



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

In the Matter of

No. _____

Respondent *Full name: first, middle, last*

Application Alleging Substance-Related Disorder

Alleged to be a Person with a Substance-Related Disorder

Iowa Code § 125.75

1. I, _____, *Full name: first, middle, last*, allege Respondent is suffering from a substance-related disorder.

2. In support of this Application, I state:

Check this box if you have attached additional pages.

3. Based on the above facts, I believe Respondent is a danger to self or others and lacks judgmental capacity due to a substance-related disorder. Yes No

4. I request that:

Check one

- A. Respondent be taken into immediate custody.
- B. Respondent not be taken into immediate custody.

5. In support of this Application, I have attached:

Check all that apply

- A. A written statement of a licensed physician and surgeon or osteopathic physician and surgeon or mental health professional.
- B. One or more Affidavits corroborating these allegations. *See Rule 13.35—Form 2.*
- C. Corroborative information obtained and reduced to writing by the clerk or the clerk's designee. **NOTE:** *This option is only available when circumstances make it infeasible to obtain, or when the clerk considers it appropriate to supplement, the information under either subparagraph 5(A) or 5(B).*

Continued on next page



6. Attorney Help

Check one

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

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

7. Oath and signature of applicant

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

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

_____, 20____

*Month Day Year Applicant's signature**

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

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