

CHAPTER 12

RULES FOR INVOLUNTARY HOSPITALIZATION OF MENTALLY ILL PERSONS

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CHAPTER 12

RULES FOR INVOLUNTARY HOSPITALIZATION OF MENTALLY ILL PERSONS

[Forms included at rule 12.36]

See Iowa Code section 229.40

Rule 12.1 Application — forms obtained from clerk. 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 Iowa Code section 229.6. The clerk or clerk's designee shall provide the forms required by Iowa Code section 229.6 to the person who desires to file the application for involuntary commitment. The clerk shall see that all the necessary information required by Iowa Code section 229.6 accompanies the application.

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

See rule 12.36, Forms 1, 2

Rule 12.2 Termination of proceedings — insufficient grounds. 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 Iowa Code section 229.24.

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.3 Notice to respondent — requirements.

12.3(1) 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 Iowa Code section 229.9, notice shall also be served on respondent's attorney as soon as the attorney is identified or appointed by the judge or referee.

12.3(2) If the respondent is being taken into immediate custody pursuant to Iowa Code section 229.11, the notice shall include a copy of the order required by section 229.11 and rule 12.14.

See rule 12.36, Form 4

12.3(3) The notice of procedures required under Iowa Code section 229.7 shall inform the respondent of the following:

- a. The respondent's immediate right to counsel, at county expense if necessary.
- b. The right to request an examination by a physician of the respondent's choosing, at county expense if necessary.
- c. The right to be present at the hearing.
- d. The right to a hearing within five days if the respondent is taken into immediate custody pursuant to Iowa Code section 229.11.
- e. The right not to be forced to hearing sooner than forty-eight hours after notice, unless respondent waives such minimum prior notice requirement.
- f. The respondent's duty to remain in the jurisdiction and the consequences of an attempt to leave.
- g. The respondent's duty to submit to examination by a physician appointed by the court.

[Supreme Court Report 1979; amendment 1982; November 9, 2001, effective February 15, 2002]

See 12.36, Form 3

Rule 12.4 Notice requirement — waiver. 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.

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.5 Hearings — continuance. At the request of the respondent or the respondent's attorney, the hearing provided in Iowa Code section 229.12 may be continued beyond the statutory limit in order that the respondent's attorney has adequate time to prepare for the case, and in such instances

custody pursuant to Iowa Code section 229.11 may be extended by court order until the hearing is held. The continuance shall be no longer than five days beyond the statutory limit, unless respondent gives written consent to the longer continuance.

[Supreme Court Report 1979; amendment 1980; November 9, 2001, effective February 15, 2002]

Rule 12.6 Attorney conference with respondent — location — transportation. If the respondent is involuntarily confined prior to the hearing pursuant to a determination under Iowa Code section 229.11, 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 229.12. 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.

[Supreme Court Report 1979; amendment 1980; November 9, 2001, effective February 15, 2002]

Rule 12.7 Service, other than personal. If personal service as defined in rule 12.3 cannot be made, any respondent may be served as provided by court order, consistent with due process of law.

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.8 Return of service. Returns of service of notice shall be made as provided in Iowa R. Civ. P. 1.308.

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.9 Amendment of proof of service. Amendment of process or proof of service shall be allowed in the manner provided in Iowa R. Civ. P. 1.309.

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.10 Attorney evidence and argument — predetermination. If practicable the court should allow the respondent's attorney to present evidence and argument prior to the judge's determination under Iowa Code section 229.11.

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.11 Attorney evidence and argument — after confinement. If the respondent's attorney is afforded no opportunity to present evidence and argument prior to the determination under Iowa Code section 229.11, 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.

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.12 Examination report to attorney. The clerk shall furnish the respondent's attorney with a copy of the examination report filed pursuant to Iowa Code section 229.10(2), as soon as possible after receipt. In ruling on any request for an extension of time under Iowa Code section 229.10(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 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.

[Supreme Court Report 1979; amendment 1980; November 9, 2001, effective February 15, 2002]

Rule 12.13 Physician's report. The court-designated physician shall submit a written report of the examination as required by Iowa Code section 229.10(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 facts, symptoms and overt acts observed or described to the physician, which led to the diagnosis.
- [Supreme Court Report 1979; amendment 1980; November 9, 2001, effective February 15, 2002]

Rule 12.14 Probable cause. The judge's or referee's immediate custody order under Iowa Code section 229.11 shall include a finding of probable cause to believe that the respondent is seriously mentally impaired and is likely to inflict self-injury or injure others if allowed to remain at liberty.

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.15 Hearing — county location. The hearing provided in Iowa Code section 229.12 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.

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.16 Hearing — location at hospital or treatment facility. The hearing required by Iowa Code section 229.12 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.

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.17 Respondent's rights explained before hearing. The respondent's rights as set out in rule 12.3(3) and the possible consequences of the procedures shall be explained to the respondent by the respondent's attorney to the extent possible. Prior to the commencement of the hearing under Iowa Code section 229.12, the judge or referee shall ascertain whether the respondent has been so informed.

