

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. _____

**EMERGENCY MOTION BY
DEPARTMENT OF CORRECTIONS
TO EXTEND ORDER AUTHORIZING
HOSPITALIZATION FOR EVALUATION**

I, _____, on behalf of the Department of Corrections, ask the court to extend the *Order Authorizing Hospitalization for Evaluation*, because Respondent has not yet been transported to an evaluation facility pursuant to the court's original order dated _____.

- 1. This is the first second or subsequent motion to extend the *Order Authorizing Hospitalization for Evaluation*.
- 2. I have attached a copy of the original *Order Authorizing Hospitalization for Evaluation* and any subsequent orders to extend hospitalization.
 I have NOT attached a copy of the original orders, because:

3. I read the warning notice and completed the certificate of service on page 3 of this petition.

- 4. I am a(n): *[Check all that apply.]*
 Psychiatrist Counselor Physician Social Worker
 Psych. RN, MS Therapist Psychologist or Psychological Associate
 Other: _____

5. Guardian Contact Information.

Does Respondent have a guardian? Yes No Unknown

If Respondent has a guardian, you MUST answer the following:

- 1. How and when did you notify the guardian about Respondent's location?
[If you did not notify the guardian, explain below what efforts you made to do so, and why those efforts were unsuccessful. AS 47.30.693.]

2. Does the guardian support this petition? Yes No Unknown

3. Please provide any additional information that might be helpful to the court for purposes of contacting the guardian(s):

6. Respondent's Location and Contact Information.

- Same as in the original petition.
- Changed as noted below.

Respondent is currently located at _____

Respondent arrived on _____ *[date]* at _____ am pm

Can Respondent be reached by phone? No Yes, at _____

7. **Evaluation of Respondent by Mental Health Professional.**

Have you interviewed Respondent?

Yes No N/A – I am not a mental health professional.

If yes, date & time of most recent interview: _____ am pm

8. **Basis for this Motion.**

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.

Has Respondent been previously diagnosed with a specific mental illness by a health care professional? Yes No Unknown

If yes, please provide information about the diagnosis, such as the date(s) of diagnosis, any medications prescribed, prior treatment, and/or prior hospitalizations:

b. As a result of being mentally ill, Respondent is:

Likely to cause serious harm to Respondent's self, because:

Likely to cause serious harm to others, because:

"Likely to cause serious harm" means a person who (A) poses a substantial risk of bodily harm to that person's self, as manifested by recent behavior causing, attempting, or threatening that harm; (B) poses a substantial risk of harm to others as manifested by recent behavior causing, attempting, or threatening harm, and is likely in the near future to cause physical injury, physical abuse, or substantial property damage to another person; or (C) manifests a current intent to carry out plans of serious harm to that person's self or another. 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.

9. **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 motion? Yes No

10. **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:

Date

Signature

Facility/Agency (if motioning on its behalf)

Print or Type Name

Mailing Address (include city, state, ZIP)

Phone*

Fax

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

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

Certificate of Service [In order for the court to consider your request, you must give a copy of this motion to Respondent's attorney and to the Attorney General's Office.]

I certify that on _____ at _____ [date/time], a copy of this motion was delivered to

Respondent's Attorney: _____ by email fax _____

Attorney General's Office by email fax _____

Your 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).