14. The judge's or referee's order for respondent's immediate custody under Iowa Code section 125.81 shall include a finding of probable cause to believe that the respondent is a substance abuser and is likely to injure himself or herself or others if allowed to remain at liberty.

Referred to in rule 3

15. If the respondent is detained in a facility for persons accused of or convicted of crimes, the twenty-four-hour detention limitation of Iowa Code section 125.81(3) shall be strictly

observed and procedures for placement of the respondent in a proper facility described in Iowa Code section 125.81, shall be instituted immediately.

16. The hearing provided in Iowa Code section 125.82 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 Iowa Code section 125.82 may be held at a hospital or other treatment facility, provided that a proper room is available and that such a location would not be detrimental to the best interests of respondent.

18. Respondent's attorney shall explain to respondent his or her rights and the possible consequences of the proceedings. Prior to the commencement of the hearing under Iowa Code section 125.82, 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 applicant and any physician or mental health professional who has examined respondent in connection with the commitment proceedings must be present at the hearing conducted under Iowa Code section 125.82, unless (1) their presence is waived by the respondent's attorney or (2) the judge or referee finds that 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 respondent's absence. Such stipulation shall 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 or has waived the right to be present, 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 shall 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.

See form 12

21. An electronic recording or other verbatim record of the hearing provided in Iowa Code section 125.82 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 Iowa Code section 125.82, respondent's attorney may request that the respondent be delivered to the county in which the hearing will be held sufficiently prior thereto to facilitate preparation by respondent's attorney. Such requests shall not be denied unless they are unreasonable and the denial would not harm respondent's interests in representation by counsel. This rule does not authorize permanent transfer of the respondent to another facility without conformance to appropriate statutory procedures.

23. If, upon hearing, the court finds respondent to be a substance abuser, evaluation and treatment shall proceed as set out in Iowa Code section 125.83.

24. Pursuant to Iowa Code section 125.83, the facility administrator may request a seven-day extension of time for further evaluation by filing a written application with the clerk of court in the county in which the hearing was held. The application shall contain a statement by the facility administrator or the administrator's designee identifying with reasonable particularity the basis of the request for extension. The clerk shall immediately notify the respondent's attorney of the request by furnishing a copy of the application.

See forms 18 and 19

25. The facility administrator's report under Iowa Code section 125.84 shall include a written evaluation of the respondent by the chief medical officer or the officer's designee. The evaluation must state with reasonable particularity the basis for the diagnostic conclusions concerning the respondent's substance abuse and recommended treatment. The evaluation shall specify the basis for the medical officer's conclusions regarding respondent's substance abuse, capacity to understand the need for treatment, and dangerousness. The evaluation also shall specify the basis for the medical officer's conclusions concerning recommended treatment and the basis for the judgment that the recommended treatment is the least restrictive alternative possible for the respondent pursuant to options (1), (2), (3), or (4) of Iowa Code section 125.84.

Referred to in rule 26

See form 20

26. The clerk shall promptly furnish to the respondent's attorney copies of all reports issued under Iowa Code section 125.86. 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 Iowa Code section 125.86, and shall monitor the reports to ascertain when a report is overdue. If a report is not filed when due, the clerk shall notify the administrator of the treatment facility.

28. If the magistrate cannot immediately proceed to the facility where a person is detained pursuant to Iowa Code section 125.91, the magistrate shall communicate verbally approval or disapproval of the detention. Such communication shall be duly noted by the administrator of the facility on the form prescribed by these rules.

See form 30

29. If the facility to which the respondent is delivered pursuant to Iowa Code section 125.91 lacks a chief medical officer, the person then in charge of the facility shall immediately notify a physician whenever treatment appears necessary to protect the respondent. 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 Iowa Code section 125.91, 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. Such counsel shall be afforded an opportunity to interview the respondent before or after the magistrate's order is issued.

