

## CHAPTER 13

### RULES FOR INVOLUNTARY COMMITMENT OR TREATMENT OF PERSONS WITH SUBSTANCE USE DISORDERS

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## CHAPTER 13

### RULES FOR INVOLUNTARY COMMITMENT OR TREATMENT OF PERSONS WITH SUBSTANCE USE DISORDERS

#### **Rule 13.1 Application.**

**13.1(1)** An application seeking the involuntary commitment or treatment of any person on the grounds of a substance use disorder may be obtained from any district court clerk in any county. Such application may be filled out and presented to the clerk by any person who has an interest in the treatment of another for a substance use disorder 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.

**13.1(2)** A verified application may be filed with the district court clerk in any county. If the application is not filed in a county where the respondent is located or resides, then the court shall transfer jurisdiction of the case to the county where the respondent is located or that is the respondent's place of residence in accordance with Iowa Code section 125.75(1)(b).

[Report 1984; 1995; November 9, 2001, effective February 15, 2002; June 29, 2012, effective September 4, 2012; April 29, 2024, effective July 1, 2024; August 22, 2025, effective October 21, 2025]

**Rule 13.2 Termination of proceedings — insufficient grounds.** If the judge or referee determines that insufficient grounds to warrant a hearing on the respondent's substance misuse 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.

[Report 1984; November 9, 2001, effective February 15, 2002; June 29, 2012, effective September 4, 2012]

#### **Rule 13.3 Notice to respondent — requirements.**

**13.3(1)** If the judge or referee determines that sufficient grounds to warrant a hearing on the respondent's substance misuse 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 the attorney is identified or appointed by the judge or referee.

**13.3(2)** 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 rule 13.14.

**13.3(3)** The notice of procedures required under Iowa Code section 125.77 shall inform the respondent of the following:

- a.* Respondent's immediate right to counsel, at public expense if necessary.
- b.* Respondent's right to request an examination by a physician of the respondent's 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.
- e.* Respondent's right not to be forced to hearing sooner than 48 hours after notice, unless respondent waives such minimum prior notice requirement.
- f.* Respondent's duty to remain in the jurisdiction and the consequences of an attempt to leave.
- g.* Respondent's duty to submit to examination by a physician appointed by the court.

[Report 1984; November 9, 2001, effective February 15, 2002; June 29, 2012, effective September 4, 2012]

**Rule 13.4 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.

[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.5 Hearings — continuance.** 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.

[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.6 Attorney conference with respondent — location — transportation.** If the respondent is involuntarily confined prior to the hearing pursuant to a determination under Iowa Code section 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.

[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.7 Service, other than personal.** If personal service as defined in rule 13.3 cannot be made, any respondent may be served as provided by court order, consistent with due process of law.

[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.8 Return of service.** Returns of service of notice shall be made as provided in Iowa R. Civ. P. 1.308.

[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.9 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.

[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.10 Attorney evidence and argument — predetermination.** 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.

[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.11 Attorney evidence and argument — after confinement.** 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.

[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.12 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 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.

[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.13 Physician's report.** 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.

[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.14 Probable cause to injure.** 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 person with a substance use disorder and is likely to inflict self-injury or injure others if allowed to remain at liberty.

[Report 1984; 1995; November 9, 2001, effective February 15, 2002; June 29, 2012, effective September 4, 2012; April 29, 2024, effective July 1, 2024]

**Rule 13.15 Hearing — county location.** 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. If the application was filed in a county where the respondent was not located and did not reside and the court transferred jurisdiction of the case to a county where the respondent was located or residing pursuant to Iowa Code section 125.75(1)(b), then the hearing shall be held in the county where the case was transferred to.

[Report 1984; November 9, 2001, effective February 15, 2002; August 22, 2025, effective October 21, 2025]

**Rule 13.16 Hearing — location at hospital or treatment facility.** 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.

[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.17 Respondent's rights explained before hearing.** Respondent's attorney shall explain to respondent the respondent's 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.

[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.18 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.

[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.19 Presence at hearing — exceptions.**

**13.19(1)** 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 their presence is waived by the respondent's attorney, the judge or referee finds that their presence is not necessary, or their testimony can be taken through telephonic means and the respondent's attorney does not object.

**13.19(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 shall 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 or has waived the right to be present, 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 shall be rejected if it appears

that insufficient grounds are stated or that the respondent's interests would not be served by respondent's absence.

[Report 1984; October 11, 1991, effective January 2, 1992; November 9, 2001, effective February 15, 2002]

**Rule 13.20 Hearing — electronic recording.** 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 90 days, whichever is longer.

[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.21 Transfer from county of confinement.** 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.

[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.22 Evaluation and treatment.** If, upon hearing, the court finds respondent to be a person with a substance use disorder, evaluation and treatment shall proceed as set out in Iowa Code section 125.83.

[Report 1984; 1995; November 9, 2001, effective February 15, 2002; June 29, 2012, effective September 4, 2012; April 29, 2024, effective July 1, 2024]

**Rule 13.23 Evaluation — time extension.** 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.

[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.24 Evaluation report.** The facility administrator's report under Iowa Code section 125.84 shall include a written evaluation of the respondent by the attending physician or the physician's designee. The evaluation must state with reasonable particularity the basis for the diagnostic conclusions concerning the respondent's substance misuse and recommended treatment. The evaluation shall specify the basis for the attending physician's conclusions regarding respondent's substance misuse, capacity to understand the need for treatment, and dangerousness. The evaluation also shall specify the basis for the attending physician'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.

[Report 1984; November 9, 2001, effective February 15, 2002; June 29, 2012, effective September 4, 2012]

**Rule 13.25 Reports issued by clerk.** 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 13.24.

[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.26 Clerk's filing system.** 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.

[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.27 Emergency detention — magistrate's approval.** If the magistrate cannot immediately proceed to the facility where a person is detained pursuant to Iowa Code section

125.91, the magistrate shall verbally communicate approval or disapproval of the detention. Such communication shall be duly noted by the administrator of the facility on the form prescribed by this chapter.

[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.28 Emergency detention — attending physician absent from facility.** If the facility to which the respondent is delivered pursuant to Iowa Code section 125.91 lacks an attending physician, 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.

[Report 1984; November 9, 2001, effective February 15, 2002; June 29, 2012, effective September 4, 2012]

**Rule 13.29 Attorney appointed.** 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.

[Report 1984; November 9, 2001, effective February 15, 2002]

**Rule 13.30 Chemotherapy procedure.** When chemotherapy has been instituted prior to a hearing under Iowa Code section 125.82, the attending physician 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.

[Report 1984; November 9, 2001, effective February 15, 2002; June 29, 2012, effective September 4, 2012]

**Rules 13.31 to 13.34** Reserved.

**Rule 13.35 Forms for Involuntary Commitment or Treatment of Persons with Substance Use Disorders.**

|                                                                                                                                                          |                                                                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------|
| In the Iowa District Court for _____ County<br><small>County where Application is filed</small>                                                          |                                                                                                                                            |
| In the Matter of _____<br><b>Respondent</b> <small>Full name: first, middle, last</small><br><b>Alleged to be a Person with a Substance Use Disorder</b> | No. _____<br><b>Application Alleging Substance Use Disorder</b><br><div style="text-align: right;"><small>Iowa Code § 125.75</small></div> |

1. I, \_\_\_\_\_, allege Respondent is suffering from  
Full name: first, middle, last  
 a substance use disorder.
2. Respondent is presently located in \_\_\_\_\_ County and  
County name  
 resides in \_\_\_\_\_ County.  
County name
3. In support of this Application, I state:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

☐ Check this box if you have attached additional pages.

