

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. \_\_\_\_\_

**ORDER AUTHORIZING  
HOSPITALIZATION FOR EVALUATION**

Petitioner, \_\_\_\_\_, filed a *Petition for Order Authorizing Hospitalization for Evaluation* under AS 47.30.700. The court considered the following:

- Allegations in the petition.
- Testimony on record at courtroom/media # \_\_\_\_\_ Beg. log # \_\_\_\_\_  
date \_\_\_\_\_ by  the petitioner  other persons \_\_\_\_\_
- Medical records from a healthcare facility or mental health professional reporting on the **respondent's current** mental and physical condition.
- Screening investigation report previously ordered by the court.
- Other \_\_\_\_\_

**LOCATION OF RESPONDENT**

- The respondent is currently being detained at \_\_\_\_\_  
The respondent was detained on (date) \_\_\_\_\_ at (time) \_\_\_\_\_  am  pm.
- or-**
- The respondent's current** whereabouts are believed to be  
\_\_\_\_\_

**CONTACT WITH RESPONDENT** (Check all that apply)

Respondent was interviewed in regard to the petition:

- On record at courtroom/media # \_\_\_\_\_ Beg. log # \_\_\_\_\_  
date \_\_\_\_\_
- By the following mental health professional, \_\_\_\_\_, on  
(date) \_\_\_\_\_ at (time) \_\_\_\_\_  am  pm.
- An interview with the respondent was not reasonably possible because:  
\_\_\_\_\_

**FINDINGS**

After evaluating the reliability and credibility of the information provided, the court finds:

1. There is probable cause to believe the respondent is mentally ill because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

2. There is probable cause to believe the respondent is:

Likely to cause serious harm to himself or herself because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Likely to cause serious harm to others because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Gravely disabled because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ORDER**

It is ordered that the *Petition for Order Authorizing Hospitalization for Evaluation* is **GRANTED**.  
It is also **ORDERED** that:

1. The Department of Health and Social Services or its designee, or \_\_\_\_\_ shall arrange for immediate delivery of the respondent to the following evaluation facility for examination and evaluation **of the respondent's mental and physical condition:**

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

[AS 47.30.700; AS 47.30.710; AS 47.30.870; and AS 47.30.915(5)]

2. Respondent has a guardian  Yes  No  Unknown  
 Respondent is a minor  Yes  No  Unknown  
 Guardian or parent contact information is as follows:  
 Name(s) \_\_\_\_\_ Relationship \_\_\_\_\_  
 Address for service \_\_\_\_\_  
 Phone \_\_\_\_\_ Fax \_\_\_\_\_

3. The respondent shall be notified immediately, orally and in writing, of the rights contained in the *Notice of Rights* (court form MC-405, available from the court clerk or online at [www.courtrecords.alaska.gov/webdocs/forms/mc-405.pdf](http://www.courtrecords.alaska.gov/webdocs/forms/mc-405.pdf)). **Minor respondent's parent or guardian and adult respondent's guardian shall also be notified of the rights in the *Notice of Rights*.** These notifications and a copy of this order shall be given by:

- The person or entity currently detaining the respondent
- Local police \_\_\_\_\_
- Alaska State Troopers \_\_\_\_\_
- The petitioner
- Other: \_\_\_\_\_

4. The evaluation facility shall accept this order and the respondent for an evaluation period not to exceed 72 hours. Within 24 hours after arrival at the facility, the respondent shall be examined and evaluated as to mental and physical condition by a mental health professional and by a physician. [AS 47.30.710(a); AS 47.30.715]

5. The evaluation facility shall timely file a ***Notice of Respondent's Arrival at Evaluation Facility*** (court form MC-400) with the court and Public Defender Agency upon arrival of the respondent at the facility. Court form MC-400 is available from the court clerk or online at [www.courtrecords.alaska.gov/webdocs/forms/mc-400.pdf](http://www.courtrecords.alaska.gov/webdocs/forms/mc-400.pdf). If the respondent arrives at the facility between the hours of 9:00 a.m. and 3:00 p.m., notice is timely if filed no later than 3:30 p.m. on the same business day. If the respondent arrives at the facility between the hours of 3:00 p.m. and 9:00 a.m., or at any time during the weekend or on a holiday, notice is timely if filed no later than 9:30 a.m. on the first business day following the **respondent's arrival**. Notice shall be by fax to the numbers designated on the MC-400 form.

