

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA  
AT \_\_\_\_\_

In the Matter of the Necessity )  
for the Hospitalization of: )  
 )  
\_\_\_\_\_, )  
Respondent. )  
Date of Birth: \_\_\_\_\_ )  
\_\_\_\_\_ )

Case No. \_\_\_\_\_

**PETITION FOR ORDER AUTHORIZING  
HOSPITALIZATION FOR EVALUATION**

Petitioner, \_\_\_\_\_, asks the court to enter an order granting this *Petition for Order Authorizing Hospitalization for Evaluation*, and states as follows:

- 1. I read the warning notice on page 5 of this petition.
- 2. I am a(n): *[Check all that apply.]*
  - Psychiatrist
  - Physician
  - Psych. RN, MS
  - Therapist
  - Family Member (state relationship) \_\_\_\_\_
  - Other Interested Person (explain interest) \_\_\_\_\_
  - Counselor
  - Social Worker
  - Psychologist or Psychological Associate
  - Other Mental Health Professional\*

**"Mental health professional"** means a psychiatrist or physician licensed by the State Medical Board to practice in this state or employed by the federal government; a clinical psychologist licensed by the state Board of Psychologist and Psychological Associate Examiners; a psychological associate trained in clinical psychology and licensed by the Board of Psychologist and Psychological Associate Examiners; a registered nurse with a master's degree in psychiatric nursing, licensed by the State Board of Nursing; a marital and family therapist licensed by the Board of Marital and Family Therapy; a professional counselor licensed by the Board of Professional Counselors; a clinical social worker licensed by the Board of Social Work Examiners; and a person who (A) has a master's degree in the field of mental health; (B) has at least 12 months of post-masters working experience in the field of mental illness; and (C) is working under the supervision of a type of licensee listed in this paragraph. AS 47.30.915.

- 3. **Respondent's Current Contact Information.**  
Respondent's current location: *[home, hospital, assisted living facility, etc.]*  
\_\_\_\_\_  
Respondent arrived on \_\_\_\_\_ *[date]* at \_\_\_\_\_  a.m.  p.m.  
Respondent's Phone Number: \_\_\_\_\_  
Phone number Respondent can be reached, if different than above: \_\_\_\_\_

**\*\*If Respondent is NOT currently under detention or in a medical facility, you MUST fill out and attach the *Request for Transport and Service* (MC-306)\*\***

- 4. **Guardian Contact Information.**  
Respondent has a guardian:  Yes  No  Unknown  
Respondent is a minor:  Yes  No  Unknown  
If yes to either of the above, guardian or parent contact information:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Mailing Address: \_\_\_\_\_  
Cell Phone: \_\_\_\_\_ Work/Home Phone: \_\_\_\_\_  
Email: \_\_\_\_\_ Fax: \_\_\_\_\_

**MENTAL HEALTH PROFESSIONALS MUST COMPLETE THIS BOX**

**I. Examination of Respondent by Mental Health Professional**

- a. Have you interviewed Respondent?  Yes  No  
 If yes, date & time of most recent interview: \_\_\_\_\_  am  pm
- b. Is Respondent being detained for an emergency evaluation?  Yes  No  
 If yes, a completed MC-105, *Notice of Emergency Detention and Application for Examination* **MUST BE ATTACHED** to this petition.
- c. Is Respondent currently at this facility pursuant to a court order?  Yes  No  
 If yes, court case no.: \_\_\_\_\_ court location: \_\_\_\_\_
- d. If Respondent is a minor or has a guardian, you **MUST** answer the following:
  - 1. How and when did you notify the parent/guardian about Respondent's location?  
*[If you did not notify the parent/guardian, explain below what efforts you made to do so, and why those efforts were unsuccessful. AS 47.30.693.]*  
 \_\_\_\_\_  
 \_\_\_\_\_
  - 2. Have the parents and/or guardian said that they support this petition?  
 Yes  No  Unknown
  - 3. Please provide any additional information that might be helpful to the court for purposes of contacting the parent(s) or guardian(s):  
 \_\_\_\_\_  
 \_\_\_\_\_

