



**NOTICE OF HOSPITALIZATION OF RESPONDENT
SUBJECT TO ALTERNATIVE TREATMENT ORDER**
NORTH DAKOTA SUPREME COURT
SFN 17258 (F-15) (Rev. 08-2015)

STATE OF NORTH DAKOTA
County of _____

CIVIL CASE NUMBER

IN THE INTEREST OF

Name of Respondent: _____

NOTICE OF HOSPITALIZATION

Name of person notifying the court: _____		Telephone: _____	
Address of person notifying the court: _____	City: _____	State: _____	Zip Code: _____
The person notifying the court is a <input type="checkbox"/> peace officer <input type="checkbox"/> physician <input type="checkbox"/> physician assistant <input type="checkbox"/> psychiatrist <input type="checkbox"/> clinical psychologist <input type="checkbox"/> advanced practice registered nurse <input type="checkbox"/> mental health professional			
Name of treatment facility: _____			
Date of detention: _____		Time of detention: _____	
The above named person notifies the court that the respondent is the subject of an alternative treatment order and has been detained at the listed treatment facility. The detention occurred at the time and place indicated. Detention occurred because: <input type="checkbox"/> the respondent was not complying with the Order for Alternative Treatment. <input type="checkbox"/> the alternative treatment ordered was not sufficient to prevent harm or injuries to self or others. Considerations of time and safety required immediate detention. Specific conduct alleged to have occurred and the names and addresses of witnesses are identified below: 			

Dated this _____ day of _____ of _____.

X _____
Signature