



PETITION FOR INVOLUNTARY COMMITMENT
 NORTH DAKOTA SUPREME COURT
 SFN 17260 (GN-1) (Rev. 03-2006)

STATE OF NORTH DAKOTA
County of _____

IN THE INTEREST OF

Name of Respondent::

Information about the respondent is as follow:

Address:	City:	State:	Zip Code:
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Telephone:

The respondent's present whereabouts are as follow:

Age:	Date of birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Marital Status:
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Occupation:

Name of employer:	Approximate monthly earnings:
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List the name, address, and relationship of respondent's relative or guardian, or, if none, a friend of the respondent:

Name:	Relationship:	Telephone:
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Address:	City:	State:	Zip Code:
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Name of attorney who most recently represented the respondent:
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Address:	City:	State:	Zip Code:
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Petitioner's relationship to respondent:
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Date of most recent filing of petition for involuntary commitment of respondent:
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County in which petition was filed:	Petition was <input type="checkbox"/> granted. <input type="checkbox"/> dismissed
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PETITION

The petitioner comes before the court and respectfully alleges:

1. That the petitioner is 18 years of age or older.
2. That the respondent presently resides in the below named county in the State of North Dakota.

County where respondent resides:

3. That the petitioner believes that the respondent is
 mentally ill and as a result of such condition there is a reasonable expectation of a serious risk of harm if respondent is not treated.
 chemically dependent and as a result of such condition there is a reasonable expectation of a serious risk of harm if respondent is not treated.

4. That because of the foregoing condition, the respondent requires treatment.

5. That the assertions contained in paragraph 3 are based upon the following specific facts (attach additional sheets, if necessary):

6. That the names, addresses, and telephone numbers of witnesses who will verify these facts are as follows:

Name:		Telephone:	
Address:	City:	State:	Zip Code:
Name:		Telephone:	
Address:	City:	State:	Zip Code:

7. That petitioner believes that is is not necessary to take the respondent into immediate custody and emergency treatment. [Immediate custody should be requested only if the respondent is seriously mentally impaired or chemically dependent and is imminently likely to injure the respondent or other persons if allowed to remain at liberty.]

8. [Complete only if immediate custody and emergency treatment requested.] Overt act(s) of the respondent which indicate the respondent is likely to injure himself or other persons if allowed to remain at liberty are described as follows:

9. That to the petitioner's best knowledge
 The respondent is indigent.
 The respondent is not indigent.

The petitioner believes that an evaluation of the respondent's condition should be made and involuntary commitment and treatment is required.

Signature of petitioner:		Date:	Telephone:
Address:	City:	State:	Zip Code:

NORTH DAKOTA STATE HOSPITAL BILLING POLICY

North Dakota State Hospital (NDSH) patients 18 and older are responsible for paying the costs of care and treatment whether they are admitted to NDSH on a voluntary or involuntary basis. Spouses of patients are equally responsible for payment.

Parents of patients 17 and younger are responsible for the costs of care and treatment unless their parental rights have been terminated and they are no longer legally responsible for their child's care.

If a patient is covered by Medical Assistance (Medicaid), Medicare, Blue Cross/Blue Shield, CHAMPUS, V.A., or any other health insurance carrier, the patient may authorize NDSH to file insurance claims for him or her. The patient is responsible for any charges not paid by insurance, except for charges NDSH must write off as a result of a provider agreement with the insurer.

A patient who was physically in a North Dakota jail or penitentiary immediately prior to being admitted to NDSH is not responsible for any balance remaining after payment by the patient's insurance.

MEDICAL ASSISTANCE (MEDICAID) WILL NOT PAY THE NORTH DAKOTA STATE HOSPITAL FOR CARE AND TREATMENT OF ANY PATIENTS WHO ARE NOT NORTH DAKOTA RESIDENTS.

MEDICAL ASSISTANCE (MEDICAID) WILL NOT PAY THE NORTH DAKOTA STATE HOSPITAL FOR CARE AND TREATMENT OF NORTH DAKOTA RESIDENTS AGED 21 THROUGH 64. THESE PATIENTS WILL BE PERSONALLY RESPONSIBLE FOR NDSH CHARGES INCURRED.

Prior to discharge, all NDSH patients will make arrangements with the Credit Department for the payment of remaining charges for care and treatment. Each patient will have an opportunity to apply for NDSH's Ability to Pay Program.

Subsection 11:

• "Person requiring treatment" means a person who is mentally ill or chemically dependent, and there is a reasonable expectation that if the person is not treated there exists a serious risk of harm to that person, others, or property. "Serious risk of harm" means a substantial likelihood of:

- a. Suicide, as manifested by suicidal threats, attempts, or significant depression relevant to suicidal potential;
- b. Killing or inflicting serious bodily harm on another person or inflicting significant property damage, as manifested by acts or threats;
- c. Substantial deterioration in physical health, or substantial injury, disease, or death, based upon recent poor self-control or judgment in providing one's shelter, nutrition, or personal care; or
- d. Substantial deterioration in mental health which would predictably result in dangerousness to that person, others, or property, based upon acts, threats, or patterns in the person's treatment history, current condition, and other relevant factors.