31. When chemotherapy has been instituted prior to a hearing under Iowa Code section 125.82, the chief medical officer of the facility where the respondent is hospitalized shall, prior to the hearing, submit to the clerk of the district court where the hearing is to be held, a report in writing. The report shall identify all types of chemotherapy given and shall specify which were administered to affect the respondent's behavior or mental state during any period of custody authorized by Iowa Code section 125.81 or 125.91. For each type of chemotherapy the report shall indicate that the chemotherapy was given with the consent of the respondent or the respondent's next of kin or guardian or, if not, that the chemotherapy was necessary to preserve the respondent's life or to appropriately control respondent's behavior in order to avoid physical injury to the respondent or others. The report shall also include the effect of the chemotherapy on the respondent's behavior or mental state. The clerk shall file the original report in the court file, advise the judge or referee and the respondent's attorney accordingly, and provide a copy of the report to respondent's attorney.

EXHIBIT B
FORMS FOR INVOLUNTARY COMMITMENT OR
TREATMENT OF SUBSTANCE ABUSERS

Form 1.

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA

IN THE MATTER OF:

ALLEGED TO BE A SUBSTANCE
ABUSER,
Respondent.

No. _____
APPLICATION ALLEGING
SUBSTANCE ABUSE PUR-
SUANT TO IOWA CODE
SECTION 125.75.

I, _____, of _____,
(address)

allege that respondent is a substance abuser. In support thereof I state as follows:

Based on the above facts, I believe respondent is a danger to himself or herself or others.
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 ap-
plication.
/___/ Attached hereto is an affidavit corroborating these allegations.

Applicant

State of Iowa }
County } ss:

I, the undersigned, do solemnly swear to affirm that the matters alleged in the above ap-
plication to which my name is affixed, are true as stated, as I verily believe.

Applicant

Subscribed and sworn to (or affirmed) before the undersigned this _____ day
of _____, 19_____.

Notary Public in and for the State of Iowa

Form 2.

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA

IN THE MATTER OF:

ALLEGED TO BE A
SUBSTANCE ABUSER,

Respondent.

No. _____
AFFIDAVIT IN SUPPORT OF
APPLICATION ALLEGING
SUBSTANCE ABUSE PURSU-
ANT TO IOWA CODE SEC-
TION 125.75.

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 respondent is a substance abuser.

In support thereof, I state as follows:

By _____

Subscribed and sworn to before the undersigned this _____ day of _____,
19____.

Notary Public in and for the State of Iowa

Clerk of Iowa District Court

Form 3.

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA

IN THE MATTER OF:

_____,
ALLEGED TO BE A
SUBSTANCE ABUSER,

Respondent.

No. _____

NOTICE TO RESPONDENT
PURSUANT TO IOWA CODE
SECTION 125.77.

TO: _____

You are hereby notified: There is now on file in the office of the clerk of the district court of _____ County, Iowa, a verified application alleging that the respondent is a substance abuser 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 these documents are attached. This matter will come on for hearing on said application before the court at _____ County, Iowa, on the _____ day of _____, 19____, at _____ o'clock ____ M. The court thereafter will enter an appropriate order.

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 public 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 public expense.
- 3. THE RIGHT TO A HEARING WITHIN 5 DAYS (unless the fifth day is a Saturday, Sunday, or a holiday), and no sooner than 48 hours (excluding 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 (excluding Saturdays, Sundays, and holidays), and no later than 48 hours after the report of a court-appointed physician is filed (excluding 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.

Judge of the _____ Judicial
District of Iowa or Judicial Hospitalization Referee

RETURN OF SERVICE

STATE OF IOWA }
_____ COUNTY }

ss:

The within notice received this _____ day of _____, 19____, at _____ a.m./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

Form 4.

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA

IN THE MATTER OF:

_____,
ALLEGED TO BE A
SUBSTANCE ABUSER,

Respondent.



No. _____

ORDER FOR IMMEDIATE
CUSTODY PURSUANT TO
IOWA CODE SECTION
125.81

A request has been presented that respondent should be immediately detained due to substance abuse. After review of the application and supporting documentation, I find there is probable cause to believe respondent is a substance abuser 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 Iowa Code section 125.81(1).

2. Because I find the less restrictive alternative of custody pursuant to Iowa Code section 125.81(1), 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 Iowa Code section 125.81(2).

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 of or convicted of crime, I hereby order that respondent shall be detained at _____ for a period of not more than 24 hours pursuant to Iowa Code section 125.81(3). I further order that respondent be kept under close supervision at all times and that as soon as practicable arrangements for transfer to a suitable secure facility be made.

(Check the appropriate one of these three provisions.)

