Morton County
State of North Dakota
Office of State's Attorney
Allen Koppy
State's Attorney

INVOLUNTARY COMMITMENT INFORMATION SHEET

Note: The Person seeking commitment of another is the Petitioner
The Person to be committed is the Respondent

If you do not have adequate room to answer a question please add it to the bottom

Information about the **PETITIONER**

Name: _____

Street Address: _____

City/State/Zip Code: _____

Telephone Number(s): _____

Relationship to the person to be committed: _____

Are you, the potential petitioner, above the age of eighteen (18)? ____

Information about the **RESPONDENT**

Name: _____

Street Address: _____

City/State/Zip Code: _____

Telephone Number(s): _____

Where is the Respondent right now? _____

Further information about the Respondent:

Date of Birth?_____

Sex? ____

Marital Status? _____

Occupation? _____

Employment? _____

Approximate Monthly Income? _____

Respondent's nearest relative, guardian, friend: Name:

Relationship: _____

Address: _____

City/State/Zipcode: _____

Telephone number(s): _____

Does the Respondent have the financial ability to pay for his/her medical care? ____

Does the Respondent have the financial ability to pay for his/her legal representation? ____

Where does the Respondent receive medical treatment? _____

If known, what is the name and contact information of the attorney that most recently represented the Respondent?

_____

INFORMATION RELEVANT TO THE PETITION ALLEGATIONS

Is your concern that the Respondent suffers from

A. Mental Illness? ____

B. Chemical Dependency (Drug or alcohol addiction)? ____

C. Both Mental Illness and Chemical Dependency? ____

Has the Respondent ever been subject to a petition for involuntary commitment before? ____

If yes, Where? _____

When? _____

Was the petition granted? ____

Is the Respondent under the care of a mental health professional now? ____

If yes, who is providing that care? ____

Has the Respondent ever been under the care of a mental health professional? ____

If yes, When? _____

Where? _____

Who was the provider? _____

What was the diagnosis? _____

Is the Respondent taking any medications for a mental illness? ____

If yes, what are the medications? _____

Is the Respondent refusing to take prescribed medications for a mental illness? ____

If yes, what medications? _____

Is the Respondent being treated for chemical dependency? ____

Has the Respondent ever been treated for chemical dependency? ____

If yes, when and where? _____

Has the Respondent made threats of suicide? ____

If yes, state when and describe: _____

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Has the Respondent attempted suicide?

If yes, state when and describe: _____

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Has the Respondent made threats to kill or seriously injure another person?

If yes, state when and describe: _____

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Has the Respondent attempted to kill or seriously injure another person? Or succeeded? ____

If yes, state when and describe: _____

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Are you concerned that the Respondent will commit suicide? ____

If yes, why? _____

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Are you concerned that the Respondent will kill or seriously injure another person? ____

If yes, why? _____

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Are you concerned that the Respondent will suffer from a substantial deterioration in physical health if not forced to undergo treatment?

If yes, why? _____

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Are you concerned that the Respondent will suffer from a substantial deterioration in mental health if not forced to undergo treatment?

If yes, why? _____

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Is this an emergency that requires the Respondent to be taken into immediate custody?

If yes, why? _____

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Please use this space to add any details that you believe are important that are not yet stated. As well, use this space to add to any answers that you believe are incomplete.

WARNING

If a Petition for the Involuntary Commitment of another for reasons of either Mental Illness or Chemical Dependency is prepared. You will be asked to sign the Petition under oath, meaning that any intentional or deliberate falsehood on that Petition constitutes a crime under Chapter 12.1-11 of the North Dakota Century Code and could result in your criminal prosecution.

I have read and understand the WARNING

Name: _____

Date: _____