SFN 17245 (F-2A) (Rev. 07-2019) STATE OF NORTH DAKOTA **CIVIL CASE NUMBER:** County of IN THE INTEREST OF Name of Respondent: **REPORT** Name of Expert Examiner: **Psychiatrist** Expert examiner is a licensed: Physician Physician Assistant Psychologist trained in a clinical program Advanced practice registered nurse Addiction Counselor Name of treatment facility: Address: City: State: Zip Code: I certify that I have considered the following non-hospital treatment programs for the above-named respondent: The following treatment programs, facilities, or resources which could possibly serve as alternatives to hospitalization for the above-named respondent include: (NOTE: List in detail any possible programs, facilities, public or private agencies, community resources, etc., whether or not such programs, facilities, or resources are appropriate and feasible at the present time.) B. C. D. E. The foregoing alternative treatment programs, facilities, or resources are presently available unavailable to the respondent. If unavailable, list the reasons why alternative treatment programs are unavailable. It is reasonably anticipated that the foregoing alternative treatment programs, facilities, or resources will be available within the following timeframe:

1.

2.

3.

4.	The foregoing alternative treatment program following reasons:	would	would not	be adequate to meet the respondent's treatment needs for the
	Α.			
	В.			
	C.			
	D.			
5.	The foregoing alternative treatment program	would	would not	be sufficient to prevent harm or injuries the respondent may inflict on
o.	the respondent or others for the following reasons:	Would	would not	be called it to prove that it all it is a superior to be a superior to the sup
	Α.			
	В.			
	C.			
	D.			
Facility recommended for treatment:				
This form completed by [printed name]:				
Dated thisday of				
51				
			XS	signature
List any and all individuals involved in the completion of this form:				
X			X	
	ed name		Signature	
X			X	
Print	ed name		Signature	
X			X	
Print	ed name		Signature	
X			X	
	ed name		^ Signature	