



CERTIFICATE OF SERVICE
NORTH DAKOTA SUPREME COURT
 SFN 17268 (GN-9) (Rev. 08-2015)

SERVICE BY MAIL

Date of Mailing:			
Name of forms/documents which were mailed (copies must be attached):			
I certify that on the above date, I mailed a copy of the documents identified above (copies are attached), prepaid, to the following: <input type="checkbox"/> The attorney for the respondent:			
Name of attorney:			
Address:	City:	State:	Zip Code:
<input type="checkbox"/> The petitioner:			
Name of petitioner:			
Address:	City:	State:	Zip Code:
<input type="checkbox"/> The respondent's parents (if the respondent is a minor):			
Name of parents:			
Address:	City:	State:	Zip Code:
<input type="checkbox"/> The superintendent or director, or designee, of the hospital or treatment facility in which the respondent is hospitalized or being treated:			
Name of superintendent:			
Address:	City:	State:	Zip Code:
<input type="checkbox"/> The spouse of the respondent:			
Name of spouse:			
Address:	City:	State:	Zip Code:
<input type="checkbox"/> The guardian of the respondent:			
Name of guardian:			
Address:	City:	State:	Zip Code:
<input type="checkbox"/> The state's attorney of the county in which the proceedings are initiated:			
Name of state's attorney:			
Address:	City:	State:	Zip Code:

