



**PETITION FOR CONTINUING TREATMENT**  
**NORTH DAKOTA SUPREME COURT**  
 SFN 17248 (F-5) (Rev. 07-2019)

**STATE OF NORTH DAKOTA**

County of \_\_\_\_\_

**CIVIL CASE NUMBER**

**IN THE INTEREST OF**

Name of Respondent: \_\_\_\_\_

**PETITION**

The petitioner, pursuant to Sections 25-03.1-21, 25-03.1-22, 25-03.1-23, and 25-03.1-31, N.D.C.C., comes before the court and respectfully alleges:

1. That this court issued
  - an **Order for Hospitalization and Treatment** in the interest of the above-named respondent on the following date. This order will expire on the date indicated below.
  - an **Order for Alternative Treatment** in the interest of the above-named respondent on the following date. This order will expire on the date indicated below.
  - A **Hospitalization Order Following Alternative Treatment** in the interest of the above-named respondent on the following date. This order will expire on the date indicated below.

Date order was issued:	Date of order expiration:
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Respondent's present whereabouts are as follows:

2. That the respondent continues to be
  - mentally ill and as a result of such condition is a person who requires further treatment.
  - an individual with a substance use disorder and as a result of such condition is a person who requires further treatment.
3. That treatment other than hospitalization
  - is  is not adequate to meet the respondent's treatment needs and sufficient to prevent harm or injuries which the respondent may inflict on respondent or others.
4. That the determination that further treatment is required was made by the petitioner for the following reasons:

5. That attached to this petition is a certificate by the following expert further setting forth the respondent's need for continuing treatment.

Name of expert attaching certificate:	This expert is a licensed <input type="checkbox"/> physician <input type="checkbox"/> psychiatrist <input type="checkbox"/> psychologist <input type="checkbox"/> physician assistant <input type="checkbox"/> advanced practice registered nurse <input type="checkbox"/> addiction counselor
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6. That the respondent has been provided with a treatment program consisting of: (describe)

7. That results of the treatment program have been:

8. That a clinical estimate of the period of time further treatment will be required is:

**The petitioner respectfully requests** that an order should be issued by this court [check one]

- [Continuing Treatment Order - Hospitalization - Mental Illness or A Substance Use Disorder]** requiring continued hospitalization of the respondent by the below named facility for the indicated period of time, not to exceed one year.
- [Continuing Treatment Order - Alternative Treatment - Mental Illness or A Substance Use Disorder]** requiring continued treatment other than hospitalization of the respondent as described below for the indicated period of time, not to exceed one year.

Name of facility providing continuing treatment:

The period of time for continuing treatment is:

- for one year
- other

**NOTICE:**

A hearing will be held within 30 days after this petition is filed unless you sign a waiver of hearing within 15 days after services of petition upon you.

Director/Superintendent or designee:

x

Address:	City:	State:	Zip Code:
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N.D.C.C. 25-03.1-21  
N.D.C.C. 25-03.1-22  
N.D.C.C. 25-03.1-23  
N.D.C.C. 25-03.1-31