

In the Supreme Court of Iowa

In the Matter of Rules for)
Involuntary Commitment or)
Treatment of Persons with) **Order**
Substance-Related Disorders—)
Chapter 13 of the Iowa Court)
Rules)



The 2011 Iowa Legislature enacted amendments to Iowa Code Chapters 125 and 229 that will take effect on July 1 of this year. See 2011 Iowa Acts Ch. 121, Division V Section 62. The amendments involve various changes in the statutory terminology related to substance disorders. Thus, the legislation collectively replaces “substance abusers,” “chronic substance abusers,” and “persons suffering from chemical dependency” with the term “persons with substance-related disorders.” Other changes include replacing “substance abuse” with “substance misuse” and “chief medical officer” with “attending physician.” An “intoxicated or incapacitated person” is replaced with “a person with a substance-related disorder due to intoxication or substance-induced incapacitation.”

These terminology changes require the court to revise Chapter 13 of the Iowa Court Rules in its present form and to rescind and replace the 29 court forms in Rule 13.35 of Chapter 13. Rule 13.35 includes forms for applications seeking involuntary commitment or treatment of persons with substance-related disorders, applications for appointment of counsel, various treatment-related reports that Iowa Code section 125 requires, and a variety of procedural steps in the commitment process.

In addition to changing terminology on the forms for involuntary commitment or treatment of persons with substance-related disorders, the new

forms make minor nonsubstantive changes. Substantively, the forms have not changed.

Effective **July 1, 2012**, the Court amends Chapter 13 of the Iowa Court Rules, Rules for Involuntary Commitment or Treatment of Chronic Substance Abusers, rescinds the Rule 13.35 Forms for Involuntary Commitment of Treatment of Chronic Substance Abusers, and adopts the revised Rule 13.35 Forms for Involuntary Commitment or Treatment of Persons Suffering With Substance-Related Disorders attached to this Order.

Because these forms are not being rolled out with advance notice, the court recognizes that parties and judicial officers may continue to use the former forms for a period of time. It is the court's hope and expectation, however, that a transition to the new forms will occur as soon as possible.

Dated this 29~~th~~ day of June, 2012.

The Supreme Court of Iowa

By Mark S. Cady
Mark S. Cady, Chief Justice

CHAPTER 13
RULES FOR INVOLUNTARY COMMITMENT OR TREATMENT
OF ~~CHRONIC SUBSTANCE ABUSERS~~ PERSONS WITH
SUBSTANCE-RELATED DISORDERS

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CHAPTER 13
RULES FOR INVOLUNTARY COMMITMENT OR TREATMENT
OF ~~CHRONIC SUBSTANCE ABUSERS~~ PERSONS WITH
SUBSTANCE-RELATED DISORDERS

Rule 13.1 Application — forms obtained from clerk. A form for application seeking the involuntary commitment or treatment of any person on grounds of ~~chronic substance abuse~~substance-related disorder may be obtained from the clerk of court in the county in which the person whose commitment is sought resides or is presently located. Such application may be filled out and presented to the clerk by any person who has an interest in the treatment of another for ~~chronic substance abuse~~substance-related 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.

[Report 1984; 1995; November 9, 2001, effective February 15, 2002]

See rule 13.35, Forms 1, 2

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 ~~abuse~~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]

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 ~~abuse~~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]

See rule 13.35, Form 3

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]

See rule 13.35, Form 11

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]
See rule 13.35, Form 10

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 ~~chronic substance abuser~~ person with a substance-related 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]

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

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]
See rule 13.35, Form 12

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 ~~chronic substance abuser~~person with a substance-related 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]

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]

See rule 13.35, Forms 16 and 17

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 ~~chief medical officer~~attending physician or the ~~officer's~~physician's designee. The evaluation must state with reasonable particularity the basis for the diagnostic conclusions concerning the respondent's substance ~~abuse~~misuse and recommended treatment. The evaluation shall specify the basis for the ~~medical officer~~attending physician's conclusions regarding respondent's substance ~~abuse~~misuse, capacity to understand the need for treatment, and dangerousness. The evaluation also shall specify the basis for the ~~medical officer~~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]

See rule 13.35, Form 18

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]

See rule 13.35, Form 28

Rule 13.28 Emergency detention — ~~medical officer~~attending physician absent from facility. If the facility to which the respondent is delivered pursuant to Iowa Code section 125.91 lacks a ~~an chief medical officer~~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]

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 ~~chief medical officer~~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]

Rules 13.31 to 13.34 Reserved.

