



In the Iowa District Court for \_\_\_\_\_ County  
*County where Application is filed*

In the Matter of \_\_\_\_\_,

No. \_\_\_\_\_

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

**Application for Extension of Time for Psychiatric Evaluation**

**Alleged to be Seriously Mentally Impaired**

Iowa Code § 229.13

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 psychiatric evaluation of Respondent.

2. I request this extension because:

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

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 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.