6. If the respondent cannot be delivered to the designated evaluation facility within 24 hours of this order, the Department of Health and Social Services through its attorney shall file a **status report** with this court describing:

- **Respondent's** current location;
- Reason(s) for the delay in transporting the respondent;
- Steps taken by the Department to ensure that continued detention of the respondent at the current location is necessary and no less restrictive alternatives are available;
- Whether an alternative evaluation facility is now being proposed; and
- Whether another means of evaluation can be used (such as telemedicine).

Filing shall take place within the 24 hour period to the court that issued this order, and an updated status report shall be filed every 24 hours until the respondent is delivered to the designated evaluation facility. A copy of each status report shall be served on the Public Defender Agency, the respondent, the guardian and guardian ad litem of any respondent, and the parent of any minor respondent.

- 7. The examination and evaluation shall be completed within 72 hours of respondent's arrival at the evaluation facility. [AS 47.30.715] A petition for a 30-day commitment shall be filed or the respondent shall be released from the evaluation facility before the end of the 72-hour evaluation period (unless respondent requests voluntary admission for treatment).
- 8. If at any time before or during the 72-hour evaluation period, a mental health professional determines that the respondent does not meet the standards for hospitalization in AS 47.30.700, the respondent shall be released, and the parties and court shall be notified of the release using court form MC-412 (if before transport) or form MC-410 (if after arrival at facility). These forms are available from the court clerk or online at [www.courts.alaska.gov/forms/index.htm#mc](http://www.courts.alaska.gov/forms/index.htm#mc).
- 9. The Public Defender Agency is appointed counsel for the respondent in this proceeding. Counsel is authorized access to medical, psychiatric or psychological records maintained on the respondent at the evaluation facility.
- 10. This order will be deemed vacated without further court action in seven days if not yet served on the respondent by a peace officer or vacated earlier by the court.
- 11. \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Superior Court Judge**

This matter was considered directly by the undersigned superior court judge. The *Petition for Order Authorizing Hospitalization for Evaluation* is GRANTED.

\_\_\_\_\_  
Date and Time

\_\_\_\_\_  
Superior Court Judge

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

**Superior Court Master**

The Master recommends that the *Petition for Order Authorizing Hospitalization for Evaluation* be GRANTED.

\_\_\_\_\_  
Date and Time

\_\_\_\_\_  
Superior Court Master

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

**Review by Superior Court Judge**

The Master's recommendation is APPROVED.

**(NOTE: If the Master's recommendation is NOT APPROVED, the Superior Court Judge will complete an MC-340 denial order.)**

\_\_\_\_\_  
Date and Time

\_\_\_\_\_  
Superior Court Judge

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

**Clerk's Certificates of Distribution of Master's Order**

I certify that on \_\_\_\_\_  
at \_\_\_\_\_  am  pm, a copy of the  
following documents:  
 this Order with **master's** signature  
 Petition for Order Authorizing Hosp. for Eval.  
 Notice of Rights (MC-405)  
 Notice of Emergency Detention (MC-105)  
 Order for Screening Investigation  
 \_\_\_\_\_

were sent to the following persons/entities:

- Petitioner
- Respondent
- Parent/Guardian of Respondent
- PDA \_\_\_\_\_
- AGO \_\_\_\_\_
- API to fax (907) 269-7262
- Bartlett Reg. to fax (907) 796-8439
- Fairbanks Mem. to fax (907) 458-5255
- PeaceHealth Med.to fax (907) 228-8333
- Y-K Delta Reg. to fax (907) 543-6099
- Title47MC@akcourts.us
- \_\_\_\_\_

By Clerk \_\_\_\_\_

**Clerk's Certificates of Distribution of Judge's Order**

I certify that on \_\_\_\_\_  
at \_\_\_\_\_  am  pm, a copy of the  
following documents:  
 this Order w/ **superior court judge's** signature  
 Petition for Order Authorizing Hosp. for Eval.  
 Notice of Rights (MC-405)  
 Notice of Emergency Detention (MC-105)  
 Order for Screening Investigation  
 \_\_\_\_\_

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- Title47MC@akcourts.us
- \_\_\_\_\_

By Clerk \_\_\_\_\_