

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA

AT \_\_\_\_\_

In the matter of the necessity )  
for the hospitalization of: )

)

\_\_\_\_\_, ) Case No: \_\_\_\_\_

\_\_\_\_\_) Respondent. \_\_\_\_\_

Case No: \_\_\_\_\_

**STATE TROOPER  
DIRECTIONS FOR SERVICE**

Under the authority of AS 47.30.870, the Department of Health and Social Services will bear the costs, or reimburse the transporting agency for the costs of transportation of the respondent to Alaska Psychiatric Hospital or \_\_\_\_\_ as required to carry out the Order listed below:

- Ex Parte Order (Temporary Custody for Emergency Examination/Treatment)
- Order for Screening Investigation
- Order for Involuntary Commitment to \_\_\_\_\_
- Petition for Initiation of Involuntary Commitment

Respondent (Full name) \_\_\_\_\_ Date of birth \_\_\_\_\_

Sex \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

SSN \_\_\_\_\_ ID/Driver's License No. \_\_\_\_\_ State \_\_\_\_\_

Do you know the respondent's location?  No  Yes Telephone number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Physical Characteristics (clothing, scars, other identifiable marks) \_\_\_\_\_

Are there weapons at the residence?  No  Yes Kind? \_\_\_\_\_

Is respondent on medication?  No  Yes Kind? \_\_\_\_\_

Does respondent have a history of violence?  No  Yes Explain \_\_\_\_\_

Is there anyone at the residence  No  Yes Relationship? \_\_\_\_\_

Information provided by _____	Telephone No. _____
Contact person _____	Telephone No. _____

**RETURN OF SERVICE**

I hereby certify \_\_\_\_\_, a State Trooper or Peace Officer, picked up the respondent at \_\_\_\_\_, in \_\_\_\_\_

(Address, street number, rural route, milepost, etc.)

(City)

Alaska, in the \_\_\_\_\_ Judicial District, \_\_\_\_\_, 20\_\_\_\_, and transported the respondent to Alaska Psychiatric Hospital or \_\_\_\_\_.

The documents were served at Alaska Psychiatric Hospital or \_\_\_\_\_ on \_\_\_\_\_.

(Name)

(Title)

(Date Served)

Return Date \_\_\_\_\_

\_\_\_\_\_, Commissioner

Department of Public Safety

By \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_