APPLICATION FOR MODIFICATION OF ALTERNATIVE TREATMENT ORDER



NORTH DAKOTA SUPREME COURT SFN 17270 (GN-11) (Rev. 08-2015)

STATE OF NORTH DAKOTA

CASE NO._____

County of

IN THE INTEREST OF

Name of Respondent:

APPLICATION

Name of person making application:				
Address:		City:	State:	Zip Code:
The above named is a representative of the Department of Human Service a representative of the treatment program involved attorney for the petitioner. state's attorney as indicated below: 	vices. d in the alternat	tive treatment order.		
Name of state's attorney:				
The above listed person requests that the court modify the Alterna	tive Treatment	Order issued in this case for the fo	llowing reason:	
The respondent is not complying with the Alternati	ive Treatment C	Order;		
☐ The Alternative Treatment Order has not been suf	ficient to preve	nt harm or injuries the respondent	may self-inflict or inflict	on others.
Specific conduct which supports this request, dates on which the c				

It is specifically requested that the court:

Dated this _____ day of _____ of _____.

X____ Signature