Save | Print | Clear Form

Rule 12.36 — Form 1: ***Application Alleging Serious Mental Impairment Pursuant to Iowa Code Section 229.6.***

IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY, IOWA

DATE: _____

TIME: _____

IN THE MATTER OF: _____, ALLEGED TO BE SERIOUSLY MENTALLY IMPAIRED, Respondent.	No. _____ **APPLICATION ALLEGING SERIOUS MENTAL IMPAIRMENT PURSUANT TO IOWA CODE SECTION 229.6**

I _____, of _____ (address), allege Respondent is suffering from serious mental impairment. In support thereof I state as follows:

Based on the above facts, I believe Respondent is a danger to himself or herself or others or may be causing serious emotional injury to persons who are unable to remove themselves from Respondent's presence.

Do you request the respondent be taken into immediate custody? Yes ☐ No ☐

☐ Attached hereto is a written statement of a licensed physician in support of this application.

☐ Attached hereto is an affidavit corroborating these allegations.

Oath and Signature

I,_____, have read this Application, and I certify under penalty
Print your full name: first, middle, last
of perjury and pursuant to the laws of the State of Iowa that the information I have provided in this Application is true and correct.

_____	_____	_____,	20_____
*Applicant's signature**	*Month*	*Day*	*Year*
_____	_____	_____	_____
Mailing address	*City*	*State*	*ZIP code*

(_____) _____ _____ _____
Phone number *Email address* *Additional email address, if applicable*

**Whether filing electronically or in paper, you must handwrite your signature on this form. If you are filing electronically, scan the form after signing it and then file electronically.*