Judge of the _____ Judicial
District of Iowa or Judicial Hospitalization Referee

Form 5.

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA
IN THE MATTER OF: _____

No. _____

ALLEGED TO BE A
SUBSTANCE ABUSER,

APPLICATION FOR APPOINT-
MENT OF RESPONDENT'S
COUNSEL AND FINANCIAL
STATEMENT

Respondent.

I, the undersigned, being first sworn, 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 respondent working and at what salary: _____

Is spouse working: Yes /_____/ No /_____/ If yes, name of employer and average weekly earnings _____

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

List balance of bank accounts of respondent 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.

By _____

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

Notary Public in and for the State of Iowa

Form 6.

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA
IN THE MATTER OF: _____

No. _____

ALLEGED TO BE A
SUBSTANCE ABUSER,

Respondent.

ORDER APPOINTING RE-
SPONDENT'S ATTORNEY
PURSUANT TO IOWA CODE
SECTION 125.78.

NOW, on this _____ day of _____, 19____, on application previously
filed with the (court) (judicial hospitalization referee) alleging that the above-named respond-
ent is a substance abuser, and upon which hearing was set for the _____ day
of _____, 19____, and upon showing made that respondent is unrepresented at this
time and that no arrangements have been made either by the respondent or any member of
respondent's family to procure such representation, it is now ORDERED
that _____, a regular practicing attorney in _____ County,
Iowa, be and is hereby appointed to represent the respondent at this hearing and at each
subsequent hearing at which the subject matter of this cause is under consideration.

Judge of the _____ Judicial
District of Iowa or Judicial Hospitalization Referee

Form 7.

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA

IN THE MATTER OF:

No. _____

_____,
ALLEGED TO BE A
SUBSTANCE ABUSER,

APPLICATION FOR APPOINTMENT
OF APPLICANT'S COUNSEL AND
FINANCIAL STATEMENT, PURSU-
ANT TO IOWA CODE SECTION
125.76.

Respondent.

I, the undersigned, being first sworn, depose and say that I am the applicant herein, and I request the court to appoint counsel to represent the applicant at public expense, pursuant to Iowa Code sections 125.76 and 125.78(2). The following statement relating to applicant'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 applicant working and at what salary: _____

Is spouse working: Yes /_____/ No /_____/ If yes, name of employer and average weekly earnings _____

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

List balance of bank accounts of applicant 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 applicant, 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 my application for appointment of legal counsel because I am financially unable to employ counsel.

Applicant

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

Notary Public in and for the State of Iowa

Form 8.

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA
IN THE MATTER OF: _____ No. _____

ALLEGED TO BE A
SUBSTANCE ABUSER,

Respondent.

ORDER APPOINTING APPLI-
CANT'S ATTORNEY PURSUANT
TO IOWA CODE SECTION
125.78(2).

NOW, on this _____ day of _____, 19____, on application previously
filed with the (court) (judicial hospitalization referee), alleging that the above-named respond-
ent is a substance abuser, and upon which hearing was set for the _____ day
of _____, 19____, and upon showing made that the applicant is unrepresented
at this time, that a court-appointed attorney is necessary to assist the applicant in presenting
the evidence, and that the applicant is financially unable to employ an attorney, it is now
ORDERED that _____, a regular practicing attorney in _____
County, Iowa, be and is hereby appointed to represent the applicant at this hearing and at
each subsequent hearing at which the subject matter of this cause is under consideration.

Judge of the _____ Judicial
District of Iowa or Judicial Hospitalization Referee

Form 9.

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA
IN THE MATTER OF: _____ No. _____

ALLEGED TO BE A
SUBSTANCE ABUSER,

Respondent.

APPOINTMENT OF PHYSICIAN
PURSUANT TO IOWA CODE
SECTION 125.78.

To _____, a regular practicing physician of _____ County, Iowa:
This (court) (judicial hospitalization referee) has before it an application alleging that
respondent is a substance abuser, and is a fit subject for custody and treatment. Therefore,
you are hereby appointed to make a personal examination of the respondent regarding the
allegations of said application and the respondent's actual condition.

You shall therefore proceed to make such examination and forthwith report thereon to said
(court) (judicial hospitalization referee) as the law requires in such cases.

