NOTICE OF RELEASE

NORTH DAKOTA SUPREME COURT
SFN 17247 (F-4) (Rev. 08-2015)

STATE OF NORTH DAKOTA	CIVIL CASE NUMBER
County of	

IN THE INTEREST OF

Name of Respondent:

NOTICE OF RELEASE

Court:

Date of most recent hospitalization order:

The respondent was ordered to submit to the treatment indicated by the above named court on the date indicated.

- ☐ Seven-day emergency treatment
- ☐ Ninety-day treatment
- ☐ One year continuing treatment
- ☐ Fourteen-day evaluation and treatment
- ☐ _____ day treatment (indicate number of days)

NOTICE IS GIVEN that the respondent was released from custody and treatment on this date:

Respondent released for the following reasons:

☐ **NOTICE IS ALSO GIVEN** that the respondent was released from custody on the condition that the respondent undergo **alternative treatment** at the following facility because hospitalization is no longer required.

Name of alternative treatment facility:

Location of alternative treatment facility:

Until this date, as indicated by the court order:

☐ **NOTICE IS ALSO GIVEN** that the court is requested to enter an Order of Dismissal.

Signature of director or designee, superintendent, or designee:	Date:
X	

N.D.C.C. 25-03.1-18
N.D.C.C. 25-03.1-30