



**PETITION FOR INVOLUNTARY COMMITMENT**

**NORTH DAKOTA SUPREME COURT**

SFN 17260 (GN-1) (Rev. 07-2019)

<b>STATE OF NORTH DAKOTA</b>
County of _____

**CASE NO.** \_\_\_\_\_

**IN THE INTEREST OF**

Name of Respondent:				
Address:		City:	State:	Zip Code:
County where respondent resides:		Telephone:		
The respondent's present whereabouts are as follows:		Identify facility requested for respondent's screening and/or evaluation:		
Age:	Date of birth:	Social Security #:	Gender: Male                      Female	Marital Status:
Occupation:				
Name of employer:			Approximate monthly earnings:	

List the name, address, and relationship of respondent's nearest relative or guardian, or, if none, a friend of the respondent:

Name:		Relationship:		Telephone:
Address:		City:	State:	Zip Code:
Name of attorney who most recently represented the respondent:				
Address:		City:	State:	Zip Code:
Petitioner's relationship to respondent:				
Has a Petition for Involuntary Commitment been filed in the past on this respondent:    Yes    No    Unsure				
If so, date of most recent filing of petition for involuntary commitment of respondent:				
County in which petition was filed:		Petition was                      granted.                      dismissed.		

**PETITION**

The petitioner comes before the court and respectfully alleges:

- 1. That the petitioner is 18 years of age or older.
- 2. That the respondent presently resides in the above-named county in the State of North Dakota.
- 3. That the petitioner believes that an evaluation of the respondent's condition should be made and involuntary commitment and treatment is required based on the petitioner's belief that the respondent is:

Mentally ill and as a result of such condition there is a reasonable expectation of a serious risk of harm if respondent is not treated. List recent (use dates) and specific facts in detail to show there is a reasonable expectation of serious risk of harm if not treated, including diagnosis, if known, and detailed behaviors of respondent relating to physical harm to self or property, suicidal attempts, etc. Attach additional sheets if necessary.

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**AND/OR**

An individual with a substance use disorder and as a result of such condition there is a reasonable expectation of a serious risk of harm if respondent is not treated. List recent (use dates) and specific facts in detail regarding the respondent's behavior to show there is a reasonable expectation of a serious risk of harm if respondent is not treated, including information about how much the respondent uses and how it affects him/her, physical/medical conditions, treatment efforts, etc. Attach additional sheets, if necessary:

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4. That the names, addresses, and telephone numbers of witnesses who will verify these facts are as follows:

Name:		Telephone:	
Address:	City:	State:	Zip Code:
Name:		Telephone:	
Address:	City:	State:	Zip Code:

5. That petitioner believes that it is not necessary to take the respondent into immediate custody for emergency treatment. [Immediate custody should be requested only if the respondent is seriously mentally impaired or has a substance use disorder and is imminently likely to injure the respondent or other persons if allowed to remain at liberty.]

6. [Complete only if immediate custody and emergency treatment requested.] Overt act(s) of the respondent which indicate the respondent is likely to injure himself or herself or other persons if allowed to remain at liberty are described as follows:

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7. That to the petitioner's best knowledge:  
     The respondent is indigent.  
     The respondent is not indigent.

8. The petitioner believes that an evaluation of the respondent's condition should be made and involuntary commitment and treatment is required. The petitioner declares under penalty of perjury that the foregoing is true and correct.

Printed name of Petitioner:

Signature of petitioner:		Date:	Telephone:
Address:	City:	State:	Zip Code:

**APPROVAL OF ATTORNEY**

This petition was reviewed for probable cause and I approve the filing of the petition.

Dated this \_\_\_\_ day of \_\_\_\_\_ of \_\_\_\_\_.

X

\_\_\_\_\_

Attorney

X

\_\_\_\_\_

County