STATE OF NORTH DAKOTA	0.05.10
County of	CASE NO.

IN THE INTEREST OF

Name of Respondent:					
Address:		City:	State:	Zip Code:	
County who	ere 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:		ngs:	
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	County in which petition was filed: Petition was granted. dismissed				

PETITION

The	e petitioner comes before the court and respectfully alleges:
1. 2. 3.	That the petitioner is 18 years of age or older. That the respondent presently resides in the above-named county in the State of North Dakota. That the petitioner believes that an evaluation of the respondent's condition should be made and involuntary commitment and treatment is required based on the petitioner's belief that the respondent is:
	Mentally ill and as a result of such condition there is a reasonable expectation of a serious risk of harm if respondent is not treated. List recent (use dates) and specific facts in detail to show there is a reasonable expectation of serious risk of harm if not treated, including diagnosis, if known, and detailed behaviors of respondent relating to physical harm to self or property, suicidal attempts, etc. Attach additional sheets if necessary.
ANI	D/OR
	An individual with a substance use disorder and as a result of such condition there is a reasonable expectation of a serious risk of harm if respondent is not treated. List recent (use dates) and specific facts in detail regarding the respondent's behavior to show there is a reasonable expectation of a serious risk of harm if respondent is not treated, including information about how much the respondent uses and how it affects him/her, physical/medical conditions, treatment efforts, etc. Attach additional sheets, if necessary:

4.	That the names, addresses, and to	elephone numbers of witnesses who will verify these	facts are as follows:			
Na	me:			Telephone:		
Ad	dress:	City:		State:	Zip Code:	
Na	me:			Telephone:		
Ad	dress:	City:		State:	Zip Code:	
5.	5. That petitioner believes that it is is not necessary to take the respondent into immediate custody for emergency treatment. [Immediate custody should be requested only if the respondent is seriously mentally impaired or has a substance use disorder and is imminently likely to injure the respondent or other persons if allowed to remain at liberty.]					
6.	[Complete only if immediate custo himself or herself or other persons	dy and emergency treatment requested.] Overt act(s if allowed to remain at liberty are described as follow	s) of the respondent which industrial	licate the responden	t is likely to injure	
_						
-						
7.	That to the petitioner's best knowled	edge:				
	The respondent is indigent.					
	The respondent is not indige	nt.				
8.	8. The petitioner believes that an evaluation of the respondent's condition should be made and involuntary commitment and treatment is required. The petitioner declares under penalty of perjury that the foregoing is true and correct.					
Pri	inted name of Petitioner:					
Sig	gnature of petitioner:		Date:	Telephone:		
Ad	dress:	City:		State:	Zip Code:	

APPROVAL OF ATTORNEY				
This petition was reviewed for probable cause and I approve the filir	ng of the petition.			
Dated thisday of				
	x			
	x	Attorney		
		County		

STATE OF NORTH DAKOTA	
County of	

CASE	NIA		
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JAJE	110.		

IN THE INTEREST OF

ame of Respondent:			
tate of North Dakota) ounty of)			
he undersigned declares under penalty of perjury:			
That the information disclosed in the attached petition concerning the above lis information, belief, and knowledge.	isted respondent, is true and correct to	o the best of this affia	ant's
That other information supporting the belief that the respondent is this condition is a person requiring treatment is as follows:	lly ill an individual with a substa	nce use disorder, and	d as a result of
That the relationship of this affiant to the respondent is as follows:			
×			
	Affiant		
ddress of affiant:	City:	State:	Zip Code:
tta ou	te of North Dakota) ss. unty of	te of North Dakota) ss. unty of	te of North Dakota) ss. anty of

STATE OF NORTH DAKOTA

County of

IN THE INTEREST OF

Name of Respondent:					
TO:					
Director (regional human service center):					
Address:	City:	State:	Zip Code:		
 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. 					
The investigation is to be completed as soon as possible and shall include 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	X				
The above is state's attorney for the following county:					
Address:	City:	State:	Zip Code:		