



STATEMENT OF EXPERT EXAMINER
NORTH DAKOTA SUPREME COURT
 SFN 17243 (F-1) (Rev. 08-2015)

STATE OF NORTH DAKOTA
County of _____

CIVIL CASE NUMBER

STATEMENT OF EXAMINER

Name of expert examiner: _____			
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Address: _____	City: _____	State: _____	Zip Code: _____
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Expert examiner is a licensed psychiatrist physician physician assistant psychologist trained in a clinical program
 advanced practice registered nurse addiction counselor

Name of respondent: _____

The respondent is alleged to be mentally ill chemically dependent

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

1. That I personally examined this respondent referred to in the attached petition within forty-five (45) days immediately preceding the date of the petition;
2. That I support the pertinent allegations made by the petition in the attached Petition for Involuntary Commitment;
3. That I also believe that, because of the above listed illness, there is reasonable cause to believe there exists a serious risk of harm to the respondent, others, or property based upon the following statements, behaviors, or conditions.

Statements, behaviors, or conditions:

Dated this _____ day of _____ of _____.

X _____
Signature