



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 a Person with a
Substance-Related Disorder**

No. _____

Notice of Medication

Iowa Code § 125.82(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 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.*