Rule 13.35 — Form 1: Application Alleging Substance-Related Disorder Pursuant to Iowa Code Section 125.75.

In the Iowa District Court for _____ County

In the Matter of:

_____,
Alleged to be a Person with a
Substance-related Disorder

Respondent.

No. _____

**Application Alleging Substance-
Related Disorder Pursuant To Iowa
Code Section 125.75**

I, _____, of _____, allege that
(address)

Respondent is a person with a substance-related disorder. In support thereof, I state as follows:

Based on the above facts, I believe respondent is a danger to himself or herself or others.

Do you request the Respondent be taken into immediate custody? Yes No

- Attached hereto is a written statement of a licensed physician in support of this application.
- Attached hereto is an affidavit corroborating these allegations.

Applicant

State of Iowa _____ County } ss:

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

Applicant

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

Notary Public in and for the State of Iowa

Rule 13.35 — Form 2: Affidavit in Support of Application Alleging Substance-Related Disorder Pursuant to Iowa Code Section 125.75.

In the Iowa District Court for _____ County

In the Matter of:

_____,
Alleged to be a Person with a
Substance-related Disorder

Respondent.

No. _____

**Affidavit in Support of Application
Alleging Substance-related Disorder
Pursuant to Iowa Code Section 125.75**

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

_____,
(street) (city) (county)
Iowa, and that I believe Respondent is a person with a substance-related disorder.

In support thereof, I state as follows:

By _____

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

Clerk of District Court
(or) Notary Public in and for the State of Iowa

Rule 13.35 — Form 3: Notice to Respondent Pursuant to Iowa Code Section 125.77.

In the Iowa District Court for _____ County

In the Matter of:

_____,
Alleged to be a Person with a
Substance-Related Disorder,
Respondent.

No. _____

**Notice to Respondent
Pursuant to
Iowa Code Section 125.77**

To: _____

There is now on file with the clerk of the district court of _____ County, Iowa, a verified application alleging that Respondent is a person with a substance-related disorder and a fit subject for custody and treatment, as shown by the application and (report of the physician) (supporting affidavits) on file in this proceeding. Copies of these documents are attached. This application will come on for hearing before the _____ County Court on the ___ day of _____, 20___, at ___ o'clock __.m. The court thereafter will enter an appropriate order.

You have the following rights in connection with this matter:

- 1. The right to the assistance of an attorney.** If you cannot afford an attorney, one will be appointed for you at public expense.
- 2. The right to an examination by a physician of your own choosing.** If you cannot afford an examination by your physician, you may have such an examination at public expense.
- 3. The right to a hearing within 5 days** (unless the fifth day is a Saturday, Sunday, or a holiday), and no sooner than 48 hours (excluding Saturdays, Sundays, and holidays), if you are now in custody.
- 4. The right to a hearing no sooner than 48 hours after service of this notice** (excluding Saturdays, Sundays, and holidays), and no later than 48 hours after the report of a court-appointed physician is filed (excluding Saturdays, Sundays, and holidays), if you are not now in custody.
- 5. The right to be present at the hearing.**

You are advised that:

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

Magistrate/Judge/Judicial Hospitalization Referee

If you need assistance to participate in court due to a disability, call the disability coordinator at _____. Persons who are hearing or speech impaired may call Relay Iowa TTY (800-735-2942). **Disability coordinators cannot provide legal advice.**

RETURN OF SERVICE

State of Iowa }
_____ County } ss:

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

Sheriff, _____ County

By _____
Deputy Sheriff

Rule 13.35 — Form 4: Order for Immediate Custody Pursuant to Iowa Code Section 125.81.

In the Iowa District Court for _____ County

In the Matter of:

_____,
Alleged to be a Person with a
Substance-related Disorder

Respondent.

