



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

In the Matter of _____,
Respondent *Full name: first, middle, last*
Alleged to be Seriously Mentally Impaired

No. _____
Attorney’s Motion to Withdraw

Iowa Code § 229.19(1)(c)

1. The court appointed the undersigned attorney to represent Respondent in this matter.
2. After hearing on the matter, the court found Respondent was seriously mentally impaired.
3. In my opinion there is no further need of legal services at this time.
4. Pursuant to Iowa Code section 229.19(1)(c), I request that the court appoint a Mental Health Advocate for Respondent, if one has not been appointed already, and that I be relieved from further representation of Respondent in this matter and be allowed to withdraw.

5. Attorney’s signature

_____/s/_____
Printed name *Signature*

Law firm, if applicable

Mailing address

_____, _____, _____
City *State* *ZIP code*

(_____) _____
Phone number *Attorney PIN number*

Email address *Additional email address, if applicable*

_____, 20_____
Month *Day* *Year*