



CERTIFICATE OF CONTINUING TREATMENT
NORTH DAKOTA SUPREME COURT
 SFN 17249 (F-6) (Rev. 07-2019)

STATE OF NORTH DAKOTA

County of _____

CIVIL CASE NUMBER

IN THE INTEREST OF

Name of Respondent: _____

REPORT OF EXAMINATION

Name of Expert Examiner: _____

Address: _____	City: _____	State: _____	Zip Code: _____
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Expert Examiner is a licensed Physician Physician Assistant Psychiatrist Psychologist trained in a clinical program
 Advanced practice registered nurse Addiction counselor

As an expert examiner licensed in the State of North Dakota as listed above, I state that I have

examined the above-named respondent and, as the result of the examination, certify and concur on the pertinent allegations and statements in the attached Petition for Continuing Treatment for the following reasons:

treated the above-named respondent and, as the result of the treatment, certify and concur on the pertinent allegations and statements in the attached Petition for Continuing Treatment for the following reasons:

1. The conclusion that the respondent continues to be (specify)

mentally ill and as a result is a person who requires further treatment is based upon the following tests, facts, circumstances, and observations:

an individual with a substance use disorder and as a result is a person who requires further treatment is based upon the following tests, facts, circumstances and observations:

2. The conclusion that treatment other than hospitalization

is **is not** adequate to meet the respondent's treatment needs and sufficient to prevent harm or injuries the respondent may inflict on the respondent or others is based upon the following information:

Dated this _____ day of _____ of _____.

X _____
 Signature