



Rule 13.35—Form 8: Application for Extension of Time for Evaluation

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

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

No. _____
Application for Extension of Time for Evaluation

Iowa Code § 125.83

1. I, _____, chief medical officer of _____,
Name of chief medical officer Hospital or facility
request an extension of time not to exceed seven days in order to complete the
evaluation of Respondent.

2. I request this extension because:

Four horizontal lines for providing reasons for the extension request.

Check this box if you have attached additional pages.

3. It is my opinion that this extension is in Respondent's best interests.

4. Chief medical officer's signature

Printed name Signature*

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.