



Rule 12.36—Form 15: Notice of Appointment of Mental Health Advocate

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

In the Matter of

No. _____

_____,
Respondent *Full name: first, middle, last*

Notice of Appointment of Mental Health Advocate

Alleged to be Seriously Mentally Impaired

Iowa Code § 229.19(1)(c)

To: _____,
Name of Respondent

You are notified that _____ has been appointed
Name of Mental Health Advocate

your Mental Health Advocate. Your Advocate will be communicating with you and representing your interests in this proceeding relating to your hospitalization and treatment.

Signature

_____, 20____ /s/_____
Month Day Year Clerk's signature