



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 Medication**

Iowa Code § 229.12(1)

1. I, \_\_\_\_\_, physician, inform the court that Respondent was  
*Physician's name*  
medicated with the following: *Include the name(s) of the medication (including chemotherapy), dosage, and approximate date and time administered.*

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Check this box if you have attached additional pages.*

2. This medication may cause the following effects on Respondent:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Check this box if you have attached additional pages.*

**3. Physician's signature**

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

\_\_\_\_\_  
*Name of hospital or facility*

\_\_\_\_\_  
*Mailing address*

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

(\_\_\_\_\_) \_\_\_\_\_  
*Phone number*

\_\_\_\_\_  
*Email address Additional email address, if applicable*

\_\_\_\_\_, 20\_\_\_\_\_  
*Month Day 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.*