

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

In the Matter of the Necessity)
for the Hospitalization of:)
)
_____,)
Respondent.)
_____)

Case No. _____

**NOTICE OF RESPONDENT'S
ARRIVAL AT EVALUATION FACILITY**

[Instructions to Facility: Upon arrival of the respondent at your facility, you must fill out this notice and fax it to (1) the court where the MC-305 Order was issued ; and (2) the court nearest your facility; and (3) the Public Defender Agency nearest your facility. If the respondent arrives between 9:00 am and 3:00 pm, fax this notice no later than 3:30 pm on the same business day. If the respondent arrives between 3:00 pm and 9:00 am, or at any time during the weekend or on a holiday, fax this notice no later than 9:30 am on the first business day after respondent's arrival.]

1. TO CLERK OF COURT:

- | | | |
|--|---|---|
| <input type="checkbox"/> Anchorage at 264-0598 | <input type="checkbox"/> Galena at 656-1546 | <input type="checkbox"/> Nome at 443-2192 |
| <input type="checkbox"/> Angoon at 788-3108 | <input type="checkbox"/> Glennallen at 822-3601 | <input type="checkbox"/> Palmer at 746-4151 |
| <input type="checkbox"/> Aniak at 675-4278 | <input type="checkbox"/> Haines at 766-3148 | <input type="checkbox"/> Petersburg at 772-3018 |
| <input type="checkbox"/> Barrow at 852-4804 | <input type="checkbox"/> Homer at 235-4257 | <input type="checkbox"/> St. Mary's at 438-2819 |
| <input type="checkbox"/> Bethel at 543-4419 | <input type="checkbox"/> Hoonah at 945-3637 | <input type="checkbox"/> Seward at 224-7192 |
| <input type="checkbox"/> Chevak at 858-7230 | <input type="checkbox"/> Juneau at 463-3788 | <input type="checkbox"/> Sitka at 747-6690 |
| <input type="checkbox"/> Cordova at 424-7581 | <input type="checkbox"/> Kake at 785-3152 | <input type="checkbox"/> Skagway at 983-3801 |
| <input type="checkbox"/> Craig at 826-3904 | <input type="checkbox"/> Kenai at 283-8535 | <input type="checkbox"/> Tok at 883-4367 |
| <input type="checkbox"/> Delta Junc. at 895-4204 | <input type="checkbox"/> Ketchikan at 225-7849 | <input type="checkbox"/> Unalakleet at 624-3118 |
| <input type="checkbox"/> Dillingham at 842-5746 | <input type="checkbox"/> Kodiak at 486-1660 | <input type="checkbox"/> Unalaska at 581-2809 |
| <input type="checkbox"/> Emmonak at 949-1535 | <input type="checkbox"/> Kotzebue at 442-3974 | <input type="checkbox"/> Valdez at 835-3764 |
| <input type="checkbox"/> Fairbanks at 452-9216 | <input type="checkbox"/> Naknek at 246-7418 | <input type="checkbox"/> Wrangell at 874-3509 |
| <input type="checkbox"/> Fort Yukon at 662-2824 | <input type="checkbox"/> Nenana at 832-5841 | <input type="checkbox"/> Yakutat at 784-3257 |

2. TO PUBLIC DEFENDER:

- | | |
|--|--|
| <input type="checkbox"/> Anchorage at 868-2588 | <input type="checkbox"/> Ketchikan at 225-1382 |
| <input type="checkbox"/> Juneau at 465-3247 | <input type="checkbox"/> Bethel at 543-2153 |
| <input type="checkbox"/> Fairbanks at 458-6802 | |

3. PLEASE TAKE NOTICE THAT THE RESPONDENT ARRIVED AT:

- | | |
|---|---|
| <input type="checkbox"/> Alaska Psychiatric Institute | <input type="checkbox"/> PeaceHealth Ketchikan Medical Center |
| <input type="checkbox"/> Bartlett Regional Hospital | <input type="checkbox"/> Yukon-Kuskokwim Health Corporation |
| <input type="checkbox"/> Fairbanks Memorial Hospital | <input type="checkbox"/> Other _____ |

Date and time of arrival _____

Date and time of this fax _____

Date

Signature

Printed Name and Title