STATE OF NORTH DAKOTA

County of

CIVIL CASE NUMBER

IN	ITHE	IN٦	ΓFR	FS1	Γ OF
- 117					O I

Name of Respondent:						
REPORT OF EXAMINATION						
Name of Expert Examiner: (Print or Type)						
Address:			City:		State:	Zip Code:
Expert examiner is a licensed	Physician	Physician assistant	Psychiatrist	Psychologist train	ed in a clinical pro	gram
	Advanced pra	actice registered nurse	Addiction Coun	selor		
B. III						
Date and time respondent appear						
As an expert examiner licensed in the State of North Dakota as listed below, I state that I have examined this respondent on the date listed above and submit the following report:						
Evaluation of physical and mental condition of respondent:						
2. It is concluded that the resp	ondent (check a	ll that apply):				
		al, or emotional disorder wh		pairs the capacity to u	se self-control, jud	dgment, and discretion

is an individual with an illness or disorder characterized by a maladaptive pattern of usage of alcohol or drugs, or combination thereof, resulting in social, occupational, psychological, or physical problems and is an individual with a substance use disorder.

may be mentally ill, but no conclusion is drawn by this examiner whether the respondent is a person requiring treatment.

may have a substance use disorder, but no conclusion is drawn by this examiner whether the respondent is a person requiring treatment.

does meet the foregoing statutory criteria for mental illness or substance use diorder, but does not require involuntary treatment.

does not meet the foregoing statutory criteria for mental illness or substance use disorder and does not require involuntary treatment.

3.	It is further concluded that as a result of the illness or substance use disorder identified in item #2, there is a reasonable expectation that there exists a serious risk of harm to the respondent, others, or property and substantial likelihood of (check all that apply):							
	suicide as manifested by suicidal threats, attempts, or significant depression relevant to suicidal potential.							
	killing or inflicting serious bodily harm on another person, inflicting significant property damage, as manifested by acts or threats.							
	substantial deterioration in physical health, or substantial injury, disease, or death based upon recent poor self-control or judgment in providing for one's shelter, nutrition, or personal care.							
	substantial deterioration in mental health which would predictably result in dangerousness to that person, others, or property, based upon evidence of objective facts to establish the loss of cognitive or volitional control over the person's thoughts or actions or based upon acts, threats, or patterns in the person's treatment history, current condition, and other relevant factors, including the effect of the person's mental condition on the person's ability to consent.							
4.	The above conclusions are based upon the following tests, facts, circums	tances, and observations:						
5	5 The following mental health professional was consulted: participated in the examination:							
Name of mental health professional (print or type):								
Add	ress:	City:	State:	Zip Code:				
Findings/conclusions of consulted mental health professional:								
Date:		Print name of examiner preparing report:						
		x						
		Signature of examiner preparing rep	ort:					
		x						