No. _____

**Application Alleging Substance-
Related Disorder Pursuant To Iowa
Code Section 125.75**

A request has been presented that Respondent should be immediately detained due to a substance-related disorder. After review of the application and supporting documentation, I find there is probable cause to believe Respondent is a person with a substance-related disorder and is likely to injure himself or herself or others if allowed to remain at liberty.

This finding is based on the following facts:

Check the appropriate one of these provisions:

- I hereby order that Respondent should be immediately detained in the custody of _____ until the hearing date pursuant to Iowa Code section 125.81(1).
- Because I find the less restrictive alternative of custody pursuant to Iowa Code section 125.81(1) will not be sufficient to protect Respondent from himself or herself or others, I hereby order that Respondent shall be detained at _____ until the hearing date pursuant to Iowa Code section 125.81(2).

Magistrate/Judge/Judicial Hospitalization Referee

If you need assistance to participate in court due to a disability, call the disability coordinator at _____. Persons who are hearing or speech impaired may call Relay Iowa TTY (800-735-2942). **Disability coordinators cannot provide legal advice.**

Rule 13.35 — Form 5: Application for Appointment of Respondent's Counsel and Financial Statement.

In the Iowa District Court for _____ County	
In the Matter of: _____, Alleged to be a Person with a Substance-related Disorder Respondent.	No. _____ Application for Appointment of Respondent's Counsel and Financial Statement

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

Name: _____
Address: _____
Marital Status: _____
Number and age of dependents: _____
Business or employment: _____
Average weekly earnings: _____
Total income past 12 months: _____

Is Respondent now in custody: Yes No If no, is Respondent working and at what salary:

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

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

List balance of bank accounts of Respondent and spouse: _____

List all sources of income other than salary from employment: _____

Describe real estate owned, if any, and value thereof: _____

Total amount of debts: _____

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

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

By _____

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

Notary Public in and for the State of Iowa

Rule 13.35 — Form 6: Order Appointing Respondent's Attorney Pursuant to Iowa Code Section 125.78.

In the Iowa District Court for _____ County

In the Matter of:

_____,
Alleged to be a Person with a
Substance-Related Disorder,

Respondent.

No. _____

**Order Appointing Respondent's
Attorney Pursuant to
Iowa Code Section 125.78**

Now, on this ____ day of _____, 20____, on application previously filed with the court or judicial hospitalization referee, alleging that the above-named Respondent is a person with a substance-related disorder, and upon which hearing was set for the ____ day of _____, 20____, and upon showing made that Respondent is unrepresented at this time and that no arrangements have been made either by Respondent or any member of Respondent's family to procure such representation, it is **now ordered** that _____, a regular practicing attorney in _____ County, Iowa, is appointed to represent Respondent at this hearing and at each subsequent hearing at which the subject matter of this cause is under consideration.

Magistrate/Judge/ Judicial Hospitalization Referee

Rule 13.35 — Form 7: Application for Appointment of Applicant's Counsel and Financial Statement Pursuant to Iowa Code Section 125.76.

In the Iowa District Court for _____ County

In the Matter of:

_____,
Alleged to be a Person with a
Substance-Related Disorder,

Respondent.

No. _____

**Application for Appointment of
Applicant's Counsel and Financial
Statement Pursuant to
Iowa Code Section 125.76**

I, the undersigned, being first sworn, depose and state that I am the Applicant, and I request the court to appoint counsel to represent me at public expense, pursuant to Iowa Code sections 125.76 and 125.78(2). I submit the following statement relating to my financial condition in support of this Application.

Name: _____

Address: _____

Marital status: Married Single

Number of dependants: _____ Ages of dependants: _____

Business or employment: _____

Average weekly earnings: _____

Total income past 12 months: _____

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

Motor vehicles: List make, year, amount owed on the vehicle if any, and in whose name the title is registered. _____

List balance of bank accounts of applicant and spouse: _____

List all sources of income other than salary from employment: _____

Describe real estate owned, if any, and value thereof: _____

Total amount of debts: _____

Listed on the reverse side of this form are all other assets I own, other than clothing and personal effects. The foregoing statements are true to the best of my knowledge, are made under penalty of perjury, and are made in support of application for appointment of legal counsel because I am financially unable to employ counsel.

