

In the Iowa District Court for _____ County _____

In the Matter of:)	No. _____
_____)	Application Alleging Substance-
Alleged to be a Person with a)	Related Disorder Pursuant To Iowa
Substance-Related Disorder)	Code Section 125.75

Respondent,

I, _____, of _____, alleged that Respondent is a person with a substance-related disorder. In support thereof, I stated as follows:

Based on the above facts, I believe respondent I a danger to himself or herself or others.

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 corroboration these allegations.

Applicant Signature

State of Iowa

_____ County} ss:

I, the undersigned, do solemnly swear or affirm that the mattes alleged in the above application to which my name is affixed, are true as stated, as verily believe.

Applicant Signature

Subscribed and sworn to (or affirmed) before the undersigned this ____ day of _____, 20____.

Clerk of District Court (signature)
(or) Notary Public in and for the State of Iowa

In the Iowa District Court for _____ County _____

In the Matter of:)	No. _____
_____)	Application Alleging Substance-
_____)	Related Disorder Pursuant To Iowa
Alleged to be a Person with a)	Code Section 125.75
Substance-Related Disorder)	

Respondent, _____

I, _____, of _____, being first duly Sworn on oath, depose and state that I am acquainted with Respondent who resides at

_____ (Street) _____ (City) _____ (County)

Iowa, and that I believe Respondent is a person with a substance-related disorder.

In support thereof, I state as follows: _____

By _____
Signature

Subscribed and sworn to (or affirmed) before the undersigned this ____ day of _____, 20 ____.

Clerk of District Court (signature)
(or) Notary Public in and for the State of Iowa

IN THE DISTRICT COURT OF IOWA IN AND FOR FAYETTE COUNTY

IN THE MATTER OF:

Case no. _____

ALLEGED TO BE A PERSON WITH A
SUBSTANCE-RELATED DISORDER, RESPONDENT

DEMOGRAPHIC INFORMATION
(FORM IA)

THE APPLICANT, AFFIANT OR FAMILY MEMBER states the following information concerning the Respondent:

RESPONDENT'S NAME: _____
(First) (Middle) (Last)

CURRENT ADDRESS: _____
(Street)

(City) (State) (Zip)

COUNTY OF RESIDENCE FOR THE LAST 12 MONTHS: _____
(County)

BIRTHDATE: _____ MARITAL STATUS: Married Single Divorced

SPOUSE'S NAME (IF ANY): _____

SPOUSE'S ADDRESS: _____

PAYMENT INFORMATION: (Provide proof of insurance or Title XIX if applicable. Include a copy of the card if possible.)

HEALTH INSURER (IF ANY): _____

INSURER'S ADDRESS: _____

INSURER'S PHONE: (____) _____

GROUP PLAN _____

POLICY # _____

TITLE XIX: YES () NO ()

VETERAN: YES () NO ()

Applicant, Affiant or Family Member Signature

APPLICANT INFORMATION SHEET

Name of Respondent: _____

Case Number: _____

All applicants must appear in person for court hearings held at the hospital (Covenant, Allen, or Sartori). Hearings are held between 1:30 pm and 4:30 pm Monday through Friday

Applicant Information

Affiant Information:

Name _____

Name _____

Address _____

Address _____

Home Phone (____) _____

Home Phone (____) _____

Cell number (____) _____

Cell number(____) _____

Occupation _____

Occupation _____

Telephone hearings may be requested by law enforcement officers, physicians or nursing staff only. All other applicants must appear in person for the court hearing.