



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

In the Matter of

No. _____

Respondent *Full name: first, middle, last*

Report of Substance Abuse Evaluation

Alleged to be a Person with a Substance-Related Disorder

Iowa Code § 125.84
Iowa Ct. R. 13.24

1. I, _____, of _____,
Full name Hospital or facility

and for the Report of Substance Abuse Evaluation of Respondent, state the following.

2. Date and time of evaluation: _____, 20____ at _____:____ a.m.
Month Day Year Time p.m.

3. State treatment Respondent received during the present evaluation period:

Check this box if you have attached additional pages.

4. Was Respondent medicated at the time of evaluation? Yes No
If yes, provide name(s) of the medication, dosage, approximate date and time administered, and probable effects on Respondent

Check this box if you have attached additional pages.

5. In your opinion, is Respondent a person with a substance-related disorder as defined by the American Psychiatric Association? Yes No
If yes, state diagnosis including supporting facts, symptoms, and overt acts

Check this box if you have attached additional pages.

Continued on next page



6. In your opinion, is Respondent treatable and would likely benefit from treatment? Yes No
If yes, state recommendations and basis for recommendations

Check this box if you have attached additional pages.

7. In your opinion, does Respondent have the capacity to understand the need for treatment? Yes No
If no, state basis for answer

Check this box if you have attached additional pages.

8. In your opinion, is Respondent a danger to self or others and lacks judgmental capacity due to a substance-related disorder? Yes No
If yes, state what recent overt acts by Respondent lead you to this conclusion, including approximate date(s) and other relevant facts

Check this box if you have attached additional pages.

9. Proposed treatment and placement

In your opinion,
Check one

- A. Respondent does not, as of the date of this Report, require further treatment for substance abuse. Iowa Code § 125.84(1).
- B. Respondent is a person with a substance-related disorder and in need of full-time custody, care, and treatment in a facility and is likely to benefit from treatment. Iowa Code § 125.84(2).

Recommended further treatment:

Check this box if you have attached additional pages.

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- C. Respondent is a person with a substance-related disorder and in need of treatment but does not require full-time placement in a facility. Iowa Code § 125.84(3).

Recommended treatment on an outpatient or other appropriate basis:

Three horizontal lines for writing recommended treatment.

Check this box if you have attached additional pages.

- D. Respondent is a person with a substance-related disorder and in need of treatment but is not responding to the treatment provided. Iowa Code § 125.84(4).

Recommended alternative placement:

Three horizontal lines for writing recommended alternative placement.

Check this box if you have attached additional pages.

10. State facts and reasons supporting your recommended treatment and that the treatment is the least restrictive and effective for Respondent:

Three horizontal lines for writing state facts and reasons.

Check this box if you have attached additional pages.

11. Signature

Printed name Signature*

Title Name of facility

Mailing address

City State ZIP code

() Phone number

Email address Additional email address, if applicable

Month, Day, 20 Year

*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.