



**REQUEST FOR TRANSPORTATION  
FOR EMERGENCY DETENTION**  
NORTH DAKOTA SUPREME COURT  
SFN 17265 (GN-6) (Rev.08-2015)

**TO:**

Name of law enforcement agency or peace officer:		
Address:		
City:	State:	Zip Code:

Name of Person requesting emergency detention:			
Address of Person requesting emergency detention:			
The above named is a qualified <input type="checkbox"/> physician <input type="checkbox"/> physician assistant <input type="checkbox"/> psychiatrist <input type="checkbox"/> mental health professional <input type="checkbox"/> advanced practice registered nurse <input type="checkbox"/> peace officer <input type="checkbox"/> psychologist			
Name of respondent:			
Address:	City:	State:	Zip Code:

The above named person requesting emergency detention has reasonable cause to believe that the above named respondent is suffering from **mental illness** or **chemical dependency**, and there is reasonable cause to believe that there exists a serious risk of harm to the respondent, others, or property of such an immediate nature that considerations of safety do not allow preliminary intervention by a magistrate.

**IT IS REQUESTED** that the above named peace officer, pursuant to Section 25-03.1-25, N.D.C.C., take the respondent into custody and detain the respondent at (complete which is applicable)

The below named treatment facility:

Name of treatment facility:

Address:	City:	State:	Zip Code:
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Name of public facility:

Address:	City:	State:	Zip Code:
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The below named private facility which is suitably equipped and staffed for the purpose of emergency treatment and detention:

Name of private facility:

Address:	City:	State:	Zip Code:
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The below named jail or correctional facility because an emergency exists and no other facility is accessible. The above named respondent shall be detained at the jail or other correctional facility for a period of not more than twenty-four (24) hours and under close supervision. After the 24 hours has expired, the respondent shall be transferred to and detained in a public or private treatment facility for the remainder of the total period of detention, as hereinafter required by this request.

Name of jail or correctional facility:

Address:	City:	State:	Zip Code:
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Emergency detention and treatment may last up to four (4) days, exclusive of weekends and holidays, if a petition for treatment has been filed with the court.

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

\_\_\_\_\_  
Signature