

STATE OF NORTH DAKOTA

IN DISTRICT COURT

COUNTY OF \_\_\_\_\_

CIVIL CASE NO. \_\_\_\_\_

\_\_\_\_\_  
NAME OF RESPONDENT

**ORDER APPOINTING  
INDEPENDENT EXPERT EXAMINER**

Based on the request of the Respondent or other record before the Court, the Court now ORDERS that the Respondent be examined by \_\_\_\_\_, who is a licensed  psychiatrist  physician  physician assistant  psychologist trained in a clinical program  addiction counselor  advanced practice registered nurse.

The examination shall take place at the examiner's office at \_\_\_\_\_  
[address]

\_\_\_\_\_ on the \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_, at \_\_\_\_\_  am  pm.

The cost of this exam will be paid by \_\_\_\_\_ County, the Respondent's place of residence, if the Respondent is indigent and unable to pay the cost of the exam. All requests for reimbursement for the independent examination by the expert examiner exceeding \$ \_\_\_\_\_ must be submitted in writing and approved by the Court in advance of incurring the expense.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
District Judge/Magistrate