[Supreme Court Report 1979; amendment 1980; November 9, 2001, effective February 15, 2002]

Rule 12.18 Subpoenas. 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.

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.19 Presence at hearing — exceptions.

12.19(1) The person(s) filing the application and any physician or mental health professionals who have examined respondent and have submitted a written examination of the respondent in connection with the hospitalization proceedings must be present at the hearing conducted under Iowa Code section 229.12 unless their presence is waived by the respondent's attorney, the judge or referee finds their presence is not necessary, or their testimony can be taken through telephonic means and the respondent's attorney does not object.

12.19(2) 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 to state that the attorney has conversed with the respondent, that in the attorney's judgment the respondent can make no meaningful contribution to the hearing, and 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 respondent's absence.

[Supreme Court Report 1979; amendment 1980; October 11, 1991, effective January 2, 1992; November 9, 2001, effective February 15, 2002]

Rule 12.20 Hearing — electronic recording. An electronic recording or other verbatim record of the hearing provided in Iowa Code section 229.12 shall be made and retained for three years or until the respondent has been discharged from involuntary custody for 90 days, whichever is longer.

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.21 Transfer from county of confinement. If the respondent is in custody in another county prior to the hearing provided in Iowa Code section 229.12, 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. This rule is not intended to authorize permanent transfer of the respondent to another facility without conformance to appropriate statutory procedures.

[Supreme Court Report 1979; amendment 1980; November 9, 2001, effective February 15, 2002]

Rule 12.22 Evaluation and treatment. If the respondent is found by the court to be seriously mentally impaired following a hearing under Iowa Code section 229.12, evaluation and treatment shall proceed as set out in Iowa Code section 229.13.

[Supreme Court Report 1979; amendment 1980; November 9, 2001, effective February 15, 2002]

Rule 12.23 Evaluation — time extension. If, pursuant to Iowa Code section 229.13, the chief medical officer requests an extension of time for evaluation beyond 15 days, the chief medical officer shall file application in the form prescribed by this chapter 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 the officer's 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 the attorney. The clerk shall also immediately furnish a copy of the application to the respondent's advocate, if one has been appointed.

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

See rule 12.36, Form 17

Rule 12.24 Evaluation report. The findings of the chief medical officer pursuant to Iowa Code section 229.14 must state with reasonable particularity on the form prescribed by this chapter 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 the chief medical officer's conclusion as to respondent's mental illness, judgmental capacity concerning need for treatment, treatability, and dangerousness; and the basis for the chief medical officer's conclusions concerning recommended treatment including the basis for the judgment that the chief medical officer's treatment recommendation is the least restrictive alternative treatment pursuant to options (a), (b), (c), or (d) of Iowa Code section 229.14(1).

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002; October 1, 2008, effective December 15, 2008]

See rule 12.36, Form 18

Rule 12.25 Reports issued by clerk. The clerk shall promptly furnish copies of all reports issued under Iowa Code section 229.15 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 12.24.

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.26 Clerk's filing system. The clerk shall institute an orderly system for filing periodic reports required under Iowa Code section 229.15 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.

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.27 Emergency detention — magistrate's approval. If the magistrate does not immediately proceed to the facility where a person is detained pursuant to Iowa Code section 229.22, 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 this chapter.

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

See rule 12.36, Form 27

Rule 12.28 Emergency detention — medical officer absent from facility. If the facility to which the respondent is delivered pursuant to Iowa Code section 229.22 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.

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

See rule 12.36, Forms 27, 28

Rule 12.29 Attorney appointed. As soon as practicable after the respondent's delivery to a facility under Iowa Code section 229.22, 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.

[Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.30 Chemotherapy procedure. When chemotherapy has been instituted prior to a hearing under Iowa Code section 229.12, 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 listing all types of chemotherapy given for purposes of affecting the respondent's behavior or mental state during any period of custody authorized by Iowa Code section 229.4(3), 229.11 or 229.22. For each type of chemotherapy the report shall indicate either the chemotherapy was given with the consent of the patient or the patient's next of kin or guardian or the way the chemotherapy was "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." 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 if so requested.

[Supreme Court Report 1979; amendment 1980; November 9, 2001, effective February 15, 2002]

Rule 12.31 Outpatient treatment plan. If, pursuant to Iowa Code section 229.14(3), the chief medical officer determines that the patient is suited for outpatient care, the chief medical officer (or a designee) shall determine the specific care and treatment guidelines upon which the outpatient status will be based and shall discuss these guidelines with the patient. These written guidelines shall be known as the Outpatient Treatment Plan (O.T.P.). If the chief medical officer (or a designee) alleges that the O.T.P. has been breached, the judge or a judicial hospitalization referee shall hold a hearing as provided by Iowa Code sections 229.14(3) and 229.12 to determine whether the patient should be rehospitalized, whether the O.T.P. should be revised, or whether some other remedy should be ordered. The patient shall be given reasonable notice of such a hearing.

