

CHAPTER 1226
CHRONIC SUBSTANCE ABUSERS

IN THE SUPREME COURT OF IOWA

ORDER

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

By action of this court en banc, the Rules For Involuntary Commitment or Treatment of Substance Abusers are hereby amended as shown in the attached Exhibits "A" and "B," effective January 1, 1996.

Dated this eighth day of November, 1995.

THE SUPREME COURT OF IOWA

/s/ Arthur A. McGiverin

ARTHUR A. MCGIVERIN, Chief Justice

EXHIBIT "A"

RULES FOR INVOLUNTARY COMMITMENT OR
TREATMENT OF CHRONIC SUBSTANCE ABUSERS

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

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

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

FORM 2

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA

IN THE MATTER OF: _____) No. _____

ALLEGED TO BE A CHRONIC)
SUBSTANCE ABUSER,) AFFIDAVIT IN SUPPORT OF
) APPLICATION ALLEGING CHRONIC
) SUBSTANCE ABUSE PURSUANT TO
) IOWA CODE SECTION 125.75.

Respondent.)

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 the respondent is a chronic substance abuser.

In support thereof, I state as follows:

By _____

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

Notary Public in and for the State of Iowa

Clerk of Iowa District Court

FORM 3

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA

IN THE MATTER OF:	)	No. _____
_____)	
ALLEGED TO BE A CHRONIC	)	NOTICE TO RESPONDENT
SUBSTANCE ABUSER,	)	PURSUANT TO IOWA CODE
	)	SECTION 125.77.
Respondent.)	

TO: _____

You are hereby notified: There is now on file in the office of the clerk of the district court of _____ County, Iowa, a verified application alleging that the respondent is a chronic substance abuser and a fit subject for custody and treatment, as shown by the application and (report of the physician)(supporting affidavits) on file in this proceeding. Copies of these documents are attached. This matter will come on for hearing on said application before the court at _____ County, Iowa, on the _____ day of _____, 19____, at _____ o'clock __.m. The court thereafter will enter an appropriate order.

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

1. THE RIGHT TO THE ASSISTANCE OF AN ATTORNEY. If you cannot afford an attorney, one will be appointed for you at public expense.
2. THE RIGHT TO AN EXAMINATION BY A PHYSICIAN OF YOUR OWN CHOOSING. If you cannot afford an examination by your physician, you may have such an examination at public expense.
3. THE RIGHT TO A HEARING WITHIN 5 DAYS (Unless the fifth day is a Saturday, Sunday, or a holiday), and no sooner than 48 hours (excluding Saturdays, Sundays, and holidays), if you are presently in custody.
4. THE RIGHT TO A HEARING NO SOONER THAN 48 HOURS AFTER SERVICE OF THIS NOTICE (excluding Saturdays, Sundays, and holidays), and no later than 48 hours after the report of a court-appointed physician is filed (excluding Saturdays, Sundays, and holidays), if you are not presently in custody.
5. THE RIGHT TO BE PRESENT AT THE HEARING.

You are hereby advised that:

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

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

(Form 3 — Continued)

RETURN OF SERVICE

State of Iowa)
) ss:
_____ County)

The within notice received this _____ day of _____, 19 ____, at _____ a.m./p.m., I served the same on _____ by delivering a copy thereof to said _____ in the City, Township of _____ in _____ County, State of Iowa.

Sheriff, _____ County
By _____
Deputy Sheriff

FORM 4

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA

IN THE MATTER OF:	)	No. _____
_____ ,)	
ALLEGED TO BE A <u>CHRONIC</u>	)	ORDER FOR IMMEDIATE CUSTODY
SUBSTANCE ABUSER,	)	PURSUANT TO IOWA CODE
	)	SECTION 125.81.
Respondent.)	

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

This finding is based on the following facts:

1. I hereby order that respondent shall be detained in the custody of _____ until the hearing date pursuant to Iowa Code section 125.81(1).

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

3. Because I find that an actual emergency exists and there is no other secure facility available besides a facility for the confinement of persons accused of or convicted of crime, I hereby order that respondent shall be detained at _____ for a period of not more than 24 hours pursuant to Iowa Code section 125.81(3). I further order that respondent be kept under close supervision at all times and that as soon as practicable arrangements for transfer to a suitable secure facility be made.

(Check the appropriate one of these three provisions.)

