



**PROTECTION AND ADVOCACY DEATH REPORT**  
 NORTH DAKOTA PROTECTION AND ADVOCACY PROJECT  
 SFN 62162 (03-2022)

**Person Deceased**

Name (Last, First, Middle)		Date of Birth
City of Residence	Place of Death	Date of Death

**Details of Death**

Diagnoses			
Service Provider		Provider Role	
Cause of Death			
Date Protection & Advocacy (P&A) Informed		By Whom	
Death Expected <input type="checkbox"/> Yes <input type="checkbox"/> No	Explain		
Check if Applicable and in Place <input type="checkbox"/> Code <input type="checkbox"/> Advanced Directive <input type="checkbox"/> Guardian <input type="checkbox"/> Conservator <input type="checkbox"/> Power of Attorney			
Explain			
Restraint/Seclusion used within 72 hours Prior to Death <input type="checkbox"/> Yes <input type="checkbox"/> No		Details	
Additional Restraint/Seclusion Details, if needed			
Death Certificate Obtained <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Obtained	Autopsy Completed <input type="checkbox"/> Yes <input type="checkbox"/> No	Date Completed
Other Entities Involved <input type="checkbox"/> Law Enforcement <input type="checkbox"/> Adult Protective Services <input type="checkbox"/> Child Protective Services <input type="checkbox"/> Other - Specify:			

**Protection & Advocacy Role**

P&A Action Taken (pending and/or planned)		
Report Completed By	Date Submitted to Supervisor	Date Submitted to Team
Team Review Date	Individuals Present	
Probable Cause to Investigate <input type="checkbox"/> Yes <input type="checkbox"/> No	Pending	Assigned To

Notes