[Supreme Court Report 1982; amendment 1983; November 9, 2001, effective February 15, 2002]

Rules 12.32 to 12.35 Reserved.

Rule 12.36 Forms for involuntary hospitalization of mentally ill persons.**Rule 12.36 — Form 1: *Application Alleging Serious Mental Impairment Pursuant to Iowa Code Section 229.6.***

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 SERIOUS
MENTAL IMPAIRMENT PURSUANT TO
IOWA CODE SECTION 229.6**

Respondent.

I _____, of _____ (address), allege Respondent 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 Respondent's 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

State of Iowa

County } ss

I, the undersigned, do solemnly swear or affirm that the matters alleged in the above application, 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 _____, 20 ____.

Notary Public in and for the State of Iowa

Rule 12.36 — Form 2: *Affidavit in Support of Application Alleging Serious Mental Impairment Pursuant to Iowa Code Section 229.6.*

IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY, IOWA

IN THE MATTER OF:

No. _____

ALLEGED TO BE SERIOUSLY
MENTALLY IMPAIRED,
Respondent.

**AFFIDAVIT IN SUPPORT OF APPLICATION
ALLEGING SERIOUS MENTAL IMPAIRMENT
PURSUANT TO IOWA CODE SECTION 229.6**

I _____, of _____ (address), being first duly sworn on oath, depose and state that I am acquainted with Respondent who resides at _____, _____, _____ 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 _____,
20 ____.

Notary Public in and for the State of Iowa

Clerk of Iowa District Court

Rule 12.36 — Form 3: Notice to Respondent Pursuant to Iowa Code Section 229.7.

In the Iowa District Court for _____ County, Iowa

IN THE MATTER OF: _____ ALLEGED TO BE SERIOUSLY MENTALLY IMPAIRED, Respondent.	No. _____ Notice to Respondent Pursuant to Iowa Code Section 229.7
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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 _____, 20 __, 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 proceeding:

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 further advised that:

1. You must not leave the county while awaiting the 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.
3. If the court determines that you are seriously mentally impaired, federal law will prohibit you from shipping, possessing, receiving, or transporting any firearms or ammunition. See 18 U.S.C. § 922 (g)(4).

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

If you need help in court due to a disability, immediately call your district ADA coordinator at 1-_____. If you are hearing impaired, call Relay Iowa TTY at 1-800-735-2942.

Return of Service

State of Iowa

ss:

_____ County

This notice was received on the _____ day of _____, 20____, and I certify that on the ____ day of _____, 20____, at _____ o'clock ____m., I served this notice on _____ by delivering a copy of it to _____ in the city of _____, or the Township of _____, in _____ County, State of Iowa.

 Sheriff, _____ County

By _____
 Deputy Sheriff

Rule 12.36 — Form 4: *Order for Immediate Custody Pursuant to Iowa Code Section 229.11.*

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
CUSTODY PURSUANT TO
IOWA CODE SECTION 229.11**

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 Iowa Code section 229.11(1).

*2. Because I find the less restrictive alternative of custody pursuant to Iowa Code section 229.11(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 229.11(2).

*3. Because I find no less restrictive alternative is sufficient, I hereby order that respondent shall be detained at _____, a facility licensed to care for persons with mental illness or substance abuse.

*(Strike two of these three numbered provisions.)

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

Rule 12.36 — Form 5: *Order Appointing Attorney Pursuant to Iowa Code Section 229.8.*

IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY, IOWA

IN THE MATTER OF:

No. _____

_____,
ALLEGED TO BE SERIOUSLY
MENTALLY IMPAIRED,**ORDER APPOINTING
ATTORNEY PURSUANT TO
IOWA CODE SECTION 229.8**

Respondent.

AND NOW, TO-WIT, on this _____ day of _____, 20____, 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 _____, 20____ 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 the 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 Hospitalization Referee

Form 5 [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.36 — Form 6: *Application for Appointment of Counsel and Financial Statement.*

IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY, IOWA

IN THE MATTER OF:

No. _____

_____,
ALLEGED TO BE SERIOUSLY
MENTALLY IMPAIRED,**APPLICATION FOR APPOINTMENT
OF COUNSEL AND
FINANCIAL 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 respondent 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 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.

Subscribed and sworn to before me this _____ day of _____, 20 ____.

Notary Public in and for the State of Iowa

Rule 12.36 — Form 7: *Appointment of Physician Pursuant to Iowa Code Section 229.8.*

IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY, IOWA

IN THE MATTER OF:

No. _____

_____,
ALLEGED TO BE SERIOUSLY
MENTALLY IMPAIRED,**APPOINTMENT OF
PHYSICIAN PURSUANT TO
IOWA CODE SECTION 229.8**

Respondent.

