



**Rule 13.35—Form 12: Report of Respondent's Discharge**

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

**In the Matter of**  
\_\_\_\_\_,  
**Respondent** *Full name: first, middle, last*  
**Alleged to be a Person with a  
Substance-Related Disorder**

No. \_\_\_\_\_  
**Report of Respondent's Discharge**

Iowa Code § 125.85(4)

I, \_\_\_\_\_, administrator of \_\_\_\_\_,  
*Name Facility*  
inform the court that Respondent was discharged from this facility or treatment on  
\_\_\_\_\_, 20\_\_\_\_\_.  
*Month Day Year*

**Signature**

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

\_\_\_\_\_  
*Title 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.*