



**Rule 12.36—Form 1: Application Alleging Serious Mental Impairment**

**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 Seriously Mentally Impaired**

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

**Application Alleging Serious  
Mental Impairment**

Iowa Code § 229.6

1. I, \_\_\_\_\_, allege Respondent is suffering from  
*Full name: first, middle, last*  
serious mental impairment.

2. In support of this Application, I state:

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

3. Based on the above facts, I believe Respondent is a danger to self or others and lacks judgmental capacity due to serious mental impairment. ☐ Yes ☐ No

4. I request that:

*Check one*

- A. ☐ Respondent be taken into immediate custody.  
B. ☐ Respondent not be taken into immediate custody.

5. In support of this Application, I have attached:

*Check all that apply*

- A. ☐ A written statement of a licensed physician or mental health professional.  
B. ☐ One or more Affidavits corroborating these allegations. *See Rule 12.36—Form 2.*  
C. ☐ Corroborative information obtained and reduced to writing by the clerk or the clerk's designee. **NOTE:** *This option is only available when circumstances make it infeasible to obtain, or when the clerk considers it appropriate to supplement, the information under either subparagraph 5(A) or 5(B).*

***Continued on next page***



## 6. Attorney Help

*Check one*

- A. ☐ An attorney did not help me prepare or fill in this paper.
- B. ☐ An attorney helped me prepare or fill in this paper. *If you check B, you must fill in the following information:*

\_\_\_\_\_  
*Name of attorney or organization, if any*

\_\_\_\_\_  
*Attorney's PIN – Ask the attorney*

\_\_\_\_\_  
*Business address of attorney or organization*

\_\_\_\_\_,  
*City*

\_\_\_\_\_,  
*State*

\_\_\_\_\_  
*ZIP code*

(\_\_\_\_) \_\_\_\_\_

*Attorney's phone number*

\_\_\_\_\_  
*Attorney's email address – optional*

## 7. Oath and signature of applicant

I, \_\_\_\_\_, have read this Application, and I certify under  
*Print your full name: first, middle, last*

penalty of perjury and pursuant to the laws of the State of Iowa that the information provided in this Application is true and correct.

\_\_\_\_\_, 20\_\_\_\_  
*Month Day Year Applicant's signature\**

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

\_\_\_\_\_,  
*City*

\_\_\_\_\_,  
*State*

\_\_\_\_\_  
*ZIP code*

(\_\_\_\_) \_\_\_\_\_

*Phone number*

\_\_\_\_\_  
*Email address*

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

*\*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.*