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

Notary Public in and for the State of Iowa

Rule 13.35 — Form 8: Order Appointing Applicant’s Attorney Pursuant to Iowa Code Section 125.78(2).

In the Iowa District Court for _____ County

In the Matter of:

_____,
Alleged to be a Person with a
Substance-Related Disorder,

Respondent.

No. _____

**Order Appointing Applicant’s
Attorney Pursuant to
Iowa Code Section 125.78(2)**

Now, on this ____ day of _____, 20 ____, on application previously filed with the court or the judicial hospitalization referee, alleging that Respondent is a person with a substance-related disorder, and upon which hearing was set for the ____ day of _____, 20 ____, and upon showing made that Applicant is unrepresented at this time, that a court-appointed attorney is necessary to assist Applicant in presenting the evidence, and that Applicant is financially unable to employ an attorney, it is **now ordered** that _____, a regular practicing attorney in _____ County, Iowa, is hereby appointed to represent Applicant at this hearing and at each subsequent hearing at which the subject matter of this cause is under consideration.

Magistrate/Judge/ Judicial Hospitalization Referee

Rule 13.35 — Form 9: Appointment of Physician Pursuant to Iowa Code Section 125.78.

In the Iowa District Court for _____ County

In the Matter of:

_____,
Alleged to be a Person with a
Substance-Related Disorder,

Respondent.

No. _____

**Appointment of Physician Pursuant
to Iowa Code Section 125.78**

To _____, a regular practicing physician of _____ County, Iowa:

This court or this judicial hospitalization referee has before it an application alleging that Respondent is a person with a substance-related disorder, and is a fit subject for custody and treatment. Therefore, the court or judicial hospitalization referee hereby appoints you to make a personal examination of Respondent regarding the allegations of the application and the respondent's actual condition.

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

Magistrate/Judge/Judicial Hospitalization Referee

Note to Examining Physician:

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

In the Iowa District Court for _____ County

In the Matter of:

_____,
Alleged to be a Person with a
Substance-Related Disorder,

Respondent.

No. _____

**Physician's Report of Examination
Pursuant to Iowa Code Section
125.80**

Date and Time of Examination: _____

1. Respondent's name: _____

2. Address: _____
(street) (city or town) (county) (state)

3. Date of birth: _____
(day) (month) (year)

4. Place of birth: _____

5. Sex: _____

6. Occupation: _____

7. Marital status: Single Married Divorced

8. Number of children: _____

9. Nearest relative's name: _____ relationship: _____
address: _____
(street) (city or town) (county) (state)

10. Is this examination conducted under Iowa Code section 125.80? Yes No

11. Did a qualified mental health professional assist with this exam? Yes No
If so, name that individual: _____
Please provide address: _____
If the professional's report is written, please attach.

12. In your judgment is respondent a person with a substance-related disorder? Yes No
If so, state diagnosis and supporting observations or medical history: _____

13. In your judgment is respondent capable of making responsible decisions with respect to
hospitalization or treatment? Yes No If not, state supporting observations or
medical history: _____

14. In your judgment, is the respondent treatable? Yes No If yes, state diagnosis and supporting observations or medical history: _____

15. In your judgment, is the respondent likely to physically injure himself or herself or others? Yes No

If yes, what has led you to this conclusion? _____

16. In your judgment, is the respondent likely to inflict severe emotional injury on those who cannot avoid contact with Respondent? Yes No

17. Can Respondent be evaluated on an out-patient basis? Yes No

Basis for answer: _____

18. 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

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

20. Does Respondent have a prior history of treatment for a substance-related disorder?

Yes No If so, please specify: _____

21. Has Respondent been medicated within 12 hours of the time of the hearing?

Yes No If so, supply the probable effects of the medication: _____

Medicine: _____

Dosage: _____

Time: _____

Signed: _____

Physician

Address: _____

Rule 13.35 — Form 11: Order for Continuance Pursuant to Iowa Code Section 125.80(4).

In the Iowa District Court for _____ County

In the Matter of:

_____,
Alleged to be a Person with a
Substance-Related Disorder,

Respondent.

