STATE OF NORTH DAKOTA	
County of	

CIVIL CASE NUMBER	

## **STATEMENT OF EXAMINER**

Name of expert examiner:					
Address:	City:	State:	Zip Code:		
Expert examiner is a licensed  psychiatrist  physician physician assistant psychologist trained in a clinical program advanced practice registered nurse  addiction counselor					
Name of respondent:					
The respondent is alleged to be   mentally ill   use disord	ual with a substance er				
As an expert examiner licensed in the State of North Dakota as listed above, I state as follows:  1. That I personally examined this respondent referred to in the attached petition within forty-five (45) days immediately preceding the date of the petition;  2. That I support the pertinent allegations made by the petition in the attached Petition for Involuntary Commitment;  3. That I also believe that, because of the above listed illness, there is reasonable cause to believe there exists a serious risk of harm to the respondent, others, or property based upon the following statements, behaviors, or conditions.					
Statements, behaviors, or conditions:					
Dated this day of of					
	XSignature				

N.D.C.C. 25-03.1-08(1)