



PETITION FOR ORDER FOR LESS RESTRICTIVE TREATMENT
 NORTH DAKOTA SUPREME COURT
 SFN 17250 (F-7) (Rev. 08-2015)

STATE OF NORTH DAKOTA

County of _____

CIVIL CASE NUMBER

IN THE INTEREST OF

Name of Respondent: _____

PETITION

Treatment Facility: _____	Date of treatment order: _____
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The superintendent or designee or director or designee of the above named treatment facility comes before the court and states:

1. That the respondent is subject to a treatment order or continuing treatment order issued by this court on the above date.
2. That the respondent continues to require treatment because:

3. That a less restrictive form of treatment would be more appropriate for the respondent because:

4. That the recommended treatment program would consist of:

The petitioner asks this court for an order that the respondent receive treatment as recommended for the remainder of the time specified in the order.

Dated this _____ day of _____ of _____.

X _____
 Signature