



**CERTIFICATE OF CONTINUING TREATMENT**  
**NORTH DAKOTA SUPREME COURT**  
 SFN 17249 (F-6) (Rev. 07-2019)

**STATE OF NORTH DAKOTA**

County of \_\_\_\_\_

**CIVIL CASE NUMBER**

\_\_\_\_\_

**IN THE INTEREST OF**

Name of Respondent: \_\_\_\_\_

**REPORT OF EXAMINATION**

Name of Expert Examiner: \_\_\_\_\_

Address: _____	City: _____	State: _____	Zip Code: _____
----------------	-------------	--------------	-----------------

Expert Examiner is a licensed  Physician  Physician Assistant  Psychiatrist  Psychologist trained in a clinical program  
 Advanced practice registered nurse  Addiction counselor

As an expert examiner licensed in the State of North Dakota as listed above, I state that I have

**examined** the above-named respondent and, as the result of the examination, certify and concur on the pertinent allegations and statements in the attached Petition for Continuing Treatment for the following reasons:

**treated** the above-named respondent and, as the result of the treatment, certify and concur on the pertinent allegations and statements in the attached Petition for Continuing Treatment for the following reasons:

1. The conclusion that the respondent continues to be (specify)

mentally ill and as a result is a person who requires further treatment is based upon the following tests, facts, circumstances, and observations:

an individual with a substance use disorder and as a result is a person who requires further treatment is based upon the following tests, facts, circumstances and observations:

2. The conclusion that treatment other than hospitalization

**is**  **is not** adequate to meet the respondent's treatment needs and sufficient to prevent harm or injuries the respondent may inflict on the respondent or others is based upon the following information:

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

X \_\_\_\_\_  
 Signature