



PETITION FOR INVOLUNTARY COMMITMENT

NORTH DAKOTA SUPREME COURT

SFN 17260 (GN-1) (Rev. 07-2019)

STATE OF NORTH DAKOTA
County of _____

CASE NO. _____

IN THE INTEREST OF

Name of Respondent:				
Address:		City:	State:	Zip Code:
County where respondent resides:		Telephone:		
The respondent's present whereabouts are as follows:		Identify facility requested for respondent's screening and/or evaluation:		
Age:	Date of birth:	Social Security #:	Gender: Male Female	Marital Status:
Occupation:				
Name of employer:			Approximate monthly earnings:	

List the name, address, and relationship of respondent's nearest relative or guardian, or, if none, a friend of the respondent:

Name:		Relationship:		Telephone:
Address:		City:	State:	Zip Code:
Name of attorney who most recently represented the respondent:				
Address:		City:	State:	Zip Code:
Petitioner's relationship to respondent:				
Has a Petition for Involuntary Commitment been filed in the past on this respondent: Yes No Unsure				
If so, date of most recent filing of petition for involuntary commitment of respondent:				
County in which petition was filed:		Petition was granted. dismissed.		

APPROVAL OF ATTORNEY

This petition was reviewed for probable cause and I approve the filing of the petition.

Dated this ____ day of _____ of _____.

X

Attorney

X

County



AFFIDAVIT IN SUPPORT OF PETITION
NORTH DAKOTA SUPREME COURT
 SFN 17261 (GN-2) (Rev. 07-2019)

STATE OF NORTH DAKOTA
County of _____

CASE NO. _____

IN THE INTEREST OF

Name of Respondent: _____

State of North Dakota)	
County of _____)	ss.
The undersigned declares under penalty of perjury:		
1. That the information disclosed in the attached petition concerning the above listed respondent, is true and correct to the best of this affiant's information, belief, and knowledge.		
2. That other information supporting the belief that the respondent is <input type="checkbox"/> mentally ill <input type="checkbox"/> an individual with a substance use disorder, and as a result of this condition is a person requiring treatment is as follows:		

3. That the relationship of this affiant to the respondent is as follows:

X _____ Affiant

Address of affiant:	City:	State:	Zip Code:
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**STATE'S ATTORNEYS REQUEST FOR
INVESTIGATION AND EVALUATION**
NORTH DAKOTA SUPREME COURT
SFN 17272 (GN-13) (Rev. 08-2015)

STATE OF NORTH DAKOTA

County of

IN THE INTEREST OF

Name of Respondent:

TO:

Director (regional human service center):

Address:	City:	State:	Zip Code:
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1. Pursuant to N.D.C.C. 25-03.1-08, you must designate a qualified mental health professional to investigate and evaluate the specific facts alleged in the attached Petition for Involuntary Commitment. The designated professional is, in accordance with N.D.C.C. 25-03.1-08, directed to conduct the investigation and evaluation of the attached Petition.
2. The investigation is to be completed as soon as possible and shall include observations of and conversation with the respondent, unless the respondent cannot be found or refuses to meet with the mental health professional.
3. A written report of the results of the investigation shall be delivered to the undersigned state's attorney and must be made available upon request to the respondent, respondent's counsel, and to any expert examiner conducting an examination under N.D.C.C. Section 25-03.1-11.

Dated this _____ day of _____ of _____.

X _____
Signature

The above is state's attorney for the following county:

Address:	City:	State:	Zip Code:
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