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

FORM 5

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA

IN THE MATTER OF:	)	No. _____
_____)	
ALLEGED TO BE A <u>CHRONIC</u>	)	APPLICATION FOR APPOINTMENT
SUBSTANCE ABUSER,	)	OF RESPONDENT'S COUNSEL AND
	)	FINANCIAL STATEMENT.
Respondent.)	

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

Name _____

Address _____

Marital Status _____

Number and ages of dependents _____

Business or employment _____

Average weekly earnings _____

Total income past 12 months _____

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

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

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

List balance of bank accounts of respondent and spouse _____

List all sources of income other than salary from employment _____

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

Total amount of debts _____

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

(Form 5 — Continued)

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

By _____

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

Notary Public in and for the State of Iowa

FORM 6

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA

IN THE MATTER OF:	)	No. _____
_____)	
ALLEGED TO BE A <u>CHRONIC</u>	)	ORDER APPOINTING RESPONDENT'S
SUBSTANCE ABUSER,	)	ATTORNEY PURSUANT TO IOWA
	)	CODE SECTION 125.78.
Respondent.)	

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

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

FORM 7

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA

IN THE MATTER OF:	)	No. _____
_____)	
ALLEGED TO BE A <u>CHRONIC</u>	)	APPLICATION FOR APPOINTMENT OF
SUBSTANCE ABUSER,	)	APPLICANT'S COUNSEL AND
Respondent.	)	FINANCIAL STATEMENT, PURSUANT
	)	TO IOWA CODE SECTION 125.76.

I, the undersigned, being first sworn, depose and say that I am the applicant herein, and I request the court to appoint counsel to represent the applicant at public expense, pursuant to Iowa Code sections 125.76 and 125.78(2). The following statement relating to applicant's financial affairs is submitted in support of this application.

Name _____

Address _____

Marital status _____

Number and ages of dependents _____

Business or employment _____

Average weekly earnings _____

Total income past 12 months _____

Is applicant working and at what salary: _____

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

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

List balance of bank accounts of applicant and spouse _____

List all sources of income other than salary from employment _____

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

Total amount of debts _____

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

(Form 7 — Continued)

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.

Applicant

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

Notary Public in and for the State of Iowa

FORM 8

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA

IN THE MATTER OF:	)	No. _____
_____)	
ALLEGED TO BE A <u>CHRONIC</u>	)	ORDER APPOINTING APPLICANT'S
SUBSTANCE ABUSER,	)	ATTORNEY PURSUANT TO IOWA
	)	CODE SECTION 125.78(2).
Respondent.)	

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

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

FORM 9

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA

IN THE MATTER OF:	)	No. _____
_____)	
ALLEGED TO BE A <u>CHRONIC</u>	)	APPOINTMENT OF PHYSICIAN
SUBSTANCE ABUSER,	)	PURSUANT TO IOWA CODE
	)	SECTION 125.78.
Respondent.)	

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

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

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

Judge of _____ Judicial District
of Iowa or Judicial Hospitalization Referee

NOTE TO EXAMINING PHYSICIAN:

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

FORM 10

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA

IN THE MATTER OF: _____) No. _____

ALLEGED TO BE A CHRONIC)) PHYSICIAN'S REPORT OF)) EXAMINATION PURSUANT)) TO IOWA CODE SECTION 125.80.

SUBSTANCE ABUSER,)) Respondent.))

DATE AND TIME OF EXAMINATION _____

1. Respondent's name _____

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

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

4. Place of birth _____

5. Sex _____

6. Occupation _____

7. Marital status: Single Married Divorced

8. Number of children _____

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

10. Is this examination conducted under Iowa Code section 125.80? _____

11. Did a qualified mental health professional assist with this exam? _____ If so, name that individual. _____ (Please provide address) If the professional's report is written, please attach.

