



**AFFIDAVIT IN SUPPORT OF PETITION**  
**NORTH DAKOTA SUPREME COURT**  
 SFN 17261 (GN-2) (Rev. 08-2015)

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

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

**IN THE INTEREST OF**

Name of Respondent: _____
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State of North Dakota	)	
County of _____	) ss.	
The undersigned, being first sworn, on their oath states as follows:		
1. That the information disclosed in the attached petition concerning the above listed respondent, is true to the best of this affiant's information, belief, and knowledge.		
2. That other information supporting the belief that the respondent is <input type="checkbox"/> mentally ill <input type="checkbox"/> chemically dependent, and as a result of this condition is a person requiring treatment is as follows:		

3. That the relationship of this affiant to the respondent is as follows:
X _____ Affiant

Address of affiant: _____	City: _____	State: _____	Zip Code: _____
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Subscribed and sworn to before me this _____ day of _____ of _____.	
(Seal)	X _____ Notary Public  My commission expires _____