



APPLICATION FOR EVALUATION AND EMERGENCY ADMISSION
NORTH DAKOTA SUPREME COURT
 17264 (GN-5) (Rev. 07-2019)

**PATIENT
 INFORMATION**

Name of patient:	Form completed/Emergency Evaluation/Admission Initiated Date: _____ Time: _____		
Address:	City:	State:	Zip Code:

APPLICATION FOR EVALUATION AND EMERGENCY ADMISSION

Name of person making application for evaluation and emergency admission:			
Person making application for evaluation and emergency admission is a <input type="checkbox"/> psychiatrist <input type="checkbox"/> psychologist <input type="checkbox"/> mental health professional <input type="checkbox"/> peace officer <input type="checkbox"/> physician <input type="checkbox"/> physician assistant <input type="checkbox"/> advanced practice registered nurse			
Address:	City:	State:	Zip Code:
Name of Facility in which patient is to be admitted:			
Facility Address:	City:	State:	Zip Code:
The above-listed person certifies that he or she is the person who: <input type="checkbox"/> conveyed the above respondent to the indicated facility. <input type="checkbox"/> caused to convey the above respondent to the indicated facility. (Complete if applicable) <input type="checkbox"/> The emergency detention was conducted in accordance with the Request for Transportation for Emergency Detention (SFN 17265 [GN-6] which must be attached) signed by the following:			
The circumstances under which the respondent was taken into custody are as follows: (describe in detail, including where found, if resistance offered, witnesses, time, etc.)			

The overt act committed by the respondent which forms the basis for the belief of the undersigned person signing the Request for Transportation for Emergency Detention that the respondent is mentally ill an individual with a substance use disorder and as a result there is reasonable cause to believe there exists serious risk of harm of an immediate nature to the respondent, others, or property if not immediately detained is described as follows: (Describe in detail the overt act. Information found on the Request for Transportation for Emergency Detention or the Petition for Involuntary Commitment may be used.)

Dated this _____ day of _____ of _____.

X _____
Printed name of individual completing form

X _____
Signature of individual completing form