4. Based on the above facts, I believe Respondent is a danger to self or others and lacks judgmental capacity due to a substance use disorder. ☐ Yes ☐ No
5. I request that:  
Check one
  - A. ☐ Respondent be taken into immediate custody.
  - B. ☐ Respondent not be taken into immediate custody.
6. In support of this Application, I have attached:  
Check all that apply
  - A. ☐ A written statement of a licensed physician and surgeon or osteopathic physician and surgeon or mental health professional.
  - B. ☐ One or more Affidavits corroborating these allegations. *See Rule 13.35—Form 2.*
  - C. ☐ Corroborative information obtained and reduced to writing by the clerk or the clerk's designee. **NOTE:** This option is only available when circumstances make it infeasible to obtain, or when the clerk considers it appropriate to supplement, the information under either subparagraph 5(A) or 5(B).

*Continued on next page*

**7. Attorney Help***Check one*

- A. ☐ An attorney did not help me prepare or fill in this paper.
- B. ☐ An attorney helped me prepare or fill in this paper. *If you check B, you must fill in the following information:*

|                                                              |  |                                                     |                       |
|--------------------------------------------------------------|--|-----------------------------------------------------|-----------------------|
| _____<br><i>Name of attorney or organization, if any</i>     |  | _____<br><i>Attorney's PIN – Ask the attorney</i>   |                       |
| _____<br><i>Business address of attorney or organization</i> |  | _____<br><i>City</i>                                | _____<br><i>State</i> |
| _____<br><i>ZIP code</i>                                     |  |                                                     |                       |
| (_____) _____<br><i>Attorney's phone number</i>              |  | _____<br><i>Attorney's email address – optional</i> |                       |

**8. Oath and signature of applicant**

I, \_\_\_\_\_, have read this Application, and I certify under  
*Print your full name: first, middle, last*

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

\_\_\_\_\_, 20\_\_\_\_\_  
*Month Day Year Applicant's signature\**

|                                      |                               |                      |                                                         |                          |
|--------------------------------------|-------------------------------|----------------------|---------------------------------------------------------|--------------------------|
| _____<br><i>Mailing address</i>      |                               | _____<br><i>City</i> | _____<br><i>State</i>                                   | _____<br><i>ZIP code</i> |
| (_____) _____<br><i>Phone number</i> | _____<br><i>Email address</i> |                      | _____<br><i>Additional email address, if applicable</i> |                          |

*\*This form may be signed either by using a digitized signature, see instructions at <https://www.iowacourts.gov/for-the-public/court-forms/>, or by printing and hand-signing.*



**Rule 13.35—Form 2: Affidavit in Support of Application Alleging Substance Use Disorder**

|                                                                                                                                                                            |                                                                                                                                                                                   |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>In the Iowa District Court for _____ County</b><br><small>County where Affidavit is filed</small>                                                                       |                                                                                                                                                                                   |
| <b>In the Matter of</b><br><br>_____<br><b>Respondent</b> <small>Full name: first, middle, last</small><br><br><b>Alleged to be a Person with a Substance Use Disorder</b> | <b>No.</b> _____<br><br><b>Affidavit in Support of Application Alleging Substance Use Disorder</b><br><br><div style="text-align: right;"><small>Iowa Code § 125.75</small></div> |

I, \_\_\_\_\_, state that I am acquainted with Respondent who resides at  
Full name: first, middle, last

\_\_\_\_\_  
Street address                      City                      County                      State                      ZIP code

and I believe Respondent is a person with a substance use disorder. In support of this belief, I state:

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

☐ Check this box if you have attached additional pages.

**Oath and signature**

I, \_\_\_\_\_, have read this Affidavit, and I certify under  
Print your full name: first, middle, last

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

\_\_\_\_\_, 20\_\_\_\_  
Month                      Day                      Year                      Affiant's signature\*

\_\_\_\_\_  
Mailing address                      City                      State                      ZIP code

(\_\_\_\_\_) \_\_\_\_\_  
Phone number                      Email address                      Additional email address, if applicable

\*This form may be signed either by using a digitized signature, see instructions at <https://www.iowacourts.gov/for-the-public/court-forms/>, or by printing and hand-signing.



## County where Application is filed

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

## Application for Appointment of Counsel for Respondent and Financial Statement

Iowa Code § 125.78

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*Print your full name: first, middle, last*

Check one

- ☐ Respondent
- ☐ Respondent's spouse
- ☐ Next friend of Respondent
- ☐ Guardian of Respondent

I request the court appoint counsel to represent Respondent at public expense because Respondent is financially unable to employ counsel.

## 2. Respondent's information

A. \_\_\_\_\_  
Respondent's full name: first, middle, last

| <i>Street address</i> | <i>City</i> | <i>State</i> | <i>ZIP code</i> |
|-----------------------|-------------|--------------|-----------------|
|-----------------------|-------------|--------------|-----------------|

| <i>Marital status</i> | <i>Number of dependents</i> |
|-----------------------|-----------------------------|
| Married               | 0                           |
| Married               | 1                           |
| Married               | 2                           |
| Married               | 3                           |
| Married               | 4                           |
| Married               | 5                           |
| Married               | 6                           |
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| Married               | 127                         |
| Married               | 128                         |
| Married               | 129                         |
| Married               | 130                         |
| Married               | 131                         |
| Married               | 132                         |
| Married               | 133                         |
| Married               | 134                         |
| Married               | 135                         |
| Married               | 136                         |
| Married               | 137                         |
| Married               | 138                         |
| Married               | 139                         |
| Married               | 140                         |
| Married               | 141                         |
| Married               | 142                         |
| Married               | 143                         |
| Married               | 144                         |
| Married               | 145                         |
| Married               | 146                         |
| Married               | 147                         |
| Married               | 148                         |
| Married               | 149                         |
| Married               | 150                         |
| Married               | 151                         |
| Married               | 152                         |
| Married               | 153                         |
| Married               | 154                         |
| Married               | 155                         |
| Married               | 156                         |
| Married               | 157                         |
| Married               | 158                         |
| Married               | 159                         |
| Married               | 160                         |
| Married               | 161                         |
| Married               | 162                         |
| Married               | 163                         |
| Married               | 164                         |
| Married               | 165                         |
| Married               | 166                         |
| Married               | 167                         |
| Married               | 168                         |
| Married               | 169                         |
| Married               | 170                         |
| Married               | 171                         |
| Married               | 172                         |
|                       |                             |

B. Respondent's age: \_\_\_\_\_.

C. Is Respondent currently in custody? ☐ Yes ☐ No

D. Respondent's employment status:

- ☐ Full-time
- ☐ Part-time (approximate hours per week: \_\_\_\_\_)
- ☐ Unemployed