Judge of the _____ Judicial
District of Iowa or Judicial Hospitalization Referee

NOTE TO EXAMINING PHYSICIAN:

If respondent has been taken into custody pursuant to Iowa Code section 125.81, your ex-
amination must be conducted within 24 hours.

Form 10.

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA
IN THE MATTER OF: _____

ALLEGED TO BE A
SUBSTANCE ABUSER,

Respondent.

No. _____

PHYSICIAN'S REPORT OF
EXAMINATION PURSUANT TO
IOWA CODE SECTION 125.80.

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: Single /____/ Married /____/ Divorced /____/
- 8. Number of children _____
- 9. Nearest relative's name _____ relationship _____
address _____
(street) (city or town) (county) (state)
- 10. Is this examination conducted under Iowa Code section 125.80? _____
- 11. Did a qualified mental health professional assist with this exam? _____ If so, name that individual.

(Please provide address) If the professional's report is written, please attach.

- 12. In your judgment is respondent a substance abuser? _____ If so, state diagnosis and supporting observations or medical history:
- 13. In your judgment is respondent capable of making responsible decisions with respect to his or her hospitalization or treatment? _____ If not, state supporting observations or medical history:
- 14. In your judgment, is the respondent treatable? _____ If so, state diagnosis and supporting observations or medical history:
- 15. In your judgment, is the respondent likely to physically injure himself or herself or others? _____ If so, what has led you to this conclusion?
- 16. In your judgment, is the respondent likely to inflict severe emotional injury on those who cannot avoid contact with the respondent?

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

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

19. Is full-time hospitalization necessary for evaluation?

20. Does the respondent have a prior history of treatment for substance abuse? _____ If so, please specify:

21. Has the patient been medicated within 12 hours of the time of the hearing? _____ If so, supply the probable effects of the medication:

MEDICINE _____
DOSAGE _____
TIME _____

Signed _____
Physician

Address _____

Form 11.
IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA
IN THE MATTER OF: _____ No. _____

ALLEGED TO BE A
SUBSTANCE ABUSER,

Respondent.

ORDER FOR CONTINUANCE
PURSUANT TO IOWA CODE
SECTION 125.80(4).

Upon the application of respondent's attorney, and for good cause shown, it is ordered that hearing in this matter be continued. The hearing shall be rescheduled promptly, as soon as respondent's attorney has informed the court of the expected date of respondent's readiness for the hearing. The rescheduling shall take into consideration any application by the facility for an earlier release of the respondent from custody.

Done this _____ day of _____, 19_____.

Judge of the _____ Judicial
District of Iowa or Judicial Hospitalization Referee

Form 12.

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA
IN THE MATTER OF:

_____,
ALLEGED TO BE A
SUBSTANCE ABUSER,

Respondent.

No. _____
STIPULATION PURSUANT TO
IOWA CODE SECTION 125.82
AND RULE 20, RULES FOR
INVOLUNTARY COMMITMENT
OR TREATMENT OF SUBSTANCE
ABUSERS.

It is hereby stipulated that respondent need not be present at the hearing to determine if he or she is a substance abuser.

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

(date)

(2) In my judgment, (a) respondent can make no meaningful contribution to the hearing; or (b) respondent has waived the right to be present. I base this judgment on the following grounds: _____

SIGNED

Respondent's attorney

Form 13.

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA
IN THE MATTER OF:

_____,
ALLEGED TO BE A
SUBSTANCE ABUSER,

Respondent.

No. _____
NOTICE OF MEDICATION
PURSUANT TO IOWA CODE
SECTION 125.82(1).

I hereby certify that the respondent was medicated at _____ A.M./P.M. on _____, 19____.

The probable effects of the medication are as follows:

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

SIGNED

Physician

Form 14.

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA
IN THE MATTER OF:

_____,
ALLEGED TO BE A
SUBSTANCE ABUSER,

Respondent.

No. _____

DISCHARGE AND TERMINATION
OF PROCEEDINGS PURSUANT
TO IOWA CODE SECTION
125.82(4).

A hearing was held on the _____ day of _____, 19____, pertaining to the alleged substance abuse by respondent. All relevant and material evidence was presented.

This court finds the contention that the respondent is a substance abuser has not been sustained by clear and convincing evidence.

It is therefore ordered that the application for involuntary commitment or treatment of respondent is hereby denied and that all proceedings in this matter are hereby terminated.

