

STATE OF NORTH DAKOTA

IN DISTRICT COURT

COUNTY OF _____

CIVIL CASE NO. _____

NAME OF RESPONDENT

**ORDER APPOINTING
INDEPENDENT EXPERT EXAMINER
(REQUEST TO TREAT WITH
PRESCRIBED MEDICATION)**

Based on the request to treat with medication before the Court, the Court now **ORDERS** that the Respondent be examined by _____, who is a licensed psychiatrist. The examination shall take place at the examiner's office at (address)

on the ____ day of _____, _____, at _____ am pm.

The cost of this exam will be paid by _____ County, the Respondent's place of residence, if the Respondent is indigent and unable to pay the cost of the exam. All requests for reimbursement for the independent examination by the expert examiner exceeding \$_____ must be submitted in writing and approved by the Court in advance of incurring the expense.

Dated this ____ day of _____, _____.

District Judge/Magistrate