*Continued on next page*



3. Respondent's income

A. Income Respondent currently receives before taxes and deductions:

*\*How often received?*

*W = Weekly B = Bi-weekly (every other week) M = Monthly Y = Yearly*

| Average current income for Respondent                                                                                                                    | Income               |        |
|----------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------|--------|
|                                                                                                                                                          | How often received?* | Amount |
|                                                                                                                                                          | <i>W, B, M, Y</i>    |        |
| (1) Wages from employer<br><i>Employer name:</i><br><i>Job title:</i>                                                                                    |                      | \$     |
| (2) Wages from employer<br><i>Employer name:</i><br><i>Job title:</i>                                                                                    |                      | \$     |
| (3) Unemployment assistance                                                                                                                              |                      | \$     |
| (4) Family Investment Program                                                                                                                            |                      | \$     |
| (5) Social Security                                                                                                                                      |                      | \$     |
| (6) Other<br><i>Identify:</i>                                                                                                                            |                      | \$     |
| (7) Other<br><i>Identify:</i>                                                                                                                            |                      | \$     |
| (8) Other<br><i>Identify:</i>                                                                                                                            |                      | \$     |
| (9) Totals from attached pages, if any<br><input type="checkbox"/> <i>Check this box if you have attached additional pages regarding income sources.</i> |                      | \$     |
| <b>Total</b><br><i>Total income received by Respondent</i>                                                                                               |                      | \$     |

B. Total income from the past 12 months from any source, before taxes and deductions:

\$ \_\_\_\_\_

C. Is Respondent's spouse working? ☐ Yes ☐ No

If yes, average wages before taxes and deductions: \$ \_\_\_\_\_

per: ☐ hour ☐ month ☐ year

*Continued on next page*



4. Respondent's assets

A. Real estate

| Type of real estate                     | Jointly owned?           | Market value<br><i>What it would sell for</i> | Debt <i>Total amount owed on debt and to whom owed</i> | Net value<br><i>Market value minus debt owed</i> |
|-----------------------------------------|--------------------------|-----------------------------------------------|--------------------------------------------------------|--------------------------------------------------|
| (1) Homestead<br><i>Address</i>         | <input type="checkbox"/> | \$                                            | \$<br>to:                                              | \$                                               |
| (2) Other real estate<br><i>Address</i> | <input type="checkbox"/> | \$                                            | \$<br>to:                                              | \$                                               |

☐ Check this box if you have attached additional pages.

B. Vehicles (includes cars, trucks, motorcycles, boats, and other motorized vehicles)

| Vehicle<br><i>Make (e.g., Ford), model, year</i> | Jointly owned?           | Market value<br><i>What it would sell for</i> | Debt <i>Total amount owed on debt and to whom owed</i> | Net Value<br><i>Market value minus debt owed</i> |
|--------------------------------------------------|--------------------------|-----------------------------------------------|--------------------------------------------------------|--------------------------------------------------|
| (1)                                              | <input type="checkbox"/> | \$                                            | \$<br>to:                                              | \$                                               |
| (2)                                              | <input type="checkbox"/> | \$                                            | \$<br>to:                                              | \$                                               |
| (3)                                              | <input type="checkbox"/> | \$                                            | \$<br>to:                                              | \$                                               |

☐ Check this box if you have attached additional pages.

C. Other assets, if any:

☐ Check this box if you have attached additional pages.

*Continued on next page*



5. Respondent's debts

| Debts and liabilities of Respondent                                                                                                                        | Debts and liabilities |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
|                                                                                                                                                            | Amount                |
| (1) Mortgage                                                                                                                                               | \$                    |
| (2) Car loan                                                                                                                                               | \$                    |
| (3) Credit card debt                                                                                                                                       | \$                    |
| (4) Other<br><i>Identify:</i>                                                                                                                              | \$                    |
| (5) Other<br><i>Identify:</i>                                                                                                                              | \$                    |
| (6) Other<br><i>Identify:</i>                                                                                                                              | \$                    |
| (7) Totals from attached pages, if any<br><input type="checkbox"/> <i>Check this box if you attached additional pages regarding debts and liabilities.</i> | \$                    |
| <b>Total</b>                                                                                                                                               | <b>\$</b>             |

6. Respondent's expenditures

| Type of expense                                             | Amount<br><i>Check one</i><br><input type="checkbox"/> monthly <input type="checkbox"/> annual |
|-------------------------------------------------------------|------------------------------------------------------------------------------------------------|
| (1) House payment or rent                                   | \$                                                                                             |
| (2) Food                                                    | \$                                                                                             |
| (3) Insurance <i>(health, dental, auto, etc.)</i>           | \$                                                                                             |
| (4) Utilities <i>(gas, electric, water, internet, etc.)</i> | \$                                                                                             |
| (5) Phone                                                   | \$                                                                                             |
| (6) Child support payments                                  | \$                                                                                             |
| (7) Car payment                                             | \$                                                                                             |

*Continued on next page*



Rule 13.35—Form 3: *Application for Appointment of Counsel for Respondent and Financial Statement*, continued

|                                                                                                                                                     |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----|
| (8) Credit card payments                                                                                                                            | \$ |
| (9) Other expense<br><i>Identify:</i>                                                                                                               | \$ |
| (10) Other expense<br><i>Identify:</i>                                                                                                              | \$ |
| (11) Other expense<br><i>Identify:</i>                                                                                                              | \$ |
| (12) Totals from attached pages, if any<br><input type="checkbox"/> <i>Check this box if you have attached additional pages regarding expenses.</i> | \$ |
| <b>Total</b><br><i>Total expenditures</i>                                                                                                           | \$ |

7. Oath and signature

I, \_\_\_\_\_, have read this Application, and I certify under  
*Print your full name: first, middle, last*

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

\_\_\_\_\_, 20\_\_\_\_  
*Month Day Year Applicant's signature\**

\_\_\_\_\_  
*Mailing address City State ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number Email address Additional email address, if applicable*

*\*This form may be signed either by using a digitized signature, see instructions at  
<https://www.iowacourts.gov/for-the-public/court-forms/>, or by printing and hand-signing.*



**Rule 13.35—Form 4: *Application for Appointment of Counsel for Applicant and Financial Statement***

In the Iowa District Court for \_\_\_\_\_ County

County where Application is filed

**In the Matter of**

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

**Respondent** *Full name: first, middle, last*

## Application for Appointment of Counsel for Applicant and Financial Statement

### Alleged to be a Person with a Substance Use Disorder

Iowa Code §§ 125.76, .78

1. I, \_\_\_\_\_, state that I am  
*Print your full name: first, middle, last*

the Applicant in this case, and pursuant to Iowa Code sections 125.76 and 125.78(2), I request the court appoint counsel to represent me at public expense because I am financially unable to employ counsel.

## 2. Applicant's information

A. \_\_\_\_\_  
Applicant's full name: first, middle, last

| Street address | City | State | ZIP code |
|----------------|------|-------|----------|
|----------------|------|-------|----------|

*Marital status* *Number of dependents*

B. Applicant's age: \_\_\_\_\_.

C. Applicant's employment status:

- ☐ Full-time
- ☐ Part-time (approximate hours per week: \_\_\_\_\_)
- ☐ Unemployed

### 3. Applicant's income

A. Income currently received by Applicant, before taxes and deductions:

\*How often received?

