



**PETITION FOR INVOLUNTARY COMMITMENT**  
**NORTH DAKOTA SUPREME COURT**  
 SFN 17260 (GN-1) (Rev. 08-2015)

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

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

**IN THE INTEREST OF**

Name of Respondent:
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Information about the respondent is as follow:
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Address:	City:	State:	Zip Code:
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Telephone:
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The respondent's present whereabouts are as follow:
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Age:	Date of birth (year):	Social Security # (last four):	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status:
<u>For full date of birth and Social Security Number - use Form GN-1A - Confidential Information Form</u>				

Occupation:
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Name of employer:	Approximate monthly earnings:
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List the name, address, and relationship of respondent's relative or guardian, or, if none, a friend of the respondent:
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Name:	Relationship:	Telephone:
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Address:	City:	State:	Zip Code:
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Name of attorney who most recently represented the respondent:
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Address:	City:	State:	Zip Code:
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Petitioner's relationship to respondent:
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Date of most recent filing of petition for involuntary commitment of respondent:
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County in which petition was filed:	Petition was <input type="checkbox"/> granted. <input type="checkbox"/> dismissed.
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**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 below named county in the State of North Dakota.
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County where respondent resides:
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3. That the petitioner believes 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.  
 chemically dependent and as a result of such condition there is a reasonable expectation of a serious risk of harm if respondent is not treated.
4. That because of the foregoing condition, the respondent requires treatment.
5. That the assertions contained in paragraph 3 are based upon the following specific facts (attach additional sheets, if necessary):

6. 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:

7. That petitioner believes that  is  is not necessary to take the respondent into immediate custody and emergency treatment. [Immediate custody should be requested only if the respondent is seriously mentally impaired or chemically dependent and is imminently likely to injure the respondent or other persons if allowed to remain at liberty.]
8. [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 other persons if allowed to remain at liberty are described as follows:

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

The petitioner believes that an evaluation of the respondent's condition should be made and involuntary commitment and treatment is required.

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

State of North Dakota                    )  
  ) ss.  
County of \_\_\_\_\_)

The undersigned, being first sworn, on their oath states that the undersigned is the petitioner in the above matter, and that the facts in this petition are true to the affiant's best information and belief

X \_\_\_\_\_  
Petitioner

Dated this \_\_\_\_\_ day of \_\_\_\_\_ of \_\_\_\_\_, before me personally appeared \_\_\_\_\_  
\_\_\_\_\_ who having been sworn state that to the best of their knowledge and belief the statements in this  
petition are true.

X \_\_\_\_\_  
Notary Public

(Seal)

My commission expires  
\_\_\_\_\_

**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

\_\_\_\_\_  
County