



**REPORT OF MENTAL HEALTH PROFESSIONAL**  
**NORTH DAKOTA SUPREME COURT**  
 SFN 17273 (GN-14) (Rev. 08-2015)

**STATE OF NORTH DAKOTA**

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

**IN THE INTEREST OF**

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

**TO:**

County state's attorney: \_\_\_\_\_

Address: _____	City: _____	State: _____	Zip Code: _____
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**FROM:**

Mental health professional: _____	Position: _____
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Address: _____	City: _____	State: _____	Zip Code: _____
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The undersigned submits the following report and evaluation in accordance with Section 25-03.1-08, N.D.C.C.:

1. The specific facts alleged in the Petition for Involuntary Commitment have been investigated and evaluated and the conclusions of the undersigned are as follows:
  
2. (Check which is applicable):
  - As a result of observations and conversations with the respondent at the following location, the following information was received and conclusions were made: (List location and information/conclusions)
  
  - The respondent could not be found.
  - The respondent refused to meet with the undersigned mental health professional.

Dated this \_\_\_\_\_ day of \_\_\_\_\_ of \_\_\_\_\_.

X \_\_\_\_\_  
 Signature