*W = Weekly B = Bi-weekly (every other week) M = Monthly Y = Yearly*

| Average current income for Applicant                                      | Income               |        |
|---------------------------------------------------------------------------|----------------------|--------|
|                                                                           | How often received?* | Amount |
|                                                                           | <i>W, B, M, Y</i>    |        |
| (1) Wages from employer<br><i>Employer name:</i><br><br><i>Job title:</i> |                      | \$     |

*Continued on next page*



Rule 13.35—Form 4: *Application for Appointment of Counsel for Applicant and Financial Statement*, continued

|                                                                                                                                                            |  |    |
|------------------------------------------------------------------------------------------------------------------------------------------------------------|--|----|
| (2) Wages from employer<br><i>Employer name:</i><br><i>Job title:</i>                                                                                      |  | \$ |
| (3) Wages from employer<br><i>Employer name:</i><br><i>Job title:</i>                                                                                      |  | \$ |
| (4) Unemployment assistance                                                                                                                                |  | \$ |
| (5) Family Investment Program                                                                                                                              |  | \$ |
| (6) Social Security                                                                                                                                        |  | \$ |
| (7) Other<br><i>Identify:</i>                                                                                                                              |  | \$ |
| (8) Other<br><i>Identify:</i>                                                                                                                              |  | \$ |
| (9) Other<br><i>Identify:</i>                                                                                                                              |  | \$ |
| (10) Totals from attached sheets, if any<br><input type="checkbox"/> <i>Check this box if you have attached additional pages regarding income sources.</i> |  | \$ |
| <b>Total</b><br><i>Total income received by Applicant</i>                                                                                                  |  | \$ |

- B. Total income from the past 12 months from any source, before taxes and deductions:  
\$ \_\_\_\_\_
- C. Is Applicant's spouse working? ☐ Yes ☐ No  
If yes, average wages before taxes and deductions: \$ \_\_\_\_\_  
per: ☐ hour ☐ month ☐ year

*Continued on next page*



**4. Applicant’s assets**

**A. Real estate**

| Type of real estate                     | Jointly owned?           | Market value<br><i>What it would sell for</i> | Debt <i>Total amount owed on debt and to whom owed</i> | Net value<br><i>Market value minus debt owed</i> |
|-----------------------------------------|--------------------------|-----------------------------------------------|--------------------------------------------------------|--------------------------------------------------|
| (1) Homestead<br><i>Address</i>         | <input type="checkbox"/> | \$                                            | \$<br>to:                                              | \$                                               |
| (2) Other real estate<br><i>Address</i> | <input type="checkbox"/> | \$                                            | \$<br>to:                                              | \$                                               |

☐ *Check this box if you have attached additional pages.*

**B. Vehicles (includes cars, trucks, motorcycles, boats, and other motorized vehicles)**

| Vehicle<br><i>Make (e.g., Ford), model, year</i> | Jointly owned?           | Market value<br><i>What it would sell for</i> | Debt <i>Total amount owed on debt and to whom owed</i> | Net Value<br><i>Market value minus debt owed</i> |
|--------------------------------------------------|--------------------------|-----------------------------------------------|--------------------------------------------------------|--------------------------------------------------|
| (1)                                              | <input type="checkbox"/> | \$                                            | \$<br>to:                                              | \$                                               |
| (2)                                              | <input type="checkbox"/> | \$                                            | \$<br>to:                                              | \$                                               |
| (3)                                              | <input type="checkbox"/> | \$                                            | \$<br>to:                                              | \$                                               |

☐ *Check this box if you have attached additional pages.*

**C. Other assets, if any:**

☐ *Check this box if you have attached additional pages.*

*Continued on next page*



5. Applicant's debts

| Debts and liabilities of Applicant                                                                                                                          | Debts and liabilities |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|
|                                                                                                                                                             | Amount                |
| (1) Mortgage                                                                                                                                                | \$                    |
| (2) Car loan                                                                                                                                                | \$                    |
| (3) Credit card debt                                                                                                                                        | \$                    |
| (4) Other<br><i>Identify:</i>                                                                                                                               | \$                    |
| (5) Other<br><i>Identify:</i>                                                                                                                               | \$                    |
| (6) Other<br><i>Identify:</i>                                                                                                                               | \$                    |
| (7) Totals from attached sheets, if any<br><input type="checkbox"/> <i>Check this box if you attached additional pages regarding debts and liabilities.</i> | \$                    |
| <b>Total</b>                                                                                                                                                | <b>\$</b>             |

6. Applicant's expenditures

| Type of expense                                             | Amount                                                                               |
|-------------------------------------------------------------|--------------------------------------------------------------------------------------|
|                                                             | <i>Check one</i><br><input type="checkbox"/> monthly <input type="checkbox"/> annual |
| (1) House payment or rent                                   | \$                                                                                   |
| (2) Food                                                    | \$                                                                                   |
| (3) Insurance <i>(health, dental, auto, etc.)</i>           | \$                                                                                   |
| (4) Utilities <i>(gas, electric, water, internet, etc.)</i> | \$                                                                                   |
| (5) Phone                                                   | \$                                                                                   |
| (6) Child support payments                                  | \$                                                                                   |
| (7) Car payment                                             | \$                                                                                   |

*Continued on next page*



Rule 13.35—Form 4: *Application for Appointment of Counsel for Applicant and Financial Statement*, continued

|                                                                                                                                                     |    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------|----|
| (8) Credit card payments                                                                                                                            | \$ |
| (9) Other expense<br><i>Identify:</i>                                                                                                               | \$ |
| (10) Other expense<br><i>Identify:</i>                                                                                                              | \$ |
| (11) Other expense<br><i>Identify:</i>                                                                                                              | \$ |
| (12) Totals from attached pages, if any<br><input type="checkbox"/> <i>Check this box if you have attached additional pages regarding expenses.</i> | \$ |
| <b>Total</b><br><i>Total expenditures</i>                                                                                                           | \$ |

**7. Oath and signature**

I, \_\_\_\_\_, have read this Application, and I certify under  
*Print your full name: first, middle, last*

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

\_\_\_\_\_, 20\_\_\_\_  
*Month Day Year Applicant's signature\**

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
*Mailing address City State ZIP code*

(\_\_\_\_\_) \_\_\_\_\_, \_\_\_\_\_  
*Phone number Email address Additional email address, if applicable*

*\*This form may be signed either by using a digitized signature, see instructions at <https://www.iowacourts.gov/for-the-public/court-forms/>, or by printing and hand-signing.*



## Rule 13.35—Form 5: Physician's Report of Examination

|                                                                                                                                                           |                                                                                                                                                                                                               |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>In the Iowa District Court for _____ County</b><br><i>County where Report is filed</i>                                                                 |                                                                                                                                                                                                               |
| <b>In the Matter of</b><br><br><b>Respondent</b> <i>Full name: first, middle, last</i><br><br><b>Alleged to be a Person with a Substance Use Disorder</b> | <b>No. _____</b><br><br><b>Physician's Report of Examination</b><br><br><div style="text-align: right; font-size: small;">             Iowa Code § 125.80<br/>             Iowa Ct. R. 13.13           </div> |

1. Date and time of examination: \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_:\_\_\_\_ ☐ a.m.  

*Month*
*Day*
*Year*
*Time*
☐ p.m.
2. Respondent's information:
  - A. Name: \_\_\_\_\_  

*Full name: first, middle, last*
  - B. Address: \_\_\_\_\_  

*Street address*
*City*
*State*
*ZIP code*
  - C. Date of birth: \_\_\_\_\_  

*Month*
*Day*
*Year*
  - D. Place of birth: \_\_\_\_\_
  - E. Sex: \_\_\_\_\_
  - F. Occupation: \_\_\_\_\_
  - G. Marital status: \_\_\_\_\_
  - H. Number of children: \_\_\_\_\_. Name(s): \_\_\_\_\_
  - I. Nearest relative: \_\_\_\_\_  

*Name: first, last*
*Relationship*

*Street address*
*City*
*State*
*ZIP code*
3. Is this an examination under Iowa Code section 125.80? ☐ Yes ☐ No
4. Did facility personnel assist with this exam? ☐ Yes ☐ No  
 If yes, provide that person's name: \_\_\_\_\_  

*Facility personnel's name*

*Business address*
*City*
*State*
*ZIP code*

Attach the facility personnel's report, if written

Continued on next page

5. In your judgment, is Respondent a person with a substance use disorder as defined by the American Psychiatric Association? ☐ Yes ☐ No  
*If yes, state diagnosis including supporting facts, symptoms, and overt acts*

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☐ Check this box if you have attached additional pages.

