AT _____ In the Matter of the Necessity for the Hospitalization of:) Case No. _____ Respondent. Date of Birth: **NOTICE OF VOLUNTARY ADMISSION** TO TREATMENT FACILITY **INSTRUCTIONS FOR TREATMENT FACILITY:** This form shall be filed with the court immediately upon the respondent's voluntary admission. To: Superior Court at ______, Alaska. The court ordered that the respondent be involuntarily committed for treatment for alcohol and/or drug abuse. The respondent was committed on ______[date] to ______ [name of facility]. The respondent voluntarily admitted to this facility on ______, at _____ a.m. _ p.m. Signature Date Print or Type Name and Title Phone Number Email Address I certify that on _____ a copy of this notice was sent or given to: Respondent or Respondent's Guardian Respondent's Attorney Petitioner (if different than treatment facility) By Clerk:

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA