



NOTICE OF TRANSFER
NORTH DAKOTA SUPREME COURT
 SFN 17256 (F-13) (Rev. 08-2015)

TO:

Name of patient:

NOTICE OF TRANSFER

NOTICE IS GIVEN that the superintendent or director of the present treatment facility, listed below, has authorized your transfer from the present facility to the new facility listed below on the indicated date, because it is consistent with your medical needs to do so.

NOTICE IS ALSO GIVEN that if you object to the transfer, you must present your objection to the Court within 7 days after receiving this Notice of Transfer. If you oppose the transfer, you have the right to a hearing before the court. You may request a hearing by completing the Request for Transfer Hearing. If you request a hearing, the Court must set a hearing within 14 days of receiving your objection and Request for Transfer Hearing.

NOTICE IS ALSO GIVEN that if you do not oppose the transfer, you may consent to the transfer, waive your right to a transfer hearing, and request that the court immediately issue an order approving the transfer. You may do so by completing the Consent to Transfer on the back of this form.

Present facility:

Address of present facility:

City:

State:

Zip Code:

New facility:

Address of new facility:

City:

State:

Zip Code:

Date of transfer:

Dated this _____ day of _____ of _____.

X _____
 Director/Superintendent of present facility