6. In your judgment, is Respondent a danger to self or others and lacks judgmental capacity due to a substance use disorder? ☐ Yes ☐ No  
*If yes, state what recent overt acts by Respondent lead you to this conclusion, including approximate date(s) and other relevant facts*

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☐ Check this box if you have attached additional pages.

7. In your judgment, is Respondent treatable and likely to benefit from treatment? ☐ Yes ☐ No  
*If yes, state recommendations and basis for recommendations*

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☐ Check this box if you have attached additional pages.

8. Can Respondent be evaluated on an outpatient basis? ☐ Yes ☐ No  
*Basis for answer*

---

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☐ Check this box if you have attached additional pages.

9. Can Respondent, without danger to self or others, be released to the custody of a relative or friend during the course of evaluation? ☐ Yes ☐ No  
*Basis for answer*

---

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☐ Check this box if you have attached additional pages.

10. Is full-time hospitalization necessary for evaluation? ☐ Yes ☐ No

*Continued on next page*

Rule 13.35—Form 5: *Physician's Report of Examination*, continued

- 11. Does Respondent have a prior history of other substance use disorders or physical or mental illness?** ☐ Yes ☐ No

*If yes, specify*

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☐ Check this box if you have attached additional pages.

- 12. Was Respondent medicated at the time of examination?** ☐ Yes ☐ No

*If yes, provide name(s) of the medication, dosage, approximate date and time administered, and probable effects on Respondent*

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☐ Check this box if you have attached additional pages.

**13. Signature**

\_\_\_\_\_  
*Signature\** *Printed name*

\_\_\_\_\_  
*Title\*\** *Name of facility*

\_\_\_\_\_  
*Mailing address*

\_\_\_\_\_  
*City* *State* *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*

\_\_\_\_\_  
*Email address* *Additional email address, if applicable*

\_\_\_\_\_, 20\_\_\_\_\_  
*Month* *Day* *Year*

*\*This form may be signed either by using a digitized signature, see instructions at <https://www.iowacourts.gov/for-the-public/court-forms/>, or by printing and hand-signing.*

*\*\*The Report of Examination must be filled out by a court-designated licensed physician and surgeon or osteopathic physician and surgeon or mental health professional. Iowa Code § 125.80(2).*



Rule 13.35—Form 6: *Stipulation Regarding Respondent's Presence*

In the Iowa District Court for \_\_\_\_\_ County  
*County where Stipulation is filed*

|                                                                                                                                                                     |                                                                                                                                          |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|
| <b>In the Matter of</b><br><br>_____,<br><b>Respondent</b> <i>Full name: first, middle, last</i><br><br><b>Alleged to be a Person with a Substance Use Disorder</b> | <b>No.</b> _____<br><br><b>Stipulation Regarding Respondent's Presence</b><br><br><div>Iowa Code § 125.82<br/>Iowa Ct. R. 13.19(2)</div> |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------|

1. I, \_\_\_\_\_, I am an attorney representing Respondent in this  
*Full name: first, middle, last*  
matter and stipulate that Respondent need not be present at the hearing to determine whether Respondent is a person with a substance use disorder.
2. On \_\_\_\_\_, 20\_\_\_\_, I conversed with Respondent about the  
*Month Day Year*  
hearing and Respondent's absence from the hearing.
3. In my judgment,  
A. ☐ Respondent can make no meaningful contribution to the hearing.  
B. ☐ Respondent has waived the right to be present at the hearing.  
I base this judgment on the following grounds:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ Check this box if you have attached additional pages.

4. **Attorney's signature**

\_\_\_\_\_/s/\_\_\_\_\_  
*Printed name Signature*

\_\_\_\_\_  
*Law firm, if applicable*

\_\_\_\_\_  
*Mailing address*

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
*City State ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number Attorney PIN number*

\_\_\_\_\_, \_\_\_\_\_  
*Email address Additional email address, if applicable*

\_\_\_\_\_, 20\_\_\_\_  
*Month Day Year*

[Court Order August 17, 2022, effective November 1, 2022; April 29, 2024, effective July 1, 2024]



Rule 13.35—Form 7: *Notice of Medication*

|                                                      |                       |
|------------------------------------------------------|-----------------------|
| In the Iowa District Court for _____ County          |                       |
| County where Notice is filed                         |                       |
| In the Matter of _____,                              | No. _____             |
| Respondent <i>Full name: first, middle, last</i>     | Notice of Medication  |
| Alleged to be a Person with a Substance Use Disorder | Iowa Code § 125.82(1) |

1. I, \_\_\_\_\_, physician, inform the court that Respondent was  
*Physician's name*  
medicated with the following: *Include the name(s) of the medication (including chemotherapy), dosage, and approximate date and time administered*

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

☐ Check this box if you have attached additional pages.

2. This medication may cause the following effects on Respondent:

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

☐ Check this box if you have attached additional pages.

3. Physician's signature

\_\_\_\_\_  
*Printed name* *Signature\**

\_\_\_\_\_  
*Name of facility*

\_\_\_\_\_  
*Mailing address*

\_\_\_\_\_  
*City* *State* *ZIP code*

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*

\_\_\_\_\_  
*Email address* *Additional email address, if applicable*

\_\_\_\_\_, 20\_\_\_\_  
*Month* *Day* *Year*

*\*This form may be signed either by using a digitized signature, see instructions at <https://www.iowacourts.gov/for-the-public/court-forms/>, or by printing and hand-signing.*


**Rule 13.35—Form 8: Application for Extension of Time for Evaluation**

|                                                                                                                                                                   |                                                                                                                                                                |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>In the Iowa District Court for _____ County</b><br><small>County where Application is filed</small>                                                            |                                                                                                                                                                |
| <b>In the Matter of</b><br><br><b>Respondent</b> <small>Full name: first, middle, last</small><br><br><b>Alleged to be a Person with a Substance Use Disorder</b> | <b>No. _____</b><br><br><b>Application for Extension of Time for Evaluation</b><br><br><div style="text-align: right;"><small>Iowa Code § 125.83</small></div> |

1. I, \_\_\_\_\_, chief medical officer of \_\_\_\_\_,  
Name of chief medical officer Hospital or facility  
 request an extension of time not to exceed seven days in order to complete the evaluation of Respondent.

2. I request this extension because:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

☐ Check this box if you have attached additional pages.

3. It is my opinion that this extension is in Respondent's best interests.

4. **Chief medical officer's signature**

\_\_\_\_\_  
Printed name Signature\*

\_\_\_\_\_  
Name of facility

\_\_\_\_\_  
Mailing address

\_\_\_\_\_  
City State ZIP code

(\_\_\_\_\_) \_\_\_\_\_  
Phone number

\_\_\_\_\_  
Email address Additional email address, if applicable

\_\_\_\_\_, 20\_\_\_\_\_  
Month Day Year

\*This form may be signed either by using a digitized signature, see instructions at <https://www.iowacourts.gov/for-the-public/court-forms/>, or by printing and hand-signing.