It is further ordered that the respondent be released from custody.

All papers and records pertaining to these proceedings shall be confidential and subject to the provisions of Iowa code section 125.93.

Done this _____ day of _____, 19_____.

Judge of the _____ Judicial
District of Iowa or Judicial Hospitalization Referee

Form 15.

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA
IN THE MATTER OF:

_____,
ALLEGED TO BE A
SUBSTANCE ABUSER,

Respondent.

No. _____

FINDINGS OF FACT AND ORDER
PURSUANT TO IOWA CODE
SECTION 125.83.

A hearing on this matter was held on the _____ day of _____, 19____. The court finds the contention that the respondent is a substance abuser has been sustained by clear and convincing evidence.

The following is a statement of facts setting forth the evidence upon which this finding is based:

It is therefore ordered that the respondent be placed at _____ for a complete evaluation and appropriate treatment.
(facility)

Done this _____ day of _____, 19_____.

Judge of the _____ Judicial
District of Iowa or Judicial Hospitalization Referee

Form 16.

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA
IN THE MATTER OF: _____ No. _____

ALLEGED TO BE A
SUBSTANCE ABUSER,

Respondent.

REFeree'S NOTICE OF TERMINA-
TION OF PROCEEDINGS PURSUANT
TO IOWA CODE SECTION 125.82(4)
OR 125.85(4).

TO THE CHIEF JUDGE OF THE _____ JUDICIAL DISTRICT OR
DESIGNEE:

As required by Iowa Code section 229.21(3), I hereby advise that I have terminated the pro-
ceedings 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

Form 17.

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA
IN THE MATTER OF: _____ No. _____

ALLEGED TO BE A
SUBSTANCE ABUSER,

Respondent.

REFeree'S NOTICE OF ORDER
PURSUANT TO IOWA CODE SEC-
TIONS 125.90 AND 229.21(3).

TO THE CHIEF JUDGE OF THE _____ JUDICIAL DISTRICT OR
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 COMMITMENT _____

Judicial Hospitalization Referee

County, Iowa

Form 18.

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA
IN THE MATTER OF: _____

ALLEGED TO BE A
SUBSTANCE ABUSER,

Respondent.

No. _____

APPLICATION FOR ORDER FOR
EXTENSION OF TIME FOR EVAL-
UATION PURSUANT TO IOWA
CODE SECTION 125.83.

I, the facility administrator of _____
(facility)

request an extension of time not to exceed seven (7) days in order to complete the evaluation of
respondent.

I request this extension because:

Facility Administrator

Date

Form 19.

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA
IN THE MATTER OF: _____

Respondent.

No. _____

ORDER FOR EXTENSION OF
TIME PURSUANT TO IOWA
CODE SECTION 125.83.

An application for extension of time for evaluation in this 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 beyond the initial fifteen-day evaluation
period set out in Iowa Code section 125.83.

Done this _____ day of _____, 19_____.

Judge of the _____ Judicial
District of Iowa or Judicial Hospitalization Referee

Form 20.

IN THE IOWA DISTRICT COURT FOR
IN THE MATTER OF:

_____ COUNTY, IOWA
No. _____

Respondent.

REPORT OF THE CHIEF MEDICAL
OFFICER'S SUBSTANCE ABUSE
EVALUATION PURSUANT TO IOWA
CODE SECTION 125.84.

DATE AND TIME OF EVALUATION: _____

1. Treatment that respondent has received during the present hearing and evaluation period:

2. Medication given for withdrawal symptoms and the effect on the respondent's behavior or mental state:

3. Have there been previous incidents of substance abuse? _____ (a) If so, give approximate dates:

(b) Was hospitalization or treatment necessary? _____ If so, give place, date, length of stay, condition on discharge:

4. Respondent's past medical history:

5. Is there a family history of substance abuse? _____ If so, give names and relationship:

6. In your judgment is respondent a substance abuser? _____ If so, state diagnosis and supporting observations or medical history:

7. In your judgment is respondent capable of making responsible decisions with respect to his or her hospitalization or treatment? _____ If not, state supporting observations or medical history:

8. In your judgment, is the respondent treatable? _____ If so, state diagnosis and supporting observations or medical history:

9. In your judgment, is the respondent likely to physically injure himself or herself or others? _____ What has led you to this conclusion?