STATE OF IOWA, _____ COUNTY:

TO _____, a regular practicing physician:

You are advised that an application has been filed in the Iowa District Court for _____ County alleging that _____ is seriously mentally impaired, needing medical care and treatment within the meaning of the applicable sections of Iowa Code chapter 229. You are hereby APPOINTED by this court to conduct a personal examination of the above-named person for the purpose of determining whether the person is seriously mentally impaired as defined in Iowa Code section 229.1(15). After conducting such an examination, you shall provide this court with a written report of your medical findings and conclusions.

NOTE TO EXAMINING PHYSICIAN:

If the respondent has been detained pursuant to Iowa Code section 229.11(2), your examination must be conducted within 24 hours of this date. If the respondent has been detained pursuant to Iowa Code section 229.11(1) or (3), your examination must be conducted within 48 hours of this date. Furthermore, your written evaluation report is to be filed with the Clerk of this Court prior to the hospitalization hearing scheduled pursuant to Iowa Code section 229.8(3)(a). *See* Iowa Code §229.10(2).

Dated this _____ day of _____, 20 ____.

Judicial Hospitalization Referee_____
Judge of the _____ Judicial District

Form 7 [Supreme Court Report 1979; amendment 1981; Court Order April 3, 1996, effective July 1, 1996; November 9, 2001, effective February 15, 2002; August 6, 2007, effective October 15, 2007]

Rule 12.36 — Form 8: Physician's Report of Examination Pursuant to Iowa Code Section 229.10(2).

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
EXAMINATION PURSUANT TO
IOWA CODE SECTION 229.10(2)**

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, and Names _____

9. Nearest Relative's Name _____ Relationship _____

Address _____
(Street) (City or Town) (County) (State)

10. Is this an examination under Iowa Code section 229.11?

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 judgement, 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 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?

Physician's Report of Examination Pursuant to Iowa Code Section 229.10(2) (*cont'd*)

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 _____

Rule 12.36 — Form 9: *Order for Continuance Pursuant to Iowa Code Section 229.10(4).*

IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY, IOWA

IN THE MATTER OF:

No. _____

_____,
ALLEGED TO BE SERIOUSLY
MENTALLY IMPAIRED,**ORDER FOR CONTINUANCE
PURSUANT TO IOWA CODE
SECTION 229.10(4)**

Respondent.

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 _____, 20 ____.

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

Form 9 [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.36 — Form 10: *Stipulation Pursuant to Iowa Code Section 229.12 and Iowa Ct. R. 12.19.*

IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY, IOWA

IN THE MATTER OF:

No. _____

_____,
ALLEGED TO BE SERIOUSLY
MENTALLY IMPAIRED,
Respondent.

**STIPULATION PURSUANT TO
IOWA CODE SECTION 229.12 AND
IOWA CT. R. 12.19**

It is hereby stipulated that Respondent need not be present at the hearing to determine the respondent's serious mental impairment.

(1) I have conversed with respondent about the hearing and the respondent's 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

Rule 12.36 — Form 11: *Notice of Medication Pursuant to Iowa Code Section 229.12(1).*

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
IOWA CODE SECTION 229.12(1)**

Respondent.

I, _____, physician, inform (Judge _____ P.M.
or _____ Referee) that the respondent was medicated at A.M.
on _____, _____ 20 _____.

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

Form 11 [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.36 — Form 12: *Discharge and Termination of Proceeding Pursuant to Iowa Code Section 229.12.*

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
IOWA CODE SECTION 229.12**

Respondent.

A hearing was held on the _____ day of _____, 20____, 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 _____, 20____.

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

Rule 12.36 — Form 13: Findings of Fact and Order Pursuant to Iowa Code Section 229.13.

In the Iowa District Court for _____ County, Iowa

IN THE MATTER OF:

No. _____

ALLEGED TO BE SERIOUSLY
MENTALLY IMPAIRED,

Respondent.

**Findings of Fact and Order
Pursuant to Iowa Code Section
229.13**

A hearing on the above entitled matter was held on the ____ day of _____, 20____. The court finds that the contention that the respondent is seriously mentally impaired has been sustained by clear and convincing evidence to wit:

1. Judgmental Capacity:

2. Treatability:

3. Dangerousness:

4. Mental Illness:

The court orders the following:

1. Respondent is committed for a complete psychiatric evaluation and appropriate treatment at _____.

2. Respondent is committed on an
_____ outpatient basis.
_____ inpatient basis.

If Respondent undergoes outpatient treatment, Respondent must cooperate with the treatment provider and comply with the course of treatment.

3. Pursuant to federal law, Respondent shall not ship, possess, receive, transport, or cause the transport of any firearms or ammunition. See 18 U.S.C. § 922 (g)(4).

The court further orders that the clerk shall notify the Iowa Department of Public Safety of the firearms and ammunition prohibitions set forth above.