No. _____

**Order for Continuance Pursuant
to Iowa Code Section 125.80(4)**

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

Dated this ____ day of _____, 20 ____.

Magistrate/Judge/Judicial Hospitalization Referee

Rule 13.35 — Form 12: Stipulation Pursuant to Iowa Code Section 125.82 and Rule 13.19.

In the Iowa District Court for _____ County

In the Matter of:

_____,
Alleged to be a Person with a
Substance-Related Disorder,

Respondent.

No. _____

**Stipulation Pursuant to Iowa Code
Section 125.82 and Rule 13.19**

It is hereby stipulated that Respondent need not be present at the hearing to determine if Respondent is a person with a substance-related disorder.

(1) I have conversed with Respondent about the hearing and Respondent's absence on (date) _____.

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

Date: _____

Respondent's Attorney

Rule 13.35 — Form 13: Notice of Medication Pursuant to Iowa Code Section 125.82(1).

In the Iowa District Court for _____ County

In the Matter of:

_____,
Alleged to be a Person with a
Substance-Related Disorder,

Respondent.

No. _____

**Notice of Medication Pursuant
to Iowa Code Section 125.82(1)**

I hereby certify that Respondent was medicated at _____ a.m./p.m. on the _____ day of
_____, 20 ____.

The probable effects of the medication are as follows:

The medication: may probably will not affect Respondent's ability to understand the
nature of these proceedings.

Physician

Rule 13.35 — Form 14: Discharge and Termination of Proceedings Pursuant to Iowa Code Section 125.82(4).

In the Iowa District Court for _____ County

In the Matter of:

_____,
Alleged to be a Person with a
Substance-Related Disorder,

Respondent.

No. _____

**Discharge and Termination of
Proceedings Pursuant to Iowa Code
Section 125.82(4)**

A hearing was held on the ____ day of _____, 20 ____, pertaining to Respondent's alleged substance-related disorder. All relevant and material evidence was presented.

This court finds the contention that Respondent has a substance-related disorder has not been sustained by clear and convincing evidence.

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

It is further ordered that Respondent be released from custody.

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

Dated this ____ day of _____, 20 ____.

Magistrate/Judge/Judicial Hospitalization Referee

Rule 13.35 — Form 15: Findings of Fact and Order Pursuant to Iowa Code Section 125.83.

In the Iowa District Court for _____ County

In the Matter of:

_____,
Alleged to be a Person with a
Substance-Related Disorder,

Respondent.

No. _____

**Findings of Fact and Order
Pursuant to
Iowa Code Section 125.83**

A hearing on this matter was held on the ____ day of _____, 20 _____. The court finds the contention that Respondent has a substance-related disorder has been sustained by clear and convincing evidence.

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

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

Dated this ____ day of _____, 20 ____.

Magistrate/Judge/Judicial Hospitalization Referee

Rule 13.35 — Form 16: Application for Order for Extension of Time for Evaluation Pursuant to Iowa Code Section 125.83.

In the Iowa District Court for _____ County

In the Matter of:

_____,
Alleged to be a Person with a
Substance-Related Disorder,

Respondent.

No. _____

**Application for Order for Extension
of Time for Evaluation Pursuant to
Iowa Code Section 125.83**

I, the facility administrator of _____
(name of facility)

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

I request this extension because:

Dated this ____ day of _____, 20 ____.

Facility Administrator

Rule 13.35 — Form 17: Order for Extension of Time Pursuant to Iowa Code Section 125.83.

In the Iowa District Court for _____ County

In the Matter of:

_____ ,

Respondent.

No. _____

**Order for Extension of Time Pursuant to
Iowa Code Section 125.83**

An application for extension of time for evaluation in this matter having been presented to the court or judicial hospitalization referee this ____ day of _____, 20 ____, and upon a showing of good cause; **it is ordered** that the extension of time be granted for a period not to exceed 7 days beyond the initial 15-day evaluation period set out in Iowa Code section 125.83.

Dated this ____ day of _____, 20 ____.

Magistrate/Judge/Judicial Hospitalization Referee

Rule 13.35 — Form 18: Report of the Attending Physician's Substance-Related Disorder Evaluation Pursuant to Iowa Code Section 125.84.