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

11. PROPOSED TREATMENT

Please check one of the four alternatives contained in Iowa Code section 125.84.

- 1. The respondent does not, as of the date of this report, require further treatment for substance abuse.
- 2. The respondent is a substance abuser who is in need of full-time custody, care, and treatment in a facility, and is considered likely to benefit from treatment.
- 3. The respondent is a substance abuser who is in need of treatment, but does not require full-time placement in a facility.
- 4. The respondent is a substance abuser who is in need of treatment, but in the opinion of the chief medical officer is not responding to the treatment provided. Recommendation for alternative placement.

Signed _____, M.D.
Chief Medical Officer/Designee

Address _____

Form 21.

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA
IN THE MATTER OF:

_____,
Respondent.

No. _____

PERIODIC REPORT PURSUANT
TO IOWA CODE SECTION
125.86(1).

Date _____

1. An order for continued placement of the respondent at this facility was entered _____

Facility _____ Address _____

Patient's Hospital County of
Name _____ Number _____ DOB _____ Settlement _____

County of Transfer
Commitment _____ From _____

Transfer Last Date of this
Date _____ Evaluation _____ Visit _____

Diagnosis _____

2. Current therapy: list all types of therapy, including medication.

PHYSICAL CONDITION

COMMENTS:

Ambulatory _____ Wheelchair _____

Bed Patient _____

General Appearance: Good _____

Fair _____ Poor _____

Eating Habits: Good _____

Fair _____ Poor _____

Sleeping Habits: Good _____

Fair _____ Poor _____

Incontinent – Yes _____ No _____

Sometimes _____

Diet: Regular _____ Reduction _____

Other (specify) _____

Wt. _____ Ht. _____ B.P. _____

List any physical problems such as seizures, dental, heart, sight, hearing, etc.

BEHAVIOR: Improved _____ Unchanged _____ Disturbed _____

Depressed _____ Suicidal _____

Is this patient easily managed in your facility?

Yes _____ No _____ If no, describe:

WORK: Is patient currently employed? _____ If so, where?

Describe job performance _____

FAMILY SITUATION: Single / _____ / Married / _____ / Divorced / _____ /

Dissolution in progress / _____ /

Does this patient receive Social Security?

Disability _____ Pension _____

RECREATIONAL ACTIVITIES:

Participation: Active _____ Limited _____

Observe Only _____ Type _____

VISITORS: No _____ Yes _____ Frequency _____ Who _____

MAIL: Receives _____ Writes _____

INTERVIEW SUMMARY

COVER THE FOLLOWING: (1) Present physical and mental condition; (2) Adjustment to facility; (3) Behavior during interview; and (4) Administrator's viewpoint of patient.

3. In my opinion, the patient's condition (has improved) (remains unchanged) (has deteriorated). Additional information concerning the patient's condition and prognosis is provided below:

4. In my opinion, the following subsection of Iowa Code section 125.84 is applicable (check one):

- (a) Respondent does not, as of this date, require further treatment for substance abuse.
- (b) Respondent is a substance abuser who is in need of full-time custody, care, and treatment in a facility, and is considered likely to benefit from treatment.
- (c) Respondent is a substance abuser who is in need of treatment, but does not require full-time placement in a facility. (See recommendation below.)
- (d) Respondent is a substance abuser who is in need of treatment but is not responding to the treatment provided. (See recommendation below.)

RECOMMENDATIONS:

5. Respondent was tentatively discharged on _____, pursuant to Iowa Code section 125.85 because in my opinion the respondent no longer requires treatment or care as a substance abuser: (See explanation below.)

EXPLANATION:

Respondent seen at _____ on _____
 (name of facility) (date)

by _____
 (interviewer) (title)

_____, M.D.
Chief Medical Officer/Designee

Form 22.

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA
IN THE MATTER OF: _____

No. _____

Respondent.

PERIODIC REPORT PURSUANT
TO IOWA CODE SECTION

125.86(2).