Respondent is advised of the right to request a placement hearing in accordance with the requirements of Iowa Code Section 229.14A. A request for a placement hearing must be in writing and filed with the clerk of court within seven days from the date of this order.

Dated this ____ day of _____, 20____.

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

Form 13 [Supreme Court Report 1979; amendment 1981; November 9, 2001, effective February 15, 2002; November 10, 2011, effective January 9, 2012]

Rule 12.36 — Form 14: *Notice of Termination of Proceedings Pursuant to Iowa Code Section 229.21.*

IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY, IOWA

IN THE MATTER OF:

No. _____

_____,
ALLEGED TO BE SERIOUSLY
MENTALLY IMPAIRED,

Respondent.

**NOTICE OF TERMINATION
OF PROCEEDINGS PURSUANT
TO IOWA CODE SECTION 229.21**

TO THE CHIEF JUDGE OF THE _____ JUDICIAL DISTRICT OR 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

Form 14 [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.36 — Form 15: *Notice of Order Pursuant to Iowa Code Section 229.21.*

IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY, IOWA

IN THE MATTER OF:

No. _____

_____,
ALLEGED TO BE SERIOUSLY
MENTALLY IMPAIRED,

Respondent.

**NOTICE OF ORDER
PURSUANT TO IOWA CODE
SECTION 229.21**

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 HOSPITALIZATION _____

Judicial Hospitalization Referee_____
County, Iowa

Form 15 [Supreme Court Report 1979; amendment 1980; November 9, 2001, effective February 15, 2002]

Rule 12.36 — Form 16: *Application for Order for Extension of Time for Psychiatric Evaluation Pursuant to Iowa Code Section 229.13.*

IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY, IOWA

DATE _____

IN THE MATTER OF:

No. _____

_____,
ALLEGED TO BE SERIOUSLY
MENTALLY IMPAIRED,

Respondent.

**APPLICATION FOR ORDER
FOR EXTENSION OF TIME
FOR PSYCHIATRIC
EVALUATION PURSUANT TO
IOWA CODE SECTION 229.13**I, _____, Chief Medical Officer of the _____
(Facility)

request an extension of time not to exceed seven 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

Form 16 [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.36 — Form 17: *Order Re: Extension of Time Pursuant to Iowa Code Section 229.13.*

IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY, IOWA

IN THE MATTER OF:

No. _____

_____,
Respondent.**ORDER RE: EXTENSION OF TIME
PURSUANT TO
IOWA CODE SECTION 229.13**

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 _____, 20____, 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 days.

Done this _____ day of _____, 20____.

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

Form 17 [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.36 — Form 18: Chief Medical Officer's Report of Psychiatric Evaluation Pursuant to Iowa Code Section 229.14.

IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY, IOWA

IN THE MATTER OF:

No. _____

_____,
Respondent.**CHIEF MEDICAL OFFICER'S
REPORT OF PSYCHIATRIC
EVALUATION PURSUANT TO
IOWA CODE SECTION 229.14**

DATE AND TIME OF EVALUATION _____

1. Treatment that respondent has received during the present hearing and evaluation period.
2. Chemotherapy respondent has received: Attachment 1 which is incorporated as part of this report lists all types of chemotherapy given at this hospital to the respondent for purposes of affecting the patient's behavior or mental state, along with the effect on the respondent's behavior or mental state.
3. Have there been previous psychiatric illnesses?
If so, give approximate dates:

Was hospitalization 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 respondent been exposed to such a disease within the past three 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 hospitalization or treatment?
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?

Chief Medical Officer's Report of Psychiatric Evaluation Pursuant to Iowa Code Section 229.14 (*cont'd*)

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 Iowa Code section 229.14:*
- 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. (Iowa Code section 229.14(1))
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. (Iowa Code section 229.14(2))
3. That the respondent is seriously mentally impaired and in need of treatment, but does not require full-time hospitalization. (Iowa Code section 229.14(3))
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. (Iowa Code section 229.14(4))

Form 18 [Supreme Court Report 1979; amendment 1980; November 9, 2001, effective February 15, 2002]

Rule 12.36 — Form 19: Chief Medical Officer's Periodic Report Pursuant to Iowa Code Section 229.15(1).

IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY, IOWA

IN THE MATTER OF:

No. _____

Respondent.

**CHIEF MEDICAL OFFICER'S
PERIODIC REPORT
PURSUANT TO IOWA CODE
SECTION 229.15(1)**

1. An order for continued hospitalization of the respondent at this hospital was entered _____, 20 ____.
2. Attachment 1 which is incorporated as part of this report lists all types of chemotherapy given at this hospital to the respondent for purposes of affecting the patient's behavior or mental state since the last report to the court, along with the effect on the respondent's behavior or mental state.
3. In my opinion, the patient's condition (has improved) (remains unchanged) (has deteriorated).
4. Check one box.
 - ☐ (a) Respondent was tentatively discharged on _____, 20 ____, pursuant to Iowa Code section 229.16 because in my opinion the respondent no longer requires treatment or care for serious mental impairment. (See EXPLANATION below.)
 - ☐ (b) Respondent was transferred to _____ on _____, 20 ____, pursuant to Iowa Code section 229.15(4) because in my opinion it is in the best interest of the respondent. (See EXPLANATION below.)
 - ☐ (c) Respondent was placed on leave on _____, 20 ____, pursuant to Iowa Code section 229.15(4) because in my opinion it is in the best interest of the patient. Patient was instructed to return on _____, 20 _____. (See EXPLANATION below.)
 - ☐ (d) Respondent continues to be hospitalized in this hospital.