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

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

(Form 10 — Continued)

- 14. In your judgment, is the respondent treatable? _____ If so, state diagnosis and supporting observations or medical history:
- 15. In your judgment, is the respondent likely to physically injure himself or herself or others? _____ If so, what has led you to this conclusion?
- 16. In your judgment, is the respondent likely to inflict severe emotional injury on those who cannot avoid contact with the respondent?
- 17. Can the respondent be evaluated on an out-patient basis? _____ Basis for answer:
- 18. Can the respondent, without danger to self or others, be released to the custody of a relative or friend during the course of evaluation?
- 19. Is full-time hospitalization necessary for evaluation?
- 20. Does the respondent have a prior history of treatment for substance abuse? _____
If so, please specify:
- 21. Has the patient been medicated within 12 hours of the time of the hearing? _____
If so, supply the probable effects of the medication:

MEDICINE _____

DOSAGE _____

TIME _____

Signed _____
Physician

Address _____

FORM 11

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA

IN THE MATTER OF:	)	No. _____
_____)	
ALLEGED TO BE A <u>CHRONIC</u>	)	ORDER FOR CONTINUANCE
SUBSTANCE ABUSER,	)	PURSUANT TO IOWA CODE
	)	CODE SECTION 125.80(4).
Respondent.)	

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

Done this _____ day of _____, 19__.

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

FORM 12

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA

IN THE MATTER OF: _____) No. _____

ALLEGED TO BE A CHRONIC)
SUBSTANCE ABUSER,) STIPULATION PURSUANT TO IOWA
) CODE SECTION 125.82 AND RULE 20,
) RULES FOR INVOLUNTARY
Respondent.) COMMITMENT OR TREATMENT OF
) CHRONIC SUBSTANCE ABUSERS.

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

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

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

SIGNED

Respondent's attorney

FORM 13

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA

IN THE MATTER OF:	)	No. _____
_____)	
ALLEGED TO BE A <u>CHRONIC</u>	)	NOTICE OF MEDICATION
SUBSTANCE ABUSER,	)	PURSUANT TO IOWA CODE
	)	SECTION 125.82(1).
Respondent.)	

I hereby certify that the respondent was medicated at _____ a.m./p.m. on _____, 19____.

The probable effects of the medication are as follows:

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

SIGNED

Physician

FORM 14

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA

IN THE MATTER OF:	)	No. _____
_____)	
ALLEGED TO BE A <u>CHRONIC</u>	)	DISCHARGE AND TERMINATION OF
SUBSTANCE ABUSER,	)	PROCEEDINGS PURSUANT TO IOWA
	)	CODE SECTION 125.82(4).
Respondent.)	

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

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

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

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

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

Done this _____ day of _____, 19 __.

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

FORM 15

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA

IN THE MATTER OF:	)	No. _____
_____)	
ALLEGED TO BE A <u>CHRONIC</u>	)	FINDINGS OF FACT AND ORDER
SUBSTANCE ABUSER,	)	PURSUANT TO IOWA CODE
	)	SECTION 125.83.
Respondent.)	

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

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

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

Done this _____ day of _____, 19 ____.

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

FORM 16

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA

IN THE MATTER OF:	)	No. _____
_____)	
ALLEGED TO BE A <u>CHRONIC</u>	)	REFEREE'S NOTICE OF TERMINATION
SUBSTANCE ABUSER,	)	OF PROCEEDINGS PURSUANT TO
	)	IOWA CODE SECTION 125.82(4)
Respondent.	)	OR 125.85(4).



TO THE CHIEF JUDGE OF THE _____ JUDICIAL DISTRICT OR DESIGNEE:
 As required by Iowa Code section 229.21(3), I hereby advise that I have terminated the proceedings in regard to the above respondent for the reasons stated in the order entered, a copy of which is attached.

 Judicial Hospitalization Referee
 _____ County, Iowa

FORM 17

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA

IN THE MATTER OF:

_____,
ALLEGED TO BE A CHRONIC
SUBSTANCE ABUSER,

Respondent.

)
)
)
)
)
)

No. _____

REFEREE'S NOTICE OF ORDER
PURSUANT TO IOWA CODE
SECTIONS 125.90 AND 229.21(3).

TO THE CHIEF JUDGE OF THE _____ JUDICIAL DISTRICT OR DESIGNEE:
Please be advised that I have issued an order regarding the above respondent for the reasons
stated in the order and findings of fact, copies of which are attached.

DATE OF COMMITMENT _____

Judicial Hospitalization Referee
_____ County, Iowa

FORM 18

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA

IN THE MATTER OF:	)	No. _____
_____ ,)	
ALLEGED TO BE A <u>CHRONIC</u>	)	APPLICATION FOR ORDER FOR
SUBSTANCE ABUSER,	)	EXTENSION OF TIME FOR
	)	EVALUATION PURSUANT TO
Respondent.	)	IOWA CODE SECTION 125.83.

