

# REQUEST FOR TRANSPORT COVERSHEET

Case Number: \_\_\_\_\_

## **Instructions for Petitioner:**

Petitioner must **fill out the "Respondent Information"** section of this form.

## **Instructions for Law Enforcement:**

1. **Locate and transport the respondent** to the facility designated in the "Request for Transport and Service" section. If unable to locate the respondent within seven (7) days, you must still complete the "Return of Service" section and file it with the court immediately.
2. **Serve the respondent** with copies of the documents noted in the "Request for Transport and Service" section.
3. **Complete the "Return of Service"** section at the bottom of this form and file it with the court immediately when either a) the respondent has been located and transported, or b) the transport order expires.

## **Instructions for Court Clerks:**

1. Confirm the second page of this MC-306, *Request for Transport* form is complete:
  - a. Petitioner completed the "Respondent Information" section; and
  - b. Judge completed the "Request for Transport and Service" section.
2. Copy the MC-306 for the case file and docket it using the CourtView Alert screen. The Alert screen automatically creates two dockets: 1) the **PI** - Process Issued docket (the clerk must complete information in the docket text), and 2) the **MC306** Request for Transport and Service docket. **Important:** Since the order automatically expires after 7 days, a future Cancel Date must be entered in the Alert Screen.
3. Provide the original MC-306 to law enforcement together with copies of the documents designated in "Request for Transport and Service" section.
4. After law enforcement returns the MC-306 with the "Return of Service" section completed:
  - a. If the respondent was located and transported, update the Alert screen. The Alert screen will create the ROS Return of Service docket. Important: Enter the Date of Service in the docket description.
  - b. If the transport order expired prior to the respondent being located, docket the Return of Service using docket code ROSU Return of Service – Unserved. Note: It is not necessary to update the Alert screen.

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. \_\_\_\_\_

**REQUEST FOR TRANSPORT AND SERVICE and RETURN OF SERVICE**

**REQUEST FOR TRANSPORT AND SERVICE**

Law enforcement shall locate and transport Respondent to  Alaska Psychiatric Institute or  the following facility: \_\_\_\_\_ and provide Respondent with copies of:

**Mental Health Commitment:**  
MC-305, *Order Authorizing Hospitalization for Evaluation*  
MC-405, *Notice of Rights during Evaluation*  
MC-100, *Petition for Order Authorizing Hosp. for Eval.*  
MC-300, *Order for Screening Investigation* (if ordered)  
Other: \_\_\_\_\_

**Alcohol/Drug Commitment:**  
MC-615, *Application for 5-Day Detention*  
(including all attachments)  
MC-620, *Order on App. for 5-Day Detention*  
Other: \_\_\_\_\_

These directions expire seven (7) days after the MC-305 (*Order Authorizing Hospitalization for Evaluation*) or MC-620 (*Order on Application for Court Approval of 5-Day Detention*) was entered, unless otherwise ordered by the court.

**RESPONDENT INFORMATION**

First name \_\_\_\_\_ Middle initial \_\_\_\_\_ Last name \_\_\_\_\_  
Gender \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_  
ID/Driver's license # \_\_\_\_\_ State \_\_\_\_\_  
Respondent's location \_\_\_\_\_  
Respondent's phone number \_\_\_\_\_  
Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_  
Physical characteristics (clothing, scars, other identifiable marks) \_\_\_\_\_

Is there anyone else at the residence?  No  Yes: \_\_\_\_\_  
Are there weapons at the residence?  No  Yes: \_\_\_\_\_  
Is respondent taking any medication?  No  Yes: \_\_\_\_\_  
Describe any history of violence \_\_\_\_\_

Information provided by \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Contact person \_\_\_\_\_ Telephone No. \_\_\_\_\_

**RETURN OF SERVICE** [*Completed by law enforcement once Respondent is transported or the order expires.*]

I certify that

- the transport order expired prior to Respondent being located.
- on \_\_\_\_\_, I picked up Respondent at the following address:

\_\_\_\_\_ and transported Respondent to  Alaska Psychiatric Institute.  \_\_\_\_\_.

I further certify that I gave Respondent copies of the documents listed above.

Comments: \_\_\_\_\_

Return Date: \_\_\_\_\_

Signed: \_\_\_\_\_

Title/Agency: \_\_\_\_\_

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