



Rule 13.35—Form 2: Affidavit in Support of Application Alleging Substance-Related Disorder

In the Iowa District Court for _____ County
County where Affidavit is filed

In the Matter of _____,
Respondent *Full name: first, middle, last*
Alleged to be a Person with a Substance-Related Disorder

No. _____

Affidavit in Support of Application Alleging Substance-Related Disorder

Iowa Code § 125.75

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

_____, _____, _____, _____, _____,
Street address City County State ZIP code

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

Check this box if you have attached additional pages.

Oath and signature

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

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

_____, 20_____
*Month Day Year Affiant's signature**

_____, _____, _____, _____,
Mailing address City State ZIP code

(_____) _____
Phone number Email address Additional email address, if applicable

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