



**RECEIPT AND NOTICE REGARDING
 PETITION FOR ORDER FOR LESS
 RESTRICTIVE TREATMENT**
 NORTH DAKOTA SUPREME COURT
 SFN 17250 (F-7A) (08-2015)

STATE OF NORTH DAKOTA

County of _____

CIVIL CASE NUMBER

IN THE INTEREST OF

Name of Respondent: _____

RECEIPT AND NOTICE

The undersigned respondent acknowledges receipt of the Petition for Order for Less Restrictive Treatment and understands that the respondent has a right to a hearing before the court before an order for the requested treatment is signed by the Judge.

The respondent:

- demands a hearing and does not consent to the court ordering the treatment described in this petition.
- waives the right to a hearing and does consent to the court ordering the treatment described in this petition.

Dated this _____ day of _____ of _____.

X _____
 Signature