

IN THE IOWA DISTRICT COURT FOR POLK COUNTY

IN THE INTEREST OF

DEPENDENT ADULT

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PROBATE NO. GC \_\_\_\_\_

**APPLICATION FOR FOURTEEN DAY  
EXTENSION OF EMERGENCY ORDER  
PURSUANT TO IOWA CODE SECTION  
235B.18 AND 235B.19**

COMES NOW, the State of Iowa and pursuant to Iowa Code §235B.18 and §235B.19, requests the Court renew and extend the Emergency Order authorizing the provision of protective/medical services regarding **DEPENDENT ADULT** which was previously entered and requests the Court, upon a hearing, to enter an Order pursuant to Iowa Code §235B.18 authorizing the provision of protective/medical services to **DEPENDENT ADULT** and in support thereof provides as follows:

1. **DEPENDENT ADULT**, DOB: \_\_\_\_\_, currently residing at \_\_\_\_\_, is a dependent adult as defined in Iowa Code §235B.2(4).

2. The above dependent adult has been subjected to dependent adult abuse, as defined in Iowa Code Section 235B.2(5), as specified in the Petition previously filed and continues to be in need of previously ordered medical/protective services.

3. The above dependent adult lacks the capacity to consent to the receipt of such protective/medical services and there is no one available to consent to such services as specified in previously filed Petition.

4. Because the dependent adult is unable to consent to the receipt of the above protective services and there is no one available to give consent for such services, the Iowa Department of Human Services (DHS) requests that the court renew its prior Emergency Order authorizing the provision of the above protective/medical services and that such Renewal

Order be in effect for an additional fourteen (14) days as provided in Iowa Code Section 235B.19(5).

5. Because the dependent adult is unable to consent to the receipt of the above protective services and there is no one available to give consent for such services, the Iowa Department of Human Services requests that the court, pursuant to Iowa Code Section 235B.18(2), set this matter for hearing within fourteen (14) days from today and upon such hearing issue an Order authorizing the provision of the above protective/medical services.

Dated this \_\_\_\_\_.

Respectfully submitted,

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Celene Gogerty AT0002830  
Assistant Polk County Attorney  
Polk County Attorney's Office  
206 6<sup>th</sup> Ave., 3<sup>rd</sup> Floor  
Des Moines, Iowa 50309  
(515) 286-3417  
(515) 323-5251 Fax

Original Filed

Copies to:  
Dependent Adult **DEPENDENT ADULT**  
Asst. County Atty. Celene Gogerty  
Attorney for Dep. Adult  
GAL for Dep. Adult  
DHS  
Law Enforcement Agency  
Service Provider

IN THE IOWA DISTRICT COURT FOR POLK COUNTY

IN THE INTEREST OF

**DEPENDENT ADULT**

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PROBATE NO. GC

**ORDER FOR FOURTEEN DAY EXTENSION  
OF EMERGENCY ORDER PURSUANT TO  
IOWA CODE SECTION 235B.18 AND 235B.19**

Now on this \_\_\_\_\_ day of July 2010, the Court, having been presented with An Application for a Fourteen Day Extension of Emergency Order, **ORDERS** that the Emergency Order Authorizing Protective/Medical Services under Iowa Code Section 235B.19, regarding **DEPENDENT ADULT**, DOB: \_\_\_\_\_ shall be continued an additional fourteen (14) days from the date of this Order.

As a result of the above finding, pursuant to Iowa Code Section 235B.19(3), (4), the **COURT ORDERS** that **DEPENDENT ADULT**, DOB: \_\_\_\_\_, continue to receive the following protective/medical services:

**\*\*NARRATI VE\*\***

Pursuant to Iowa Code Section 235B.19(3)(c) an Officer with the City of Law Enforcement Agency Police Department and, if needed, Emergency Services Personnel, is **ORDERED** to accompany a representative from the Iowa Dept. of Human Services and to assist in any manner reasonably necessary to carry out the provisions of this Order.

The Department of Human Services is authorized to examine medical and financial records of the dependent adult (including medical records involving HIV status, substance abuse and mental health treatment) and to exchange information with treating medical professionals, staff at the placement where the dependent adult is residing, staff at any facilities where the dependent adult may be placed, family members of the dependent adult, and any potential guardians and/or conservators for the dependent adult.

It is further **ORDERED** that a copy of this order be served upon **DEPENDENT ADULT**,  
DOB: \_\_\_\_\_, or his/her attorney / guardian ad litem, at least five (5) days prior to the  
next-scheduled hearing.

Any and all Fees associated with the filing of this Order and/or any prior Petition are  
**WAIVED**.

Pursuant to Iowa Code Section 235B.19(4), this Order expires 14 days from when issued.

It is further **ORDERED** that a hearing pursuant to Iowa Code Section 235B.18 shall be  
scheduled for \_\_\_\_\_ at \_\_\_\_\_ in Room 402 of the Polk  
County Courthouse, Des Moines, Iowa.

It is further **ORDERED** pursuant to Iowa Code Section 22.7 that all exhibits entered with  
regard to the above-titled petition are **CONFIDENTIAL**. The Clerk of Court is ordered to  
**SEAL** all such exhibits and they shall not be accessed without a Court order. These documents  
shall be kept in the court file sealed in a separate envelope.

**SO ORDERED**

\_\_\_\_\_  
RUTH B. KLOTZ  
JUDGE, FIFTH JUDICIAL DISTRICT

Original Filed

Copies to:  
Dependent Adult **DEPENDENT ADULT**  
Asst. County Atty. Celene Gogerty  
Attorney for Dep. Adult  
GAL for Dep. Adult  
DHS  
Law Enforcement Agency  
Service Provider