



**AFFIDAVIT IN SUPPORT OF PETITION**  
**NORTH DAKOTA SUPREME COURT**  
 SFN 17261 (GN-2) (Rev. 07-2019)

**STATE OF NORTH DAKOTA**

**CASE NO.** \_\_\_\_\_

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

**IN THE INTEREST OF**

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

State of North Dakota )  
 ) ss.  
 County of \_\_\_\_\_ )

The undersigned declares under penalty of perjury:

1. That the information disclosed in the attached petition concerning the above listed respondent, is true and correct to the best of this affiant's information, belief, and knowledge.
2. That other information supporting the belief that the respondent is  mentally ill  an individual with a substance use disorder, and as a result of this condition is a person requiring treatment is as follows:

3. That the relationship of this affiant to the respondent is as follows:

X \_\_\_\_\_  
 Affiant

Address of affiant:

City:

State:

Zip Code: