

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

In the Matter of the Necessity)
for the Hospitalization of:)
)
) Case No. _____
)
)
Respondent.)
Date of Birth: _____)

**REQUEST TO DISMISS
PROCEEDINGS FOR 5-DAY
ALCOHOL OR DRUG DETENTION**

I am the: facility administrator respondent other person _____
I request the proceedings be dismissed and this case be closed, because:

Date

Signature

I certify that on _____, a copy
of this request was sent or given to:
 Resp/Resp Atty Resp Guardian
 Facility Administrator _____
By: _____

Print Name and Title

Phone Number

Email

ORDER

This request is denied.

This request is granted. The *5-Day Detention Proceedings* are dismissed and this case is closed. If the respondent was delivered to the treatment facility, the respondent is ordered released from the facility. The facility shall file an MC-680, *Notice of Release*. If an *Order on Application for Court Approval of 5-Day Detention* was granted, it is hereby vacated.

Recommended for Approval on _____

Superior Court Judge

Date

by _____
Master _____

Type or Print Name

I certify that on _____ a copy of this order was sent or given to:

Resp/Resp Atty Resp Guardian Facility Administrator _____

JA/Clerk: _____