

CONSENT TO TRANSFER

Signature of Respondent

TO: Court				
Present treatment facility:				
New treatment facility:				
Address of new facility:		City:	State:	Zip Code:
The undersigned consents to an immediate transfer from the present treatment facility listed above to the new treatment facility, waives the right to a Transfer Hearing, and requests that the court issue an order approving the transfer without any delay.				
Dated this day of	of			
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N.D.C.C. 25-03.1-34(3)