EXPLANATION:

(If 4 (a) is applicable, skip items 5 through 8.)

5. In my opinion the following subsection of Iowa Code section 229.14 is applicable (check one box):
 - ☐ (a) 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. (See EXPLANATION under item 7 below.)
 - ☐ (b) Respondent is seriously mentally impaired and in need of treatment, but does not require full-time hospitalization. (For treatment recommendations, see RECOMMENDATIONS below.)
 - ☐ (c) 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. (For recommendations of alternate placement, see RECOMMENDATIONS below.)

RECOMMENDATIONS:

Chief Medical Officer's Periodic Report Pursuant to Iowa Code Section 229.15(1) (*cont'd*)

(If 5 (b) or (c) is applicable, skip items 6 and 7.)

6. I estimate that the further length of time the respondent will be required to remain in the hospital to be (not possible to be determined) (_____ days).

7. I recommend (check one box):

☐ (a) the respondent remain in this hospital. (See EXPLANATION below.)

☐ (b) the respondent be transferred to _____ or another hospital.
(See EXPLANATION below.)

☐ (c) the respondent remain in the hospital to which the respondent has already been transferred.
(See EXPLANATION under item 4 above.)

☐ (d) the patient remain on leave until the date specified for return in item 4 (c) above. (See EXPLANATION under item 4 above.)

☐ (e) the patient be placed on leave until _____, 20 _____. (See EXPLANATION below.)

EXPLANATION:

8. If continued hospitalization is recommended, state the reasons that in your judgment the recommended course of treatment is the least restrictive, effective treatment for this patient:

Signed _____
Hospital _____

Rule 12.36 — Form 20: *Periodic Report Pursuant to Iowa Code Section 229.15(2).*

IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY, IOWA

IN THE MATTER OF:

No. _____

Respondent.

**PERIODIC REPORT
PURSUANT TO IOWA CODE
SECTION 229.15(2)**

1. An order for treatment of the respondent on an outpatient or other appropriate basis at this facility was entered _____, 20 ____.
2. Attachment 1 which is incorporated as part of this report lists all types of chemotherapy given to or prescribed for the respondent at this facility for purposes of affecting the patient's behavior or mental state since the last report to the court, along with the effect on the respondent's behavior or mental state.
3. In my opinion, the patient's condition (has improved) (remains unchanged) (has deteriorated).
4. Check one box.
 - ☐ (a) Respondent was tentatively discharged on _____, 20 ____, pursuant to Iowa Code section 229.16 because in my opinion the respondent no longer requires treatment or care for serious mental impairment. (See EXPLANATION below.)
 - ☐ (b) Respondent is failing or refusing to submit to treatment as ordered by the court and, in my opinion, has not shown good cause. (See EXPLANATION below.)
 - ☐ (c) Respondent is in treatment as directed by the order of the court. (See EXPLANATION below.)

EXPLANATION:

(If 4 (a) is applicable, skip items 5 through 7.)

5. In my opinion the following subsection of Iowa Code section 229.14 is applicable (check one box):
 - ☐ (a) 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. (See EXPLANATION below.)
 - ☐ (b) Respondent is seriously mentally impaired and in need of treatment, but can continue in outpatient treatment. (See EXPLANATION below.)
 - ☐ (c) Respondent is seriously mentally impaired and in need of full-time custody and care, but is unlikely to benefit from treatment in a hospital. (For recommendation of alternate placement, see EXPLANATION below.)

EXPLANATION:

(If 5 (a) or (c) is applicable, skip item 6.)

6. I estimate that the further length of time the respondent will require outpatient or other appropriate treatment at this facility to be (not possible to be determined) (_____ days).

Periodic Report Pursuant to Iowa Code Section 229.15(2) (*cont'd*)

7. If inpatient hospitalization is recommended, state the reasons that in your judgment the recommended course of treatment is the least restrictive, effective treatment for this patient.

Signed _____
(Provide name and title of person submitting report)

Facility _____

Form 20 [Supreme Court Report 1980; November 9, 2001, effective February 15, 2002; October 1, 2008, effective December 15, 2008]

Rule 12.36 — Form 21: Periodic Report Pursuant to Iowa Code Section 229.15(3). (Alternate Placement)

IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY, IOWA

IN THE MATTER OF:

No. _____

Respondent.