**II. Transportation of Respondent.**

- a. Has Respondent been medically cleared for transportation?  Yes  No
- b. Petitioner confirmed that the following facility or facilities have the capacity within the next 24 hours to accept Respondent:
 

<input type="checkbox"/> Alaska Psychiatric Institute	<input type="checkbox"/> PeaceHealth Ketchikan Medical Center
<input type="checkbox"/> Bartlett Regional Hospital	<input type="checkbox"/> Mat-Su Regional Medical Center
<input type="checkbox"/> Fairbanks Memorial Hospital	<input type="checkbox"/> _____
- c. The following transportation service is available to deliver Respondent to the facility within 24 hours: \_\_\_\_\_

**5. Basis for this Petition.**

- a. I believe that Respondent is mentally ill, because:  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**"Mental illness"** means an organic, mental, or emotional impairment that has substantial adverse effects on a person's ability to exercise conscious control of their actions or ability to perceive reality or to reason or understand; intellectual disability, developmental disability, epilepsy, drug addiction, and alcoholism do not per se constitute mental illness, although persons suffering from these conditions may also be suffering from mental illness. AS 47.30.915.



Gravely disabled under  AS 47.30.915(11)(A),  AS 47.30.915(11)(B), because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**"Gravely disabled"** means a condition in which a person as a result of mental illness (A) is in danger of physical harm arising from such complete neglect of basic needs for food, clothing, shelter, or personal safety as to render serious accident, illness, or death highly probable if care by another is not taken; or (B) is so incapacitated that the person is incapable of surviving safely in freedom. AS 47.30.915.

**6. Persons Who Have Personal Knowledge of the Above Facts.**

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you spoken with one or more of the above persons about Respondent's condition in gathering information before filing this petition?  Yes  No

**7. Other Court Cases.**

Are there other open court cases involving Respondent?  Yes  No  I don't know  
If yes, please list type(s) of case with court case number(s), if known:

\_\_\_\_\_  
\_\_\_\_\_

**\*\*You must sign and fill out both the bottom of this page and the *Verification or Certification* (next page)\*\***

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Facility/Agency (if petitioning on its behalf)

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Mailing Address (include city, state, and ZIP)

\_\_\_\_\_  
Phone\*

\_\_\_\_\_  
Fax

\*Use a number where you can be reached at any time, or the decision on your petition may be delayed.

\_\_\_\_\_  
Email Address ( I authorize the court to email me court documents in this case.)

**Verification or Certification**

**Verification.**

*[Sign in front of a notary or court clerk. If no notary or court clerk is available, or you do not have ID required by a notary or other official, sign the certification section below.]*

Petitioner says on oath or affirms that Petitioner has read this petition and believes that all statements made in the petition are true.

Subscribed and sworn to or affirmed before me at \_\_\_\_\_, Alaska on \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Court clerk, notary public, or other person  
authorized to administer oaths.

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

**Certification.**

*[Complete this certificate if no notary or other official is available, or if you do not have the required identification.]*

Petitioner certifies that all information in this petition is true, and a notary public or other official empowered to administer oaths is not available to administer an oath, or Petitioner does not have the ID required by a notary or other official.

\_\_\_\_\_  
Petitioner's Signature

**Warning Notice**

A person acting in good faith upon either actual knowledge or reliable information who makes application for evaluation or treatment of another person under AS 47.30.700 - 47.30.915 is not subject to civil or criminal liability. AS 47.30.815(a).

A person who willfully initiates an involuntary commitment procedure under AS 47.30.700 without having good cause to believe that the other person is suffering from a mental illness and as a result is gravely disabled or likely to cause serious harm to self or others, is guilty of a felony. AS 47.30.815(c).