



**AFFIDAVIT IN SUPPORT OF PETITION**  
**NORTH DAKOTA SUPREME COURT**  
SFN 17261 (GN-2) (Rev. 08-2015)

**STATE OF NORTH DAKOTA**

County of \_\_\_\_\_

**CASE NO.** \_\_\_\_\_

**IN THE INTEREST OF**

Name of Respondent: \_\_\_\_\_

State of North Dakota )  
County of \_\_\_\_\_ ) ss.

The undersigned, being first sworn, on their oath states as follows:

1. That the information disclosed in the attached petition concerning the above listed respondent, is true to the best of this affiant's information, belief, and knowledge.
2. That other information supporting the belief that the respondent is ☐ mentally ill ☐ chemically dependent, and as a result of this condition is a person requiring treatment is as follows:

3. That the relationship of this affiant to the respondent is as follows:

X \_\_\_\_\_  
Affiant

Address of affiant: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_ of \_\_\_\_\_.

(Seal)

X \_\_\_\_\_  
Notary Public

My commission expires \_\_\_\_\_