



REQUEST TO TREAT WITH MEDICATION
NORTH DAKOTA SUPREME COURT
 SFN 18075 (F-3A) (Rev. 08-2015)

STATE OF NORTH DAKOTA

County of _____

CIVIL CASE NUMBER

IN THE INTEREST OF

Name of Respondent: _____

REQUEST TO TREAT WITH MEDICATION

_____, a psychiatrist treating the respondent, requests that the Court authorize treatment of the respondent with prescribed medication.

_____, the treating psychiatrist, and _____, another licensed physician, psychiatrist, physician assistant, or advanced practice registered nurse not involved in the current diagnosis or treatment of the patient, certify:

The patient is a person requiring treatment and the proposed medication, (identify each medication) _____,

is clinically appropriate and necessary to effectively treat the patient.

The patient was offered the treatment and refused it

or

The patient lacks the capacity to make or communicate a responsible decision about the treatment with medication.

The proposed medication is the least restrictive form of intervention necessary to meet the treatment needs of the patient.

The benefits of the treatment outweigh the known risks to the patient.

Dated this _____ day of _____ of _____.

X _____
 Psychiatrist Treating Respondent/Patient

X _____
 Physician, Psychiatrist, Physician Assistant,
 Advanced Practice Registered Nurse