

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

In the Matter of the Hospitalization of:)
)
)
)
_____,)
Respondent.)
)
Date of Birth:)
_____)

Case No. _____

**PETITION FOR 30-DAY
INVOLUNTARY COMMITMENT**

1. I hereby petition the Court for a 30-day involuntary commitment of the respondent named above pursuant to AS 47.37.190.

2. I am the

- certifying physician, physician assistant, or advanced nurse practitioner
- respondent's spouse
- respondent's guardian
- respondent's relative
- administrator in charge of an approved public treatment facility

3. I believe that the respondent is an alcoholic or drug abuser* who

- threatened, attempted to inflict, or inflicted physical harm on another, and that unless committed is likely to inflict physical harm on another.
- is incapacitated by alcohol or drugs.

4. The reasons for my belief as to the respondent's condition are as follows:

*AS 47.37.270(1) defines an alcoholic or drug abuser as a person who demonstrates increased tolerance to alcohol or drugs, who suffers from withdrawal when alcohol or drugs are not available, whose habitual lack of self-control concerning the use of alcohol or drugs causes significant hazard to the person's health, and who continues to use alcohol or drugs despite the adverse consequences.

5. This application is accompanied by a *Certificate of Need for Emergency/ Involuntary Commitment* prepared by a physician, physician's assistant, or advanced nurse practitioner, who examined the respondent within two days before submission of this petition.
- The respondent refused to undergo a medical examination.

Date	Petitioner
	Type or Print Name
	Mailing Address
	Phone and Fax

Verification

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

Subscribed and sworn to or affirmed before me at _____,
Alaska on _____
(date)

(SEAL)

Clerk of Court, Notary Public or other person
authorized to administer oaths.
My commission expires: _____

I certify that on _____, a copy
of this petition was sent to:

- Petitioner
- Respondent/Guardian
- Respondent's Attorney
- Administrator
- Other _____