**Rule 13.35—Form 9: Report of Substance Use Disorder Evaluation**

|                                                                                                                                                           |                                                                                                                                                                                                                         |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>In the Iowa District Court for _____ County</b><br><i>County where Report is filed</i>                                                                 |                                                                                                                                                                                                                         |
| <b>In the Matter of</b><br><br><b>Respondent</b> <i>Full name: first, middle, last</i><br><br><b>Alleged to be a Person with a Substance Use Disorder</b> | <b>No. _____</b><br><br><b>Report of Substance Use Disorder Evaluation</b><br><br><div style="text-align: right; font-size: small;">             Iowa Code § 125.84<br/>             Iowa Ct. R. 13.24           </div> |

1. I, \_\_\_\_\_, of \_\_\_\_\_,  
*Full name Hospital or facility*  
 and for the Report of Substance Use Disorder Evaluation of Respondent, state the following.

2. Date and time of evaluation: \_\_\_\_\_, 20\_\_\_\_ at \_\_\_\_:\_\_\_\_ ☐ a.m.  
*Month Day Year Time* ☐ p.m.

3. State treatment Respondent received during the present evaluation period:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

☐ Check this box if you have attached additional pages.

4. Was Respondent medicated at the time of evaluation? ☐ Yes ☐ No  
*If yes, provide name(s) of the medication, dosage, approximate date and time administered, and probable effects on Respondent*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

☐ Check this box if you have attached additional pages.

5. In your opinion, is Respondent a person with a substance use disorder as defined by the American Psychiatric Association? ☐ Yes ☐ No  
*If yes, state diagnosis including supporting facts, symptoms, and overt acts*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

☐ Check this box if you have attached additional pages.

*Continued on next page*

Rule 13.35—Form 9: *Report of Substance Use Disorder Evaluation*, continued

6. In your opinion, is Respondent treatable and likely to benefit from treatment?

☐ Yes   ☐ No

*If yes, state recommendations and basis for recommendations*

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☐ *Check this box if you have attached additional pages.*

7. In your opinion, does Respondent have the capacity to understand the need for treatment?

☐ Yes   ☐ No

*If no, state basis for answer*

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☐ *Check this box if you have attached additional pages.*

8. In your opinion, is Respondent a danger to self or others and lacks judgmental capacity due to a substance use disorder?

☐ Yes   ☐ No

*If yes, state what recent overt acts by Respondent lead you to this conclusion, including approximate date(s) and other relevant facts*

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☐ *Check this box if you have attached additional pages.*

## 9. Proposed treatment and placement

In your opinion,

*Check one*

- A. ☐ Respondent does not, as of the date of this Report, require further treatment for a substance use disorder. Iowa Code § 125.84(1).
- B. ☐ Respondent is a person with a substance use disorder and in need of full-time custody, care, and treatment in a facility and is likely to benefit from treatment. Iowa Code § 125.84(2).

Recommended further treatment:

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☐ *Check this box if you have attached additional pages.*

*Continued on next page*

Rule 13.35—Form 9: *Report of Substance Use Disorder Evaluation*, continued

- C. ☐ Respondent is a person with a substance use disorder and in need of treatment but does not require full-time placement in a facility. Iowa Code § 125.84(3).

Recommended treatment on an outpatient or other appropriate basis:

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☐ Check this box if you have attached additional pages.

- D. ☐ Respondent is a person with a substance use disorder and in need of treatment but is not responding to the treatment provided. Iowa Code § 125.84(4).

Recommended alternative placement:

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☐ Check this box if you have attached additional pages.

10. State facts and reasons supporting your recommended treatment and that the treatment is the least restrictive and effective for Respondent:

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☐ Check this box if you have attached additional pages.

## 11. Signature

Printed name \_\_\_\_\_ Signature\* \_\_\_\_\_

Title \_\_\_\_\_ Name of facility \_\_\_\_\_

Mailing address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP code \_\_\_\_\_

(\_\_\_\_) \_\_\_\_\_  
Phone number

Email address \_\_\_\_\_ Additional email address, if applicable \_\_\_\_\_

\_\_\_\_\_, 20\_\_\_\_  
Month Day Year

\*This form may be signed either by using a digitized signature, see instructions at <https://www.iowacourts.gov/for-the-public/court-forms/>, or by printing and hand-signing.

**Rule 13.35—Form 10: Periodic Report (Respondent Inpatient)**

|                                                                                                                                                                             |                                                                                                                                                                                             |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>In the Iowa District Court for _____ County</b><br><small>County where Report is filed</small>                                                                           |                                                                                                                                                                                             |
| <b>In the Matter of</b><br><br>_____,<br><b>Respondent</b> <small>Full name: first, middle, last</small><br><br><b>Alleged to be a Person with a Substance Use Disorder</b> | No. _____<br><br><div style="text-align: center;"><b>Periodic Report<br/>(Respondent Inpatient)</b></div><br><br><div style="text-align: right;"><small>Iowa Code § 125.86(1)</small></div> |

1. I, \_\_\_\_\_, of \_\_\_\_\_,  
Full name Hospital or facility  
 and for the Periodic Report of Respondent, state the following.

2. An order for continued treatment of Respondent at this facility was entered on \_\_\_\_\_, 20\_\_\_\_.  
Month Day Year

3. State treatment Respondent received during the present evaluation period:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

☐ Check this box if you have attached additional pages.

4. In the opinion of the chief medical officer, Respondent's condition:

A. ☐ Has improved.

B. ☐ Remains unchanged.

C. ☐ Has deteriorated.

*Explanation*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

☐ Check this box if you have attached additional pages.

5. In your opinion, is Respondent a person with a substance use disorder as defined by the American Psychiatric Association? ☐ Yes ☐ No  
*If yes, state diagnosis including supporting facts and symptoms*  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

☐ Check this box if you have attached additional pages.

*Continued on next page*



Rule 13.35—Form 10: *Periodic Report (Respondent Inpatient)*, continued

6. In your opinion, is Respondent treatable and likely to benefit from treatment? ☐ Yes ☐ No  
*If yes, state recommendations and basis for recommendations*

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☐ Check this box if you have attached additional pages.

7. In your opinion, does Respondent have the capacity to understand the need for treatment? ☐ Yes ☐ No  
*If no, state basis for answer*

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☐ Check this box if you have attached additional pages.

8. In your opinion, is Respondent a danger to self or others and lacks judgmental capacity due to a substance use disorder? ☐ Yes ☐ No  
*If yes, state basis for answer*

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☐ Check this box if you have attached additional pages.

9. **Proposed treatment and placement**

In your opinion,  
*Check one*

- A. ☐ Respondent does not, as of the date of this Report, require further treatment for a substance use disorder. Iowa Code § 125.84(1).  
*Explanation*

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☐ Check this box if you have attached additional pages.



*If you checked 9(A), stop and sign below.*

*Continued on next page*



Rule 13.35—Form 10: *Periodic Report (Respondent Inpatient)*, continued

B. ☐ Respondent is a person with a substance use disorder and in need of full-time custody, care, and treatment in a facility and is considered likely to benefit from treatment. Iowa Code § 125.84(2).

(1) Estimated further length of time that Respondent will require treatment in a facility:

*Check one*

a. ☐ Is \_\_\_\_\_.

b. ☐ Cannot be determined at this time.

