

STATE OF NORTH DAKOTA

IN DISTRICT COURT

COUNTY OF _____

CIVIL CASE NO. _____

NAME OF RESPONDENT

**ORDER REGARDING
INVOLUNTARY TREATMENT
WITH MEDICATION**

The Court has reviewed a request for involuntary treatment with prescribed medication and has received an application and order for waiver of hearing.

The Court has been presented with a request for involuntary treatment with prescribed medication.

Upon consideration of the evidence, the Court concludes the proposed prescribed medication is clinically appropriate and necessary to effectively treat the Respondent and that the Respondent is a person requiring treatment.

The record indicates the Respondent was offered the medication and refused it or that the Respondent lacks the capacity to make or communicate a responsible decision about necessary treatment.

The prescribed medication is the least restrictive form of intervention necessary to meet the treatment needs of the patient and the benefits outweigh the known risks to the patient.

Based on the above, the Court now finds that there is clear and convincing evidence to warrant authorization to the facility for involuntary treatment with prescribed medication.

Specific medication(s): _____

Alternative medication(s): _____

Twenty-four hour notice must be given to the Respondent, Respondent's counsel, the Court, and Petitioner's counsel if alternative medication is to be used.

This Order shall remain in effect until _____ (not to exceed 90 days).

Notice to Respondent: Respondent has the right to counsel and the right to appeal this Order within thirty days.

Dated this _____ day of _____, _____.

District Judge/Magistrate