**PERIODIC REPORT PURSUANT TO
IOWA CODE SECTION 229.15(3)
(ALTERNATE PLACEMENT)**

1. An order for continued placement of the respondent at this facility was entered _____, 20 ____.
2. Attachment 1 which is incorporated as part of this report lists all types of chemotherapy given at this facility to the respondent for purposes of affecting the patient's behavior or mental state since the last report to the court, along with the effect on the respondent's behavior or mental state.
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. Check one box.
 - ☐ (a) Respondent was tentatively discharged on _____, 20 ____, pursuant to Iowa Code section 229.16 because in my opinion the respondent no longer requires treatment or care for serious mental impairment. (See EXPLANATION below.)
 - ☐ (b) Respondent continues to be in the custody of this facility.

EXPLANATION:

(If 4 (a) is applicable, skip items 5 and 6.)

5. In my opinion the following subsection of Iowa Code section 229.14 is applicable (check one box):
 - ☐ (a) 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. (See RECOMMENDATIONS below.)
 - ☐ (b) Respondent is seriously mentally impaired and in need of treatment, but does not require full-time hospitalization. (See RECOMMENDATIONS below.)
 - ☐ (c) 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. (See RECOMMENDATIONS below, which recommend continued placement at this facility or alternate placement.)

RECOMMENDATIONS:

(If 5 (b) is applicable, skip item 6.)

6. If placement in a hospital is recommended, state the reasons that in your judgment the recommended course of treatment is the least restrictive, effective treatment for this patient. If placement in a facility other than a hospital is recommended, state the reasons that in your judgment the respondent is unlikely to benefit from treatment in a hospital.

Signed _____

Facility _____

Rule 12.36 — Form 22: *Notice of Chief Medical Officer's Report or Application Pursuant to Iowa Code Section 229.13.*

IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY, IOWA

IN THE MATTER OF:

No. _____

_____,
Respondent.**NOTICE OF CHIEF MEDICAL OFFICER'S
REPORT OR APPLICATION PURSUANT
TO IOWA CODE SECTION 229.13**

TO: _____ Attorney for respondent.

You are hereby notified that pursuant to Iowa Code section 229.13, (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 Iowa Code section 229.13.

Done this _____ day of _____, 20 ____.

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

Form 22 [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.36 — Form 23: *Order After Evaluation Pursuant to Iowa Code Section 229.14.*

IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY, IOWA

IN THE MATTER OF:

No. _____

_____,
Respondent.**ORDER AFTER EVALUATION
PURSUANT TO IOWA CODE
SECTION 229.14**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 _____, 20 ____.

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

Form 23 [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.36 — Form 24: *Notice of Appeal From the Findings of the 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 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 serious 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 Iowa Code section 229.21.

Dated the _____ day of _____, 20 ____.

SIGNED

(Respondent, Next Friend, Guardian, Attorney)

Form 24 [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.36 — Form 25: *Attorney's Report and Request for Withdrawal Pursuant to Iowa Code Section 229.19.*

IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY, IOWA

IN THE MATTER OF:

No. _____

_____,
ALLEGED TO BE SERIOUSLY
MENTALLY IMPAIRED,
Respondent.**ATTORNEY'S REPORT AND REQUEST
FOR WITHDRAWAL PURSUANT TO
IOWA CODE SECTION 229.19**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 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 _____, 20____, 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

Rule 12.36 — Form 26: *Claim for Attorney or Physician's Fees Order and Certificate.*

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 PHYSICIAN'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 Iowa Code section 229.8; 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 229.8.

Claimant_____
P.O. Address

Subscribed and sworn to (or affirmed) before me this _____ day of _____, 20 ____.

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 _____, 20 ____.

Judge of the _____ Judicial

District of Iowa or

Judicial Hospitalization Referee

Claim for Attorney or Physician's Fees Order and Certificate (*cont'd*)

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 _____, 20 ____.

(Deputy) Clerk of Said Court

Form 26 [Supreme Court Report 1979; amendment 1981; November 9, 2001, effective February 15, 2002]

Rule 12.36 — Form 27: *Order of Detention Pursuant to Iowa Code Section 229.22(2).*

IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY, IOWA

IN THE MATTER OF:

No. _____

_____,
ALLEGED TO BE SERIOUSLY
MENTALLY IMPAIRED,**ORDER OF DETENTION
PURSUANT TO IOWA CODE
SECTION 229.22(2)**

Respondent.

DATE: _____

TIME OF DETENTION: _____

TIME OF NOTIFICATION OF MAGISTRATE: _____

I order immediate detention of Respondent because there is reason to believe Respondent is seriously mentally impaired and likely to injure himself or 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**ARRIVAL OF MAGISTRATE**

Time of arrival of magistrate _____

Magistrate

Form 27 [Supreme Court Report 1979; amendment 1980; amendment 1981; November 9, 2001, effective February 15, 2002]

Rule 12.36 — Form 28: Magistrate's Report Pursuant to Iowa Code Section 229.22(2)(a).