(2) Recommended further treatment:

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☐ *Check this box if you have attached additional pages.*

C. ☐ Respondent is a person with a substance use disorder and in need of treatment but does not require full-time placement in a facility. Iowa Code § 125.84(3).

Recommended treatment on an outpatient or other appropriate basis:

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☐ *Check this box if you have attached additional pages.*

D. ☐ Respondent is a person with a substance use disorder and in need of treatment but is not responding to the treatment provided. Iowa Code § 125.84(4).

Recommended alternative placement:

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☐ *Check this box if you have attached additional pages.*

10. State facts and reasons supporting your recommended treatment and that the treatment is the least restrictive and effective for Respondent:

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☐ *Check this box if you have attached additional pages.*

*Continued on next page*



Rule 13.35—Form 10: *Periodic Report (Respondent Inpatient)*, continued

11. Signature

|                        |            |                                                |                 |
|------------------------|------------|------------------------------------------------|-----------------|
| <hr/>                  |            | <hr/>                                          |                 |
| <i>Printed name</i>    |            | <i>Signature*</i>                              |                 |
| <hr/>                  |            | <hr/>                                          |                 |
| <i>Title</i>           |            | <i>Name of facility</i>                        |                 |
| <hr/>                  |            | <hr/>                                          |                 |
| <i>Mailing address</i> |            |                                                |                 |
| <hr/>                  |            |                                                |                 |
| <i>City</i>            |            | <i>State</i>                                   | <i>ZIP code</i> |
| <hr/>                  |            | <hr/>                                          | <hr/>           |
| (____)                 |            |                                                |                 |
| <i>Phone number</i>    |            |                                                |                 |
| <hr/>                  |            | <hr/>                                          |                 |
| <i>Email address</i>   |            | <i>Additional email address, if applicable</i> |                 |
| <hr/>                  |            | <hr/>                                          |                 |
| <hr/>                  |            | <hr/>                                          |                 |
| <i>Month</i>           | <i>Day</i> | <i>Year</i>                                    |                 |

*\*This form may be signed either by using a digitized signature, see instructions at <https://www.iowacourts.gov/for-the-public/court-forms/>, or by printing and hand-signing.*



Rule 13.35—Form 11: *Periodic Report (Respondent Outpatient)*

|                                                                                                                                                                     |                                                                                                                                                              |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>In the Iowa District Court for _____ County</b><br><i>County where Report is filed</i>                                                                           |                                                                                                                                                              |
| <b>In the Matter of</b><br><br>_____,<br><b>Respondent</b> <i>Full name: first, middle, last</i><br><br><b>Alleged to be a Person with a Substance Use Disorder</b> | <b>No.</b> _____<br><br><b>Periodic Report<br/>(Respondent Outpatient)</b><br><br><div style="text-align: right;"><small>Iowa Code § 125.86(2)</small></div> |

1. I, \_\_\_\_\_, of \_\_\_\_\_,  
*Full name Hospital or facility*  
and for the Periodic Report of Respondent, state the following.

2. An order for continued treatment of Respondent at this facility was entered on \_\_\_\_\_, 20\_\_\_\_.  
*Month Day Year*

3. State treatment Respondent received during the present evaluation period:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ *Check this box if you have attached additional pages.*

4. In the opinion of the chief medical officer, Respondent's condition:

A. ☐ Has improved.

B. ☐ Remains unchanged.

C. ☐ Has deteriorated.

*Explanation*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ *Check this box if you have attached additional pages.*

5. In your opinion, is Respondent a person with a substance use disorder as defined by the American Psychiatric Association? ☐ Yes ☐ No  
*If yes, state diagnosis including supporting facts and symptoms*  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

☐ *Check this box if you have attached additional pages.*

*Continued on next page*

Rule 13.35—Form 11: *Periodic Report (Respondent Outpatient)*, continued**6. In your opinion, is Respondent treatable and likely to benefit from treatment?**☐ Yes ☐ No*If yes, state recommendations and basis for recommendations*

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☐ *Check this box if you have attached additional pages.***7. In your opinion, does Respondent have the capacity to understand the need for treatment?**☐ Yes ☐ No*If no, state basis for answer*

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☐ *Check this box if you have attached additional pages.***8. In your opinion, is Respondent a danger to self or others and lacks judgmental capacity due to a substance use disorder?**☐ Yes ☐ No*If yes, state basis for answer*

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☐ *Check this box if you have attached additional pages.***9. Proposed treatment and placement**

In your opinion,

*Check one*

- A. ☐ Respondent does not, as of the date of this Report, require further treatment for a substance use disorder. Iowa Code § 125.84(1).

*Explanation*

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☐ *Check this box if you have attached additional pages.**If you checked 9(A), stop and sign below.**Continued on next page*



Rule 13.35—Form 11: *Periodic Report (Respondent Outpatient)*, continued

- B. ☐ Respondent is a person with a substance use disorder and in need of full-time custody, care, and treatment in a facility and is considered likely to benefit from treatment. Iowa Code § 125.84(2).

Recommended further treatment:

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☐ Check this box if you have attached additional pages.

- C. ☐ Respondent is a person with a substance use disorder and in need of treatment but does not require full-time placement in a facility. Iowa Code § 125.84(3).

- (1) Estimated further length of time Respondent will require treatment on an outpatient or other appropriate basis:

Check one

a. ☐ Is \_\_\_\_\_.

b. ☐ Cannot be determined at this time.

- (2) Recommended further treatment:

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☐ Check this box if you have attached additional pages.

- D. ☐ Respondent is a person with a substance use disorder and in need of treatment but is not responding to the treatment provided. Iowa Code § 125.84(4).

Recommended alternative placement:

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☐ Check this box if you have attached additional pages.

10. State facts and reasons supporting your recommended treatment and that the treatment is the least restrictive and effective for Respondent:

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☐ Check this box if you have attached additional pages.

*Continued on next page*



Rule 13.35—Form 11: *Periodic Report (Respondent Outpatient)*, continued

11. Signature

|                        |            |                                                |                 |
|------------------------|------------|------------------------------------------------|-----------------|
| <hr/>                  |            | <hr/>                                          |                 |
| <i>Printed name</i>    |            | <i>Signature*</i>                              |                 |
| <hr/>                  |            | <hr/>                                          |                 |
| <i>Title**</i>         |            | <i>Name of facility</i>                        |                 |
| <hr/>                  |            | <hr/>                                          |                 |
| <i>Mailing address</i> |            |                                                |                 |
| <hr/>                  |            |                                                |                 |
| <i>City</i>            |            | <i>State</i>                                   | <i>ZIP code</i> |
| <hr/>                  |            | <hr/>                                          | <hr/>           |
| <i>( )</i>             |            | <hr/>                                          |                 |
| <i>Phone number</i>    |            |                                                |                 |
| <hr/>                  |            | <hr/>                                          |                 |
| <i>Email address</i>   |            | <i>Additional email address, if applicable</i> |                 |
| <hr/>                  |            | <hr/>                                          |                 |
| <i>Month</i>           | <i>Day</i> | <i>Year</i>                                    |                 |
| <hr/>                  | <hr/>      | <hr/>                                          |                 |

*\*This form may be signed either by using a digitized signature, see instructions at <https://www.iowacourts.gov/for-the-public/court-forms/>, or by printing and hand-signing.*

*\*\*A **psychiatric advanced registered nurse practitioner** treating Respondent may complete this Periodic Report. Iowa Code § 125.86(3)(a).*