In the Iowa District Court for _____ County

In the Matter of:

_____ ,

Respondent.

No. _____

**Report of the Attending Physician's
Substance-Related Disorder Evaluation
Pursuant to Iowa Code Section 125.84**

Date and time of evaluation: _____

1. Treatment Respondent has received during the present hearing and evaluation period:
2. Medication given for withdrawal symptoms and the effect on Respondent's behavior or mental state:
3. Have there been previous incidents of substance abuse? Yes No
 - (a) If yes, give approximate dates:
 - (b) Was hospitalization or treatment necessary? Yes No
If yes, give place, date, length of stay, and condition on discharge:
4. Respondent's past medical history:
5. Is there a family history of substance abuse? Yes No
If yes, give names and relationship:
6. In your judgment, is Respondent a person with substance-related disorder?
Yes No
If yes, state diagnosis and supporting observations or medical history:
7. In your judgment is Respondent capable of making responsible decisions with respect to hospitalization or treatment? Yes No
If no, state supporting observations or medical history:
8. In your judgment, is the respondent treatable? Yes No
If yes, state diagnosis and supporting observations or medical history:

9. In your judgment, is Respondent likely to physically injure himself or herself or others?
Yes No

What has led you to this conclusion?

10. In your judgment, is Respondent likely to inflict severe emotional injury on those unable to avoid contact with Respondent? Yes No

11. Proposed Treatment:

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

- _____ 1. Respondent does not, as of the date of this report, require further treatment for substance-related disorder.
- _____ 2. Respondent is a person with substance-related disorder who is in need of full-time custody, care, and treatment in a facility, and is considered likely to benefit from treatment.
- _____ 3. Respondent is a person with substance-related disorder who is in need of treatment, but does not require full-time placement in a facility.
- _____ 4. Respondent is a person with substance-related disorder who is in need of treatment, but in the opinion of the attending physician is not responding to the treatment provided. Recommendation for alternative placement.

Signed _____, M.D.
Attending Physician/Designee

Address _____

Rule 13.35 — Form 19: Periodic Report Pursuant to Iowa Code Section 125.86(1).

In the Iowa District Court for _____ County

In the Matter of:

No. _____

**Periodic Report Pursuant to
Iowa Code Section 125.86(1)**

Respondent.

Date _____

1. An order for continued placement of Respondent at this facility was entered on the _____ day of _____, 20 ____.

Facility: _____ Address: _____

Patient's Name: _____ Hospital Number: _____ DOB: _____

County of Settlement: _____ County of Commitment: _____

Transfer from: _____ Transfer Date: _____

Last Evaluation Date: _____ Date of this Visit: _____

Diagnosis: _____

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

PHYSICAL CONDITION:

COMMENTS:

Ambulatory _____ Wheelchair _____ Bed Patient _____

General Appearance: Good _____ Fair _____ Poor _____

Eating Habits: Good _____ Fair _____ Poor _____

Sleeping Habits: Good _____ Fair _____ Poor _____

Incontinent: Yes _____ No _____ Sometimes _____

Diet: Regular _____ Reduction _____

Other (specify): _____

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

Wt. ___ Ht ___ B.P. ___

BEHAVIOR:

Improved Unchanged Disturbed Depressed Suicidal

Is this patient easily managed in your facility? Yes No

WORK:

Is patient currently employed? Yes No

If yes, where? _____

Describe job performance _____

FAMILY SITUATION:

Single Married Divorced Dissolution in progress

Does this patient receive Social Security? Yes No

If yes, what kind: Disability Pension

RECREATIONAL ACTIVITIES:

Participation: Active _____ Limited _____ Observe Only _____ Type _____

VISITORS: No Yes Frequency _____ Who _____

MAIL: Receives _____ Writes _____

INTERVIEW SUMMARY

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

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

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

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

RECOMMENDATIONS:

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

EXPLANATION:

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

by _____
(interviewer) (title)

_____, M.D.
(Attending Physician/Designee)

Rule 13.35 — Form 20: Periodic Report Pursuant to Iowa Code Section 125.86(1).

