

IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY

IN THE MATTER OF) DATE: _____
) Time: _____
_____,) Clerk's No _____
) APPLICATION ALLEGING SERIOUS
ALLEGED TO BE SERIOUSLY) MENTAL IMPAIRMENT PURSUANT
MENTALLY IMPAIRED, Respondent) 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 other or may be causing serious emotional injury to persons who are unable to remove themselves from his or her presence.

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

Attached hereto is (1) _____ a written statement of a licensed physician in support of this application or (2) _____ affidavit corroboration these allegations. (Check the one applicable)

Applicant's Telephone Number

Applicant (Signature)

STATE OF IOWA)
) SS:
_____ COUNTY)

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

Applicant

Subscribed and sworn to [or affirmed] before the undersigned this ____ day of _____, 20__.

Notary Public in and for the State of Iowa
Or Clerk of Iowa District Court

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.

IN THE DISTRICT COURT OF IOWA IN FAYETTE COUNTY

IN THE MATTER OF:

Case no. _____

ALLEGED TO BE SERIOUSLY MENTALLY
IMPAIRED, 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

IN THE IOWA DISTRICT COURT IN AND FOR _____ COUNTY

IN THE MATTER OF

)

DATE: _____

)

Time: _____

)

Clerk's No. _____

)

APPLICATION ALLEGING SERIOUS

ALLEGED TO BE SERIOUSLY
MENTALLY IMPAIRED, Respondent

)

MENTAL IMPAIRMENT PURSUANT

)

TO IOWA CODE SECTION 229.6

I, _____, of _____ [address],
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 the above named person is seriously mentally impaired. In support thereof I state as follows:

Affiant's Telephone Number

Affiant (signature)

Subscribed and sworn to [or affirmed] before the undersigned this ____ day of _____, 20__.

Notary Public in and for the State of Iowa

Clerk of Iowa District Court