



**Rule 12.36—Form 12: Notice of Appeal from Findings of Magistrate or Judicial Hospitalization Referee**

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

In the Matter of \_\_\_\_\_,  
**Respondent** *Full name: first, middle, last*  
**Alleged to be Seriously Mentally Impaired**

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

**Notice of Appeal from Findings of Magistrate or Judicial Hospitalization Referee**

Iowa Code § 229.21(3)

- To: The clerk of the district court for \_\_\_\_\_ County.  
*County where Notice is filed*
- Respondent appeals to the district court the findings of the magistrate or judicial hospitalization referee that Respondent is seriously mentally impaired, made on \_\_\_\_\_, 20\_\_\_\_.  
*Month Day Year*
- Respondent requests a review of this matter by a judge of the district court in accordance with Iowa Code section 229.21(3).

**4. Signature**

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

\_\_\_\_\_  
*Signature\**

Date: \_\_\_\_\_, 20\_\_\_\_.  
*Month Day Year*

Signed by:

*Check one*

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

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