



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

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

No. \_\_\_\_\_  
**Claim for Attorney Fees**

Iowa Code § 229.8

- I, the undersigned attorney, state that the court appointed me to represent Respondent, alleged to be seriously mentally impaired, pursuant to Iowa Code section 229.8, and that I have completed representation of Respondent in this matter as set forth in the itemized statement provided with this Claim and that I have not directly or indirectly received or entered into a contract to receive any compensation for such services from any sources.
- I request an order to be compensated in accordance with the provisions of Iowa Code section 229.8.

**3. Oath and signature**

I, \_\_\_\_\_, have read this Claim, and 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 Claim is true and correct.

\_\_\_\_\_, 20\_\_\_\_ /s/\_\_\_\_\_  
*Month Day Year Claimant's signature*

\_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
*Mailing address City State ZIP code*

(\_\_\_\_) \_\_\_\_\_  
*Phone number Email address*

\_\_\_\_\_  
*Additional email address, if applicable Attorney PIN number*