

CIVIL COMMITMENTS

The following general information is intended to help answer the most commonly asked questions about the civil commitment process.

Who can be committed?

People who are chemically dependant or mentally ill **AND** who are considered to be dangerous to themselves, others or property. A court may consider a person to be dangerous if they threaten harm or act out in a violent manner. A person may also be dangerous to themself by neglecting their own personal care to the point that it threatens their own health.

How is a civil commitment accomplished?

In Cass County there are two ways people can be committed. The first is by Emergency Order. This process is available to law enforcement personnel and health care professionals only.

The second way is by Petition. This is accomplished by a person who knows the individual in dire need of help and who completes the necessary forms located at the State's Attorney's Office. The person who completes this information and asks that a person be committed is the "Petitioner". The person who might be committed is the "Respondent".

What information is needed?

Information included on the petition for commitment should be as recent as possible. It should provide the specific details that convince you that this person can no longer care for themself or that convinces you they are dangerous to others. It should also explain:

- Any history of mental or chemical treatment.
- Specifics on the whereabouts of the Respondent.
- Names of witnesses who can also attest to the Respondent's behavior.
- Any information you may possess about insurance.

What happens after I turn in a petition?

Once a petition has been completed two things must be determined. First a healthcare professional must certify to the State's Attorney's Office that there is a need for commitment. A copy of the petition is immediately forwarded to Southeast Human Services, or other appropriate agency, for an evaluation. When completed, that agency sends their recommendation back to the State's Attorney's Office.

At that point the State's Attorney's Office makes the second necessary determination. After reviewing the recommendation by the human services agency the State's Attorney's Office must determine whether there is a legal basis to request a judge to order the person committed against their own will.

When would a commitment take place?

A petition is valid for thirty days. The time it takes for the process to be completed can vary widely depending upon the individual circumstances of each case. It is common to have the aforementioned steps completed and the person taken into a treatment facility within five days to two weeks.

Where would the respondent be sent?

Most often, respondents are sent to the State Hospital in Jamestown, North Dakota. Within seven days following such a commitment, a court hearing would be set in Cass County in which a judge determines whether there is probable cause to believe that the person meets the standards for commitment. If you are notified of the time and date of any court proceeding regarding this commitment, you are expected to appear and testify to the truth of your statements made in the petition.

Does the person have to be sent to Jamestown?

Not necessarily. In some cases, if a person has insurance coverage and/or an extensive prior treatment history with another facility in North Dakota, they can be committed there.

Can they be sent to Fergus Falls or some other Minnesota facility?

NO! North Dakota courts do not have jurisdiction to commit someone into a Minnesota facility, even if they are a Minnesota resident or have been treated there in the past. North Dakota Courts can only commit to North Dakota facilities. If it is your desire to have a person committed to a Minnesota facility, you must do so through a Minnesota commitment process, or convince the person to go there voluntarily.



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:

Address:	City:	State:	Zip Code:
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Petitioner's relationship to respondent:

Date of most recent filing of petition for involuntary commitment of respondent:

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:

State of North Dakota)
County of _____) ss.

The undersigned, being first sworn, on their oath states that the undersigned is the petitioner in the above matter, and that the facts in this petition are true to the affiant's best information and belief

X _____
Petitioner

Dated this _____ day of _____ of _____, before me personally appeared _____
_____ who having been sworn state that to the best of their knowledge and belief the statements in this
petition are true.

X _____
Notary Public

(Seal)

My commission expires _____

APPROVAL OF ATTORNEY

This petition was reviewed for probable cause and I approve the filing of the petition.

Dated this _____ day of _____ of _____.

X _____
Attorney

County



AFFIDAVIT IN SUPPORT OF PETITION
NORTH DAKOTA SUPREME COURT
 SFN 17261 (GN-2) (Rev. 03-2006)

STATE OF NORTH DAKOTA
County of _____

IN THE INTEREST OF

Name of Respondent: _____

State of North Dakota	}		
County of _____	}	ss.	

The undersigned, being first sworn, on their oath states as follows:

- That the information disclosed in the attached petition concerning the above listed respondent, is true to the best of this affiant's information, belief, and knowledge.
- That other information supporting the belief that the respondent is mentally ill chemically dependent, and as a result of this condition is a person requiring treatment is as follows:

3. That the relationship of this affiant to the respondent is as follows:

X _____
Affiant

Address of affiant:	City:	State:	Zip Code:
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Subscribed and sworn to before me this _____ day of _____ of _____.

X _____
Notary Public

(Seal) My commission expires _____



**STATE'S ATTORNEYS REQUEST FOR
INVESTIGATION AND EVALUATION**
NORTH DAKOTA SUPREME COURT
SFN 17272 (GN-13) (Rev. 03-2006)

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 are directed to assign a qualified mental health professional to investigate and evaluate the specific facts alleged in the attached Petition for Involuntary Commitment.
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 _____
Name of State's Attorney

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

Address: _____	City: _____	State: _____	Zip Code: _____
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