



**REPORT ASSESSING AVAILABILITY AND
APPROPRIATENESS OF ALTERNATIVE TREATMENT**
NORTH DAKOTA SUPREME COURT
SFN 17245 (F-2A) (Rev. 08-2015)

STATE OF NORTH DAKOTA

County of

CIVIL CASE NUMBER

IN THE INTEREST OF

Name of Respondent:

REPORT

Name of Expert Examiner:

Expert examiner is a licensed Physician Physician assistant Psychiatrist Psychologist trained in a clinical program
 Advanced practice registered nurse Addiction Counselor

Name of other facility:

Address: City: State: Zip Code:

The following non-hospital treatment programs for the above named respondent have been considered:

1. The following treatment programs, facilities, or resources which could possibly serve as alternatives to hospitalization for the above named respondent include: (NOTE: List in detail any possible programs, facilities, public or private agencies, community resources, etc., whether or not such programs, facilities, or resources are appropriate and feasible at the present time.)
 - A.
 - B.
 - C.
 - D.
 - E.
2. The foregoing alternative treatment programs, facilities, or resources are presently available unavailable to the respondent. If unavailable, list the reasons why alternative treatment programs are unavailable.
3. It is reasonably anticipated that the foregoing alternative treatment programs, facilities, or resources will be available within the following timeframe.

4. The foregoing alternative treatment program would would not be adequate to meeting the respondent's treatment needs for the following reasons:
- A.
 - B.
 - C.
 - D.
5. The foregoing alternative treatment program would would not be sufficient to prevent harm or injuries the respondent may inflict on the respondent or others for the following reasons:
- A.
 - B.
 - C.
 - D.

This form completed by: _____.

Dated this _____ day of _____ of _____.

X _____
Signature