Date _____

1. An order for continued treatment of the respondent under the supervision of this facility was entered

Facility _____ Address _____

Patient's Hospital County of

Name _____ Number _____ DOB _____ Settlement _____

County of _____ Transfer _____

Commitment _____ From _____

Transfer Last Date of this

Date _____ Evaluation _____ Visit _____

Diagnosis _____

2. Current therapy: list all types of therapy, including medication.

PHYSICAL CONDITION

COMMENTS:

Ambulatory _____ Wheelchair _____

Bed Patient _____

General Appearance: Good _____

Fair _____ Poor _____

Eating Habits: Good _____

Fair _____ Poor _____

Sleeping Habits: Good _____

Fair _____ Poor _____

Incontinent - Yes _____ No _____

Sometimes _____

Diet: Regular _____ Reduction _____

Other (specify) _____

Wt. _____ Ht. _____ B.P. _____

List any physical problems such as seizures, dental, heart, sight, hearing, etc.

BEHAVIOR: Improved _____ Unchanged _____ Disturbed _____

Depressed _____ Suicidal _____

Is this patient easily managed in your facility?

Yes _____ No _____ If no, describe:

WORK: Is patient currently employed? _____ If so, where?

Describe job performance _____

FAMILY SITUATION: Single /_____/ Married /_____/ Divorced /_____/
Dissolution in progress /_____/

Does this patient receive Social Security?
Disability _____ Pension _____

RECREATIONAL ACTIVITIES:

Participation: Active _____ Limited _____
Observe Only _____ Type _____

VISITORS: No _____ Yes _____ Frequency _____ Who _____

MAIL: Receives _____ Writes _____

INTERVIEW SUMMARY

COVER THE FOLLOWING:

- (1) Present physical and mental condition; (2) Adjustment to facility; (3) Behavior during interview; and (4) Administrator's viewpoint of patient.

3. In my opinion, the patient's condition (has improved)(remains unchanged) (has deteriorated). Additional information concerning the patient's condition and prognosis is provided below:

4. In my opinion, the following subsection of Iowa Code section 125.84 is applicable (check one):

- (a) Respondent does not, as of this date, require further treatment for substance abuse.
(b) Respondent is a substance abuser who is in need of full-time custody, care, and treatment in a facility, and is considered likely to benefit from treatment.
(c) Respondent is a substance abuser who is in need of treatment, but does not require full-time placement in a facility. (See recommendation below.)
(d) Respondent is a substance abuser who is in need of treatment but is not responding to the treatment provided. (See recommendation below.)

RECOMMENDATIONS:

5. Respondent was tentatively discharged on _____, pursuant to Iowa Code section 125.85 because in my opinion the respondent no longer requires treatment or care as a substance abuser: (See explanation below.)

EXPLANATION:

Respondent seen at _____ on _____
 (name of facility) (date)
 by _____
 (interviewer) (title)

_____, M.D.
 Chief Medical Officer/Designee

Form 23.
 IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA
 IN THE MATTER OF: _____ No. _____

Respondent.

NOTICE OF FACILITY ADMINIS-
 TRATOR'S REQUEST FOR EXTEN-
 SION OF TIME PURSUANT TO
 IOWA CODE SECTION 125.83.

TO: _____, attorney for respondent.

You are hereby notified, pursuant to Iowa Code section 125.83, that a request for extension of time for filing an evaluation report has been received from the facility administrator of _____, a copy of which is attached.

The request for an extension of time may be contested pursuant to Iowa Code section 125.83.

Done this _____ day of _____, 19_____.

 Judge of the _____ Judicial
 District of Iowa or Judicial Hospitalization Referee

Form 24.

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA
IN THE MATTER OF: _____

No. _____

Respondent. }

ORDER AFTER EVALUATION
PURSUANT TO IOWA CODE
SECTION 125.84.

The court has received the facility administrator's report of the chief medical officer's
substance abuse evaluation of the respondent, 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.

Done this _____ day of _____, 19_____.

Judge of the _____ Judicial
District of Iowa or Judicial Hospitalization Referee

Form 25.

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA
IN THE MATTER OF:

Respondent.



No. _____

REPORT OF RESPONDENT'S
DISCHARGE PURSUANT TO
IOWA CODE SECTION
125.85(4).

TO: _____ (judge) (judicial hospitalization referee)
I, _____, administrator of
_____ do hereby report that the
_____ (facility)
above-named respondent, for whom (commitment) (treatment) was ordered on _____,
was discharged from this facility or from treatment on _____.

Facility Administrator

Date

Form 26.