In the Iowa District Court for _____ County

In the Matter of:

No. _____

**Periodic Report Pursuant to
Iowa Code Section 125.86(2)**

Respondent.

Date _____

1. An order for continued placement of Respondent at this facility was entered on the _____ day of _____, 20 ____.

Facility: _____ Address: _____

Patient's Name: _____ Hospital Number: _____ DOB: _____

County of Settlement: _____ County of Commitment: _____

Transfer from: _____ Transfer Date: _____

Last Evaluation Date: _____ Date of this Visit: _____

Diagnosis: _____

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

PHYSICAL CONDITION:

COMMENTS:

Ambulatory _____ Wheelchair _____ Bed Patient _____

General Appearance: Good _____ Fair _____ Poor _____

Eating Habits: Good _____ Fair _____ Poor _____

Sleeping Habits: Good _____ Fair _____ Poor _____

Incontinent: Yes _____ No _____ Sometimes _____

Diet: Regular _____ Reduction _____

Other (specify): _____

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

Wt. ___ Ht ___ B.P. ___

BEHAVIOR:

Improved Unchanged Disturbed Depressed Suicidal

Is this patient easily managed in your facility? Yes No

WORK:

Is patient currently employed? Yes No

If yes, where? _____

Describe job performance: _____

FAMILY SITUATION:

Single Married Divorced Dissolution in progress

Does this patient receive Social Security? Yes No

If yes, what kind: Disability Pension

RECREATIONAL ACTIVITIES:

Participation: Active _____ Limited _____ Observe Only _____ Type _____

VISITORS: No Yes Frequency _____ Who _____

MAIL: Receives _____ Writes _____

INTERVIEW SUMMARY

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

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

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

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

RECOMMENDATIONS:

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

EXPLANATION:

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

by _____
(interviewer) (title)

(Provide name and title of person submitting report)

(Facility)

Rule 13.35 — Form 21: Notice of Facility Administrator’s Request for Extension of Time Pursuant to Iowa Code Section 125.83.

In the Iowa District Court for _____ County

In the Matter of: _____, Respondent.	No. _____ Notice of Facility Administrator’s Request for Extension of Time Pursuant to Iowa Code Section 125.83
--	---

To: _____, attorney for Respondent.

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

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

Dated this ____ day of _____, 20__.

Magistrate/Judge/Judicial Hospitalization Referee

Rule 13.35 — Form 22: Order After Evaluation Pursuant to Iowa Code Section 125.84.

In the Iowa District Court for _____ County

In the Matter of:

_____ ,

Respondent.

No. _____

**Order After Evaluation
Pursuant to Iowa Code Section 125.84**

The court has received the facility administrator's report of the attending physician's substance-related disorder evaluation of Respondent, and it was the recommendation of _____ that Respondent:

It is therefore ordered that Respondent:

Copies of this order shall be sent to Respondent's attorney.

Dated this ____ day of _____, 20____.

Magistrate/Judge/Judicial Hospitalization Referee

Rule 13.35 — Form 23: Report of Respondent's Discharge Pursuant to Iowa Code Section 125.85(4).

In the Iowa District Court for _____ County

In the Matter of:

Respondent.

No. _____

**Report of Respondent's Discharge
Pursuant to Iowa Code Section 125.85(4)**

To: _____, judge or judicial hospitalization referee.

I, _____, administrator of _____
(name of facility)

_____ hereby report that Respondent, for whom

(commitment) (treatment) was ordered on _____, was discharged from

this facility or from treatment on _____.

Administrator

Date

Rule 13.35 — Form 24: Order Confirming Respondent's Discharge and Terminating Proceedings Pursuant to Iowa Code Section 125.85(4).

In the Iowa District Court for _____ County

In the Matter of:

_____ ,

Respondent.

No. _____

**Order Confirming Respondent's
Discharge and Terminating
Proceedings Pursuant to Iowa Code
Section 125.85(4)**

This (court) (referee) has received a report from _____ ,
administrator of _____ , indicating that
(facility)

Respondent, for whom (commitment) (treatment) this (court) (referee) ordered treatment on
_____, has been discharged from the facility or from treatment.

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

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

Dated this ____ day of _____, 20 ____.