I, the facility administrator of _____ request an extension of time
 (facility)
 not to exceed seven (7) days in order to complete the evaluation of respondent.
 I request this extension because:

 Facility Administrator

 Date

FORM 19

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA

IN THE MATTER OF: _____) No. _____
 _____)
 Respondent.) ORDER FOR EXTENSION OF TIME
) PURSUANT TO IOWA CODE
) SECTION 125.83.

An application for extension of time for evaluation in this matter having been presented to the (court) (judicial hospitalization referee) this _____ day of _____, 19 __, and upon a showing of good cause; it is hereby ordered that the extension of time be granted for a period not to exceed seven (7) days beyond the initial fifteen-day evaluation period set out in Iowa Code section 125.83.

Done this _____ day of _____, 19 __.

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

FORM 20

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA

IN THE MATTER OF:

_____,

Respondent.

)
)
)
)
)
)

No. _____

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

DATE AND TIME OF EVALUATION: _____

1. Treatment that respondent has received during the present hearing and evaluation period:
2. Medication given for withdrawal symptoms and the effect on the respondent's behavior or mental state:
3. Have there been previous incidents of substance abuse? _____
 (a) If so, give approximate dates:

 (b) Was hospitalization or treatment necessary? _____
 If so, give place, date, length of stay, condition on discharge:
4. Respondent's past medical history:
5. Is there a family history of substance abuse? _____
 If so, give names and relationship:
6. In your judgment is respondent a chronic substance abuser? _____
 If so, state diagnosis and supporting observations or medical history:
7. In your judgment is respondent capable of making responsible decisions with respect to his or her hospitalization or treatment? _____
 If not, state supporting observations or medical history:
8. In your judgment, is the respondent treatable? _____
 If so, state diagnosis and supporting observations or medical history:
9. In your judgment, is the respondent likely to physically injure himself or herself or others? _____
 What has led you to this conclusion?

(Form 20 — Continued)

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

11. PROPOSED TREATMENT

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

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

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

Address _____

FORM 21

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA

IN THE MATTER OF: _____) No. _____

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

Date _____

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

Facility _____ Address _____

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

County of Commitment _____ Transfer From _____

Transfer Date _____ Last Evaluation _____ 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) _____

Wt. _____ Ht. _____ B.P. _____

(Form 21 — Continued)

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

BEHAVIOR: Improved _____ Unchanged _____ Disturbed _____
 Depressed _____ Suicidal _____
 Is this patient easily managed in your facility?
 Yes _____ No _____ If no, describe:

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

 Describe job performance _____

FAMILY SITUATION: Single Married Divorced
 Dissolution in progress

Does this patient receive Social Security?

Disability _____ Pension _____

RECREATIONAL ACTIVITIES:

Participation: Active _____ Limited _____

Observe Only _____ Type _____

VISITORS: No _____ Yes _____ Frequency _____ Who _____

MAIL: Receives _____ Writes _____

INTERVIEW SUMMARY

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

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

(Form 21 — Continued)

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

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

RECOMMENDATIONS:

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

EXPLANATION:

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

by _____
(interviewer) (title)

_____, M.D.
Chief Medical Officer/Designee

FORM 22

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA

IN THE MATTER OF: _____) No. _____

Respondent.) PERIODIC REPORT PURSUANT TO IOWA CODE SECTION 125.86(2).

Date _____

1. An order for continued placement* of the respondent under the supervision of this facility was entered _____.

Facility _____ Address _____

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

County of Commitment _____ Transfer From _____

Transfer Date _____ Last Evaluation _____ 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) _____

Wt. _____ Ht. _____ B.P. _____

* The word "treatment" probably intended

(Form 22 — Continued)

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

BEHAVIOR: Improved _____ Unchanged _____ Disturbed _____
Depressed _____ Suicidal _____
Is this patient easily managed in your facility?
Yes _____ No _____ If no, describe:

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

Describe job performance _____

FAMILY SITUATION: Single Married Divorced
Dissolution in progress

Does this patient receive Social Security?

