



**REQUEST FOR TRANSPORTATION
FOR EMERGENCY DETENTION**
NORTH DAKOTA SUPREME COURT
SFN 17265 (GN-6) (Rev. 07-2019)

TO:

Name of law enforcement agency or peace officer:		
Address:		
City:	State:	Zip Code:

Name of Person requesting transportation for emergency detention:		
Address of Person requesting transportation for emergency detention:		
<p>The above named is a qualified physician physician assistant psychiatrist mental health professional</p> <p> advanced practice registered nurse peace officer psychologist</p> <p> emergency medical services professional directed by physician</p>		

Name of respondent:			
Address:	City:	State:	Zip Code:

The above named person requesting emergency detention has reasonable cause to believe that the above named respondent is suffering from **mental illness and/or a substance use disorder**, and there is reasonable cause to believe that there exists a serious risk of harm to the respondent, others, or property of such an immediate nature that considerations of safety do not allow preliminary intervention by a magistrate.

IT IS REQUESTED that the above named peace officer, pursuant to Section 25-03.1-25, N.D.C.C., take the respondent into custody and detain the respondent at (complete which is applicable):

Public treatment facility

Private treatment facility (which is suitably equipped and staffed for the purpose of emergency treatment and detention)

Jail or correctional facility (because an emergency exists and no other facility is accessible. The above named respondent shall be detained at the jail or other correctional facility for a period of not more than twenty-four (24) hours and under close supervision. After the 24 hours has expired, the respondent shall be transferred to and detained in a public or private treatment facility for the remainder of the total period of detention, as hereinafter required by this request.)

Name of facility:			
Address:	City:	State:	Zip Code:

Emergency detention and treatment may last up to four (4) days, exclusive of weekends and holidays, if a petition for treatment has been filed with the court.
[Note: the individual completing this form or conveying the respondent must complete GN-5]

Dated this _____ of _____ of _____.

Signature