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA
IN THE MATTER OF:

Respondent.



No. _____

ORDER CONFIRMING RESPONDENT'S
DISCHARGE AND TERMINATING
PROCEEDINGS, PURSUANT TO IOWA
CODE SECTION 125.85(4).

This (court) (referee) has received a report from _____, administrator
of _____, indicating that respondent, for whom
_____ (facility)
(commitment) (treatment) was ordered by this (court) (referee) on _____, has
been discharged from the facility or from treatment.

I hereby confirm respondent's discharge and, further, order termination of all proceedings
pursuant to which the (commitment) (treatment) order was issued.

All papers and records pertaining to those proceedings shall be confidential and subject to
the provisions of Iowa Code section 125.93.

Done this _____ day of _____, 19____.

Judge of the _____ Judicial
District of Iowa or Judicial Hospitalization Referee

cc: Facility
Respondent

Form 27.

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA

IN THE MATTER OF:

No. _____

Respondent.

NOTICE OF APPEAL FROM THE FINDINGS OF THE JUDICIAL HOSPITALIZATION REFEREE

TO: _____, judge of the _____ judicial district of Iowa and the clerk of the district court:

The undersigned hereby appeals the findings of _____, judicial hospitalization referee, that respondent is a substance abuser, and requests a review of the matter by a judge of the Iowa district court for _____ County, Iowa, all pursuant to Iowa Code section 229.21(4).

Done this _____ day of _____, 19_____.

SIGNED

(Respondent, Next Friend, Guardian, Attorney)

Form 28.

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA

IN THE MATTER OF:

No. _____

ALLEGED TO BE A SUBSTANCE ABUSER,

CLAIM, ORDER AND CERTIFICATE FOR ATTORNEY OR PHYSICIAN'S FEES

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 (represent) (examine) the (respondent) (applicant _____) in substance abuse proceedings, pursuant to Iowa Code section 125.78; that services have been completed by this claimant as set forth on the attached itemized statement; 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 Iowa Code section 125.78.

Claimant

Address

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

Clerk of said District Court (or) Notary Public In and For the State of Iowa

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.

Done this _____ day of _____, 19_____.

Judge of the _____ Judicial District of Iowa or Judicial Hospitalization 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.

Done this _____ day of _____, 19_____.

(Deputy) Clerk of Said Court

Form 29.

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA
IN THE MATTER OF: _____

No. _____

ALLEGED TO BE A
SUBSTANCE ABUSER,

AUTHORIZATION OF DETENTION
PURSUANT TO IOWA CODE
SECTION 125.91(2).

Respondent.

DATE _____
TIME OF DETENTION _____
TIME OF NOTIFICATION OF MAGISTRATE _____

Respondent has been detained because there is reason to believe respondent is a substance abuser who is incapacitated or is likely to injure himself or herself or others if not immediately detained. My conclusion regarding the need for detention is based upon the following information:

This detention has been authorized by the verbal instruction of _____, magistrate.

Facility Administrator

ARRIVAL OF MAGISTRATE

Time of arrival of magistrate _____

Magistrate

Form 30.

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA
IN THE MATTER OF: _____

No. _____

ALLEGED TO BE A
SUBSTANCE ABUSER,

MAGISTRATE'S REPORT PUR-
SUANT TO IOWA CODE SEC-
TION 125.91(2) (b).

Respondent.

1. Reason for failure to respond immediately to the facility administrator'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

Form 31.

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA
IN THE MATTER OF: _____

No. _____

ALLEGED TO BE A
SUBSTANCE ABUSER,

MAGISTRATE'S ORDER OF
DETENTION PURSUANT TO
IOWA CODE SECTION
125.91(3).

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 substance abuse;

This magistrate finds that there is probable cause to believe that respondent is a substance abuser, and because of that abuse is likely to injure himself or herself or others if not immediately detained;

The finding is based on the following circumstances and grounds: _____

It is hereby ordered that _____ shall
 be detained in custody at _____ for
 (facility)

examination and care for a period not to exceed forty-eight hours (excluding Saturdays, Sun-
 days 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, or is otherwise
 deemed medically necessary by the chief medical officer, but the facility may not otherwise
 provide treatment to the respondent without his or her consent.

Done this _____ day of _____, 19_____.

Time _____

Magistrate