Magistrate/Judge/Judicial Hospitalization Referee

cc: Facility
Respondent

Rule 13.35 — Form 25: Notice of Appeal From the Findings of the Judicial Hospitalization Referee.

In the Iowa District Court for _____ County

In the Matter of:

Respondent.

No. _____

**Notice of Appeal from the Findings of the
Judicial Hospitalization Referee**

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

The undersigned appeals the findings of _____, judicial hospitalization referee, that Respondent is a person with a substance-related disorder, and requests a review of the matter by a judge of the Iowa district court for _____ County, Iowa, all pursuant to Iowa Code section 229.21(3).

Dated this ____ day of _____, 20 ____.

(Respondent, Next Friend, Guardian, Attorney)

Rule 13.35 — Form 26: Claim, Order and Certificate for Attorney or Physician's Fees.

In the Iowa District Court for _____ County

In the Matter of:

_____,
Alleged to be a Person with a
Substance-Related Disorder,

Respondent.

No. _____

**Claim, Order, and Certificate
for Attorney or Physician's Fees**

The undersigned (attorney) (physician), being first duly sworn (or affirmed), states that he or she was appointed by the (court) (judicial hospitalization referee) to (represent) (examine) (respondent) (applicant _____) in substance-related disorder proceedings, pursuant to Iowa Code section 125.78; that this claimant has completed services as set forth on the attached itemized statement; and that this claimant has not directly, or indirectly, received, or entered into a contract to receive, any compensation for such services from any sources.

Wherefore, this claimant prays for an order to be compensated in accordance with the provisions of Iowa Code section 125.78.

Claimant

Address

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

STATE OF IOWA, _____ COUNTY,

ss:

Clerk of District Court
(or) Notary Public in and for the State of Iowa

ORDER

The foregoing verified claim has been duly considered, is fixed and approved in the sum of \$_____ and ordered paid out of the county treasury. The clerk is directed to certify a copy of above claim and this order to the county auditor for payment to claimant, as provided by statute.

Dated this ____ day of _____, 20__.

Judge of the ____ Judicial District of Iowa
or

Judicial Hospitalization Referee

CERTIFICATE

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

Done this ____ day of _____, 20__.

(Deputy) Clerk of Court

Rule 13.35 — Form 27: Authorization of Detention Pursuant to Iowa Code Section 125.91(2).

In the Iowa District Court for _____ County

In the Matter of:

_____,
Alleged to be a Person with a
Substance-Related Disorder,

Respondent.

No. _____

**Authorization of Detention
Pursuant to
Iowa Code Section 125.91(2)**

Date: _____

Time of Detention: _____

Time of Notification of Magistrate: _____

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

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

Facility Administrator

Arrival of Magistrate

Time of arrival of magistrate: _____

Magistrate

Rule 13.35 — Form 28: Magistrate's Report Pursuant to Iowa Code Section 125.91(2)(b).

In the Iowa District Court for _____ County

In the Matter of:

_____,
Alleged to be a Person with a
Substance-Related Disorder,

Respondent.

No. _____

**Magistrate's Report Pursuant to
Iowa Code Section 125.91(2)(B)**

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

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

Time of Call: _____

Time of Response: _____

Time of Appointment or Notification of Counsel: _____

Magistrate

In the Iowa District Court for _____ County

In the Matter of:

No. _____

_____,
Alleged to be a Person with a
Substance-Related Disorder,

Respondent.

**Magistrate's Order of
Detention Pursuant to
Iowa Code Section 125.91(3)**

Time of Notification of Magistrate: _____

Time of Action by Magistrate: _____

Information and evidence has been presented to this magistrate that Respondent should be immediately detained due to a substance-related disorder.

This magistrate finds that there is probable cause to believe that Respondent is a person with a substance-related disorder, and because of that substance-related disorder is likely to injure himself or herself or others if not immediately detained.

The finding is based on the following circumstances and grounds:

It is ordered that _____ shall be detained in custody at _____ (facility) for examination and care for a period not to exceed 48 hours (excluding Saturdays, Sundays and holidays).

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

Dated this ____ day of _____, 20 ____.

Time: _____

Magistrate