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 IOWA CODE
SECTION 229.22(2)(a)**

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

Form 28 [Supreme Court Report 1979; November 9, 2001, effective February 15, 2002]

Rule 12.36 — Form 29: *Emergency Hospitalization Order Pursuant to Iowa Code Section 229.22, Subsections (3) and (4).*

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 IOWA CODE
SECTION 229.22, SUBSECTIONS (3) AND (4)**

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
_____ Facility for examination and care for a period not to exceed forty-eight hours,

excluding Saturdays, 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 consent.

Done this _____ day of _____, 20 ____.

Time _____

Magistrate

Rule 12.36 — Form 30: *Quarterly Report of Patient Advocate Pursuant to Iowa Code Section 229.19(6).*

IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY, IOWA

IN THE MATTER OF:

No. _____

_____,
 ALLEGED TO BE SERIOUSLY
 MENTALLY IMPAIRED,
 Respondent.

**QUARTERLY REPORT OF
 PATIENT ADVOCATE
 PURSUANT TO IOWA CODE
 SECTION 229.19(6)**

Date _____.

Date of last previous report (if one) _____.

Date of respondent's commitment _____.

Is respondent still committed _____. If not, date of release _____.

Actions I have taken with respect to the above-named respondent and the amount of time I have spent regarding the
 above-named respondent since (I became the patient's advocate) (the last report was filed):

Action Taken _____Time Spent _____

 Total Time Spent:

Other comments:

 Patient Advocate

Rule 12.36 — Form 31: *Notice to Patient of Name of Advocate Pursuant to Iowa Code Section 229.19.*

IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY, IOWA

IN THE MATTER OF:

No. _____

_____,
ALLEGED TO BE SERIOUSLY
MENTALLY IMPAIRED,**NOTICE TO PATIENT OF
NAME OF ADVOCATE
PURSUANT TO IOWA CODE
SECTION 229.19**

Respondent.

To: _____

You are hereby notified that _____
is now your patient advocate. This advocate will be communicating with you and representing your interests in any matter relating to your hospitalization and treatment.

Clerk of District Court

Form 31 [Supreme Court Report 1981; November 9, 2001, effective February 15, 2002]

Rule 12.36 — Form 32: Notice to Respondent Pursuant to Iowa Code Section 229.14(2)(d).

IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY, IOWA	
IN THE MATTER OF:	No. _____
_____, ALLEGED TO BE SERIOUSLY MENTALLY IMPAIRED, Respondent.	NOTICE TO RESPONDENT PURSUANT TO IOWA CODE SECTION 229.14(2)(d)

TO: _____

You are hereby notified that there is now on file in the office of the Clerk of the District Court of _____ County, Iowa, an application alleging that you have not satisfactorily responded to your "Outpatient Treatment Plan (O.T.P.," and should therefore be rehospitalized for inpatient care and treatment. A copy of said application is attached. This matter will come on for hearing on the application before this Court at _____ County, Iowa, on the _____ day of _____, 20____, at _____ o'clock ____m.

You are further notified that you have the right to have your personal or previously appointed attorney present in connection with this hearing.

You have a right to be present at the hearing.

At this hearing the Court will decide whether you should be rehospitalized for inpatient care and treatment; whether the O.T.P. should be revised and outpatient care continued; or whether some other result is appropriate.

JUDGE OF THE _____ JUDICIAL
DISTRICT OF IOWA OR
JUDICIAL HOSPITALIZATION REFEREE

Form 32 [Supreme Court Report 1982; November 9, 2001, effective February 15, 2002; March 9, 2009, effective May 11, 2009]

Rule 12.36 — Form 33: *Hospitalization Order Pursuant to Iowa Code Section 229.14(2)(d).*

IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY, IOWA

IN THE MATTER OF:

No. _____

_____,
ALLEGED TO BE SERIOUSLY
MENTALLY IMPAIRED,**HOSPITALIZATION ORDER
PURSUANT TO IOWA CODE
SECTION 229.14(2)(d)**

Respondent.

On _____ a hearing was held regarding allegations that Respondent has failed to satisfactorily respond to the Outpatient Treatment Plan (O.T.P.) and should therefore be rehospitalized for inpatient care and treatment as provided by Iowa Code sections 229.14(2)(d) and 229.15(2). It is hereby determined that sufficient evidence has been presented to support said allegations, and the Respondent is hereby order recommitted to _____.

This finding is based on the following circumstances and grounds:

Done this _____ day of _____, 20 ____.

JUDGE OF THE _____ JUDICIAL
DISTRICT OF IOWA OR
JUDICIAL HOSPITALIZATION REFEREE

Form 33 [Supreme Court Report 1982; November 9, 2001, effective February 15, 2002; March 9, 2009, effective May 11, 2009]