



**STATE'S ATTORNEYS REQUEST FOR
INVESTIGATION AND EVALUATION**
NORTH DAKOTA SUPREME COURT
SFN 17272 (GN-13) (Rev. 08-2015)

STATE OF NORTH DAKOTA

County of

IN THE INTEREST OF

Name of Respondent:

TO:

Director (regional human service center):

Address:	City:	State:	Zip Code:
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1. Pursuant to N.D.C.C. 25-03.1-08, you must designate a qualified mental health professional to investigate and evaluate the specific facts alleged in the attached Petition for Involuntary Commitment. The designated professional is, in accordance with N.D.C.C. 25-03.1-08, directed to conduct the investigation and evaluation of the attached Petition.
2. The investigation is to be completed as soon as possible and shall include observations of and conversation with the respondent, unless the respondent cannot be found or refuses to meet with the mental health professional.
3. A written report of the results of the investigation shall be delivered to the undersigned state's attorney and must be made available upon request to the respondent, respondent's counsel, and to any expert examiner conducting an examination under N.D.C.C. Section 25-03.1-11.

Dated this _____ day of _____ of _____.

X _____
Signature

The above is state's attorney for the following county:

Address:	City:	State:	Zip Code:
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