

SPIRIT LAKE TRIBAL COURT
SPIRIT LAKE JURISDICTION

IN TRIBAL COURT/CIVIL DIVISION
FORT TOTTEN, NORTH DAKOTA

IN THE INTEREST OF:)
)
)
_____,)
Respondent,)
)
)
C# _____)
)
_____,)
Petitioner,)

COMES NOW _____, the Petitioner in this action and respectfully alleges:

1. That the Petitioner is eighteen years of age or older:
2. That the above named Respondent presently resides at: _____
_____, within the exterior boundaries of the Spirit Lake Reservation, State of North Dakota, County of Benson.
3. That the Petitioner believes that the Respondent is:
 Severely mentally ill.
 An alcoholic and as a result of such condition there is a reasonable expectation of a serious risk of harm if Respondent is not hospitalized.
 Has expressed suicidal ideation and as a result of such, there is a reasonable expectation of a serious risk of harm if Respondent is not hospitalized.
4. That because of the foregoing condition, the Respondent requires treatment.
5. That the assertion contained in paragraph 3 are based upon the following specific facts: _____

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6. That the names and addresses of witnesses who will verify said facts are as follows:

7. That other information about the respondent is as follows:

(A) Respondents name, address and telephone number or cell number:

(B) Respondent's present whereabouts: _____

(C) Respondent's age: _____, Date of Birth: _____

Marital status: _____, Occupation: _____

Employer: _____

(D) The name, address and relationship of Respondent's relative, guardian, or if none, a friend of the Respondent: _____

(E) The name, address of the attorney who has most recently represented the Respondent in any court proceeding: _____

(F) Other pertinent information regarding the Respondent's current financial condition is as follows: (for example, land owned, savings account, insurance, other assets)

(G) Petitioner's relationship to the Respondent: _____

(H) The most recent Petition for Involuntary Commitment of the Respondent was filed on: _____

(Commitment date and what court ordered him/her to treatment)

8. That the Petitioner feel that it (is) (is not) necessary to take the Respondent into immediate custody. And emergency treatment (immediate custody should be requested ONLY IF the Respondent is, seriously mentally impaired, an alcoholic, or a drug addict or is imminently likely to injure oneself or other persons if allowed to remain at liberty.

9. Complete ONLY IF immediate custody and emergency treatment requested over the acts of the Respondent which indicate (he) (she) is imminently likely to injure (him) (her) self or other persons if allowed to remain at liberty are as follows: _____

WHEREFORE, the Petitioner believes that an evaluation of the Respondent's condition should be made and involuntary commitment and treatment required.

Dated this _____ day of _____, 20_____

Petitioner

In the Spirit Lake Tribal Court:

The undersigned, being first duly sworn on oath states that he/she is the Petitioner in the above matter and that the facts therein set forth are true to the Affiant's best information and belief.

Address

Signature of Petitioner

Telephone Number

Subscribed and sworn to before me this _____ day of _____,
20_____, at Fort Totten, North Dakota.

(Tribal Court Seal)

Clerk of Court

The following information is needed in for you to file a Civil Action. We must know this information in order to begin a file on your case. We need to know how to reach you and the Opposing party for purpose of court hearing dates, verbal communication related to your case and for purpose of locating the parties for service of legal documents. YOU MUST PROVIDE THIS INFORMATION. Without this information provided, we cannot proceed with your case.

CIVIL INFORMATION SHEET

Plaintiff/Petitioner:

Name: _____

Place of Residence: (District and/or Unit #) _____

Current Mailing Address: _____

Home Phone Number and Cell Phone Number: _____

Place of Employment: _____

Work Phone Number: _____

Social Security Number: _____

Date of Birth: _____

Do you have an Attorney? If so, Name and Address: _____

Defendant/Respondent:

Name: _____

Place of Residence: (District and/or Unit Number): _____

Current Mailing Address: _____

Home Phone Number and Cell Number: _____

Place of Employment: _____

Work Phone Number: _____

Social Security Number: _____

Date of Birth: _____

Do you have an Attorney? If so, Name and Address: _____