Disability _____ Pension _____

RECREATIONAL ACTIVITIES:

Participation: Active _____ Limited _____

Observe Only _____ Type _____

VISITORS: No _____ Yes _____ Frequency _____ Who _____

MAIL: Receives _____ Writes _____

INTERVIEW SUMMARY

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

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

(Form 22 — Continued)

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

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

RECOMMENDATIONS:

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

EXPLANATION:

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

by _____
 (interviewer) (title)

_____, M.D.
 Chief Medical Officer/Designee

FORM 23

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA

IN THE MATTER OF: _____) No. _____)

Respondent.) NOTICE OF FACILITY ADMINISTRATOR'S REQUEST FOR EXTENSION OF TIME PURSUANT TO IOWA CODE SECTION 125.83.)

TO: _____, attorney or* respondent.

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

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

Done this _____ day of _____, 19 ____.

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

* The word "for" probably intended

FORM 24

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA

IN THE MATTER OF: _____) No. _____
 _____)
 _____)
 Respondent. _____) ORDER AFTER EVALUATION
 _____) PURSUANT TO IOWA CODE
 _____) SECTION 125.84.

The court has received the facility administrator's report of the chief medical officer's substance abuse evaluation of the respondent, and it was the recommendation of _____ that the respondent _____

It is therefore ordered that the respondent _____

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

Done this _____ day of _____, 19 ____.

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

FORM 25

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA

IN THE MATTER OF:

Respondent.

)
)
)
)
)

No. _____

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

TO: _____ (judge) (judicial hospitalization referee)

I, _____, administrator of
_____ do hereby report that the above-
(facility)

named respondent, for whom (commitment) (treatment) was ordered on _____,
was discharged from this facility or from treatment on _____.

Facility Administrator

Date

FORM 26

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA

IN THE MATTER OF:	)	No. _____
_____)	
	)	ORDER CONFIRMING RESPONDENT'S
Respondent.	)	DISCHARGE AND TERMINATING
	)	PROCEEDINGS, PURSUANT TO
	)	IOWA CODE SECTION 125.85(4).

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

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

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

Done this _____ day of _____, 19 ____.

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

cc: Facility
 Respondent

FORM 27

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA

IN THE MATTER OF:

_____,

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

Done this _____ day of _____, 19 ____.

SIGNED

(Respondent, Next Friend, Guardian, Attorney)

FORM 28

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA

IN THE MATTER OF:	)	No. _____
_____)	
ALLEGED TO BE A	)	CLAIM, ORDER AND CERTIFICATE
CHRONIC SUBSTANCE ABUSER,	)	FOR ATTORNEY OR PHYSICIAN'S
	)	FEEES
Respondent.)	

STATE OF IOWA, _____ COUNTY, ss:

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

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

 Claimant

 Address

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

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

(Form 28 — Continued)

ORDER

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

Done this _____ day of _____, 19 ____.

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

CERTIFICATE

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

Done this _____ day of _____, 19 ____.

(Deputy) Clerk of Said Court

FORM 29

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA

IN THE MATTER OF:	)	No. _____
_____)	
ALLEGED TO BE A	)	AUTHORIZATION OF DETENTION
CHRONIC SUBSTANCE ABUSER,	)	PURSUANT TO IOWA CODE
	)	SECTION 125.91(2).
Respondent.)	

DATE _____

TIME OF DETENTION _____

TIME OF NOTIFICATION OF MAGISTRATE _____

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

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

Facility Administrator

ARRIVAL OF MAGISTRATE

Time of arrival of magistrate _____

Magistrate

FORM 30

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA

IN THE MATTER OF:	)	No. _____
_____)	
ALLEGED TO BE A	)	MAGISTRATE'S REPORT
<u>CHRONIC</u> SUBSTANCE ABUSER,	)	PURSUANT TO IOWA CODE
	)	SECTION 125.91 (2) (b).
Respondent.)	

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

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

TIME OF CALL _____

TIME OF RESPONSE _____

TIME OF APPOINTMENT OR NOTIFICATION OF COUNSEL _____

Magistrate

FORM 31

IN THE IOWA DISTRICT COURT FOR _____ COUNTY, IOWA

IN THE MATTER OF:	)	No. _____
_____)	
ALLEGED TO BE A	)	MAGISTRATE'S ORDER OF
<u>CHRONIC</u> SUBSTANCE ABUSER,	)	DETENTION PURSUANT TO IOWA
Respondent.	)	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 chronic substance abuse;

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

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

It is hereby ordered that _____ shall be detained in custody at _____ (facility) for examination and care for a period

not to exceed forty-eight hours (excluding Saturdays, Sundays and holidays).

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

Done this day _____ of _____, 19____.
Time _____

Magistrate