*An **advanced registered nurse practitioner** who is not certified as a psychiatric advanced registered nurse practitioner but who meets the qualifications of a mental health professional may complete this Periodic Report. Iowa Code § 125.86(3)(b).*

[Court Order August 17, 2022, effective November 1, 2022; April 29, 2024, effective July 1, 2024]



Rule 13.35—Form 12: *Report of Respondent's Discharge*

|                                                                                                                                                                                                                                                    |                                                  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------|
| In the Iowa District Court for _____ County                                                                                                                                                                                                        |                                                  |
| County where Report is filed                                                                                                                                                                                                                       |                                                  |
| In the Matter of _____                                                                                                                                                                                                                             | No. _____                                        |
| Respondent <i>Full name: first, middle, last</i>                                                                                                                                                                                                   | Report of Respondent's Discharge                 |
| Alleged to be a Person with a Substance Use Disorder                                                                                                                                                                                               | Iowa Code § 125.85(4)                            |
| I, _____, administrator of _____                                                                                                                                                                                                                   |                                                  |
| Full name                                                                                                                                                                                                                                          | Facility                                         |
| inform the court that Respondent was discharged from this facility or treatment on                                                                                                                                                                 |                                                  |
| _____, 20____.                                                                                                                                                                                                                                     |                                                  |
| Month                                                                                                                                                                                                                                              | Day Year                                         |
| Signature                                                                                                                                                                                                                                          |                                                  |
| _____<br>Printed name                                                                                                                                                                                                                              | _____<br>Signature*                              |
| _____<br>Title                                                                                                                                                                                                                                     | _____<br>Name of facility                        |
| _____<br>Mailing address                                                                                                                                                                                                                           |                                                  |
| _____<br>City                                                                                                                                                                                                                                      | _____<br>State                                   |
| _____<br>(_____) _____<br>Phone number                                                                                                                                                                                                             | _____<br>ZIP code                                |
| _____<br>Email address                                                                                                                                                                                                                             | _____<br>Additional email address, if applicable |
| _____, 20____.                                                                                                                                                                                                                                     |                                                  |
| Month                                                                                                                                                                                                                                              | Day Year                                         |
| *This form may be signed either by using a digitized signature, see instructions at <a href="https://www.iowacourts.gov/for-the-public/court-forms/">https://www.iowacourts.gov/for-the-public/court-forms/</a> , or by printing and hand-signing. |                                                  |

[Court Order August 17, 2022, effective November 1, 2022; April 29, 2024, effective July 1, 2024]



**Rule 13.35—Form 13: Notice of Appeal from Findings of Magistrate or Judicial Hospitalization Referee**

|                                                                                                                                                                     |                                                                                                                                                                                                                           |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>In the Iowa District Court for _____ County</b><br><i>County where Notice is filed</i>                                                                           |                                                                                                                                                                                                                           |
| <b>In the Matter of</b><br><br>_____,<br><b>Respondent</b> <i>Full name: first, middle, last</i><br><br><b>Alleged to be a Person with a Substance Use Disorder</b> | No. _____<br><br><div style="text-align: center;"><b>Notice of Appeal from Findings of Magistrate or Judicial Hospitalization Referee</b></div><br><br><div style="text-align: right;"><i>Iowa Code § 229.21(3)</i></div> |

1. To: The clerk of the district court for \_\_\_\_\_ County.  
*County where Notice is filed*
2. Respondent appeals to the district court the findings of the magistrate or judicial hospitalization referee that Respondent is a person with a substance use disorder, made on \_\_\_\_\_, 20\_\_\_\_.  

*Month*
*Day*
*Year*
3. Respondent requests a review of this matter by a judge of the district court in accordance with Iowa Code section 229.21(3).
4. **Signature**

\_\_\_\_\_  
*Printed name* *Signature\**

Date: \_\_\_\_\_, 20\_\_\_\_.  

*Month*
*Day*
*Year*

Signed by:

*Check one*

- ☐ Respondent
- ☐ Attorney
- ☐ Next friend of Respondent
- ☐ Guardian of Respondent

*\*This form may be signed either by using a digitized signature, see instructions at <https://www.iowacourts.gov/for-the-public/court-forms/>, or by printing and hand-signing.*



**Rule 13.35—Form 14a: Claim for Attorney Fees**

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                            |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------|
| <b>In the Iowa District Court for _____ County</b><br><i>County this Claim is filed</i>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                            |
| <b>In the Matter of</b><br><br><b>Respondent</b> <i>Full name: first, middle, last</i><br><br><b>Alleged to be a Person with a Substance Use Disorder</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | <b>No.</b> _____<br><br><b>Claim for Attorney Fees</b><br><br><i>Iowa Code § 125.78(1)</i> |
| <p>1. I, the undersigned attorney, state that the court appointed me to represent Respondent, alleged to be a person with a substance use disorder, pursuant to Iowa Code section 125.78(1), and that I have completed representation of Respondent in this matter as set forth in the itemized statement provided with this Claim and that I have not directly or indirectly received or entered into a contract to receive any compensation for such services from any sources.</p> <p>2. I request an order to be compensated in accordance with the provisions of Iowa Code section 125.78(1).</p> <p>3. <b>Oath and signature</b></p> <p>I, _____, have read this Claim, and I certify under<br/><i>Print your full name: first, middle, last</i></p> <p>penalty of perjury and pursuant to the laws of the State of Iowa that the information provided in this Claim is true and correct.</p> <p>_____, 20____ /s/ _____<br/><i>Month Day Year Claimant's signature</i></p> <p>_____<br/><i>Mailing address</i></p> <p>_____<br/><i>City</i></p> <p>_____<br/><i>State</i></p> <p>_____<br/><i>ZIP code</i></p> <p>(_____) _____<br/><i>Phone number Email address</i></p> <p>_____<br/><i>Additional email address, if applicable</i></p> <p>_____<br/><i>Attorney PIN number</i></p> |                                                                                            |

Rule 13.35—Form 14b: *Claim for Physician Fees*

|                                                                                                                                                                             |                                                                                                                                                                           |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>In the Iowa District Court for _____ County</b><br><small>County where Claim is filed</small>                                                                            |                                                                                                                                                                           |
| <b>In the Matter of</b><br><br>_____,<br><b>Respondent</b> <small>Full name: first, middle, last</small><br><br><b>Alleged to be a Person with a Substance Use Disorder</b> | No. _____<br><br><div style="text-align: center;"><b>Claim for Physician Fees</b></div><br><br><div style="text-align: right;"><small>Iowa Code § 125.80(1)</small></div> |

1. I, the undersigned physician, state that pursuant to Iowa Code section 125.80(1), I examined Respondent, alleged to be a person with a substance use disorder, and that services have been completed as set forth in the itemized statement provided with this Claim and that I have not directly or indirectly received or entered into a contract to receive any compensation for such services from any sources.
2. I request an order to be compensated in accordance with the provisions of Iowa Code section 125.80(1).

**3. Oath and signature**

I, \_\_\_\_\_, have read this Claim, and I certify under  
Print your full name: first, middle, last

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

\_\_\_\_\_, 20\_\_\_\_  
Month Day Year Claimant's signature\*

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Mailing address City State ZIP code

(\_\_\_\_\_) \_\_\_\_\_, \_\_\_\_\_  
Phone number Email address Additional email address, if applicable

\*This form may be signed either by using a digitized signature, see instructions at <https://www.iowacourts.gov/for-the-public/court-forms/>, or by printing and hand-signing.