

FILED
NOV 23 2011
CLERK SUPREME COURT

IN THE SUPREME COURT OF IOWA

**In the Matter of Amendment)
to Iowa Court Rules)
Chapter 12—Rule 12.36,)
Form 3—Concerning)
Involuntary Hospitalization)
of Mentally Ill Persons)
)**

**Nunc Pro Tunc
Order**

On November 10, 2011, the court approved amendments to Iowa Court Rule 12.36, form 3 and form 13. The court notified the legislative council of these amendments. To give these amendments immediate effect pending their review by the legislative council, the court issued a supervisory order. The amended Form 3 contained an error. By this order, the court corrects the error in Form 3. The corrected Form 3 is attached.

This order takes effect immediately.

Dated this 23rd day of November, 2011.

THE SUPREME COURT OF IOWA

By 
Mark S. Cady, Chief Justice

Rule 12.36 — Form 3: Notice to Respondent Pursuant to Iowa Code Section 229.7.

In the Iowa District Court for _____ County, Iowa

IN THE MATTER OF:

ALLEGED TO BE SERIOUSLY
MENTALLY IMPAIRED,

Respondent.

No. _____

**Notice to Respondent Pursuant
to Iowa Code Section 229.7**

You are hereby notified that there is now on file in the office of the Clerk of District Court of _____ County, Iowa, a verified application alleging that: _____ is seriously mentally impaired and a fit subject for custody and treatment, as shown by the application and (Report of the Physician) (Supporting Affidavits) on file in this proceeding, copies of which are attached; and that said matter will come on for hearing on said application before said Court at the _____ County, Iowa, on the ___ day of _____, 20 __, at _____ o'clock __.m.; and that such Order will be on said Hearing as may appear to the Court to be for the best interest of said person.

You are further notified you have the following rights in connection with this proceeding:

1. THE RIGHT TO THE ASSISTANCE OF AN ATTORNEY. If you cannot afford an attorney, one will be appointed for you at county expense.
2. THE RIGHT TO AN EXAMINATION BY A PHYSICIAN OF YOUR OWN CHOOSING. If you cannot afford an examination by your physician, you may have such an examination at county expense.
3. THE RIGHT TO A HEARING WITHIN 5 DAYS, and no sooner than 48 hours (except Saturdays, Sundays, and holidays) if you are presently in custody.
4. THE RIGHT TO A HEARING NO SOONER THAN 48 HOURS AFTER SERVICE OF THIS NOTICE (except Saturdays, Sundays, and holidays) if you are not presently in custody.
5. THE RIGHT TO BE PRESENT AT THE HEARING.

You are further advised that:

1. You must not leave the county while awaiting the hearing. If you leave the county, you may be taken into custody.
2. You must submit to an examination by a physician appointed by the court. If you do not, the court may order you to do so.
3. If the court determines that you are seriously mentally impaired, federal law will prohibit you from shipping, possessing, receiving, or transporting any firearms or ammunition. See 18 U.S.C. § 922 (g)(4).

 Judge of the _____ Judicial
 District of Iowa, or Judicial Hospitalization Referee

If you need help in court due to a disability, immediately call your district ADA coordinator at 1-_____. If you are hearing impaired, call Relay Iowa TTY at 1-800-735-2942.

Return of Service

State of Iowa

ss:

_____County

This notice was received on the _____ day of _____, 20____, and I certify that on the ____ day of _____, 20____, at _____ o'clock __.m., I served this notice on _____ by delivering a copy of it to _____ in the city of _____, or the Township of _____, in _____ County, State of Iowa.

 Sheriff, _____County

By _____
 Deputy Sheriff