NORTH DE					
STATE OF NORTH DAKOTA			CIVIL CAS	SE NUMBER	
County of					
IN THE INTEREST OF					
Name of Respondent:					
NOTICE OF DETENTION					
Name of person notifying the court:			Telephone:		
Address of person notifying the court:		City:		State:	Zip Code:
The person notifying the court is a 🔲 director of the facility or designee 🗀 superintendent of the facility or designee					
Name of treatment facility where detention occurred:					
Date detention occurred:					
The above named person representing the above named treatment facility notifies the court that the respondent, who is the subject of an Alternative Treatment Order, has been examined and detained at the indicated place of detention.					
A copy of the Report of Examination is attached.					
Based on the information available, it is recommended that the co	ourt:				
☐ Continue the Alternative Treatment Order;					
☐ Direct the respondent to undergo another program of alternative treatment, specifically:					
Require that the respondent be hospitalized at the following:					

X____ Signature

Dated this _____ of _____ of _____.