



**CERTIFICATE OF SERVICE**  
**NORTH DAKOTA SUPREME COURT**  
SFN 17268 (GN-9) (Rev. 03-2006)

**SERVICE BY MAIL**

Date of Mailing:

Name of forms/documents which were mailed (copies must be attached):

**I certify that on the above date, I mailed a copy of the documents identified above (copies are attached), prepaid, to the following:**

☐ **The attorney for the respondent:**

Name of attorney:

Address:	City:	State:	Zip Code:
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☐ **The petitioner:**

Name of petitioner:

Address:	City:	State:	Zip Code:
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☐ **The respondent's parents (if the respondent is a minor):**

Name of parents:

Address:	City:	State:	Zip Code:
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☐ **The superintendent of the hospital or treatment facility in which the respondent is hospitalized or being treated:**

Name of superintendent:

Address:	City:	State:	Zip Code:
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☐ **The spouse of the respondent:**

Name of spouse:

Address:	City:	State:	Zip Code:
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☐ **The guardian of the respondent:**

Name of guardian:

Address:	City:	State:	Zip Code:
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☐ **The state's attorney of the county in which the proceedings are initiated:**

Name of state's attorney:

Address:	City:	State:	Zip Code:
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**SERVICE BY MAIL (Continued)**

<input type="checkbox"/> <b>The respondent:</b>			
Name of respondent:			
Address:	City:	State:	Zip Code:
<input type="checkbox"/> <b>Other Persons determined by the court:</b>			
Name:			
Address:	City:	State:	Zip Code:
Name:			
Address:	City:	State:	Zip Code:
Name:			
Address:	City:	State:	Zip Code:
Name:			
Address:	City:	State:	Zip Code:

X \_\_\_\_\_  
Signed

**PERSONAL SERVICE**

Date of Service:	Time of Service: <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.
Name of Respondent:	City:
Name of forms/documents which were delivered (copies must be attached):  	
<b>I certify that on the above date and time, I delivered a copy of the documents identified above (copies are attached) to the above named respondent.</b>	

X \_\_\_\_\_  
Name