[Note to Clerk: Route immediately to judicial officer for decision and scheduling.]

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

In the Matter of (use initials only):	)	
	)	
	)	CASE NO. _____
A minor under 18 years of age.	)	
	)	**REQUEST TO SCHEDULE REQUIRED**
Date of birth: _____	)	**EXPEDITED HOSPITALIZATION HEARING (AS 47.10.105(c))**

The State of Alaska, Department of Family and Community Services (DFCS), gives notice under AS 47.10.105(b) that:

1. The minor child named above was admitted to _____ on _____ *[date and time].*
2. The minor was taken to the facility listed in section 1, because:
   _____
   _____
   _____
   _____
   _____
   _____
3. DFCS requests a hearing be scheduled within seven (7) days from the date the child was admitted in compliance with AS 47.10.105.

_____ _____
Date Signature

Print or Type Name and Title/Position: _____

Address: _____

Email: _____ Phone: _____

ORDER SETTING HEARING

1. A hospitalization hearing will be held as follows:
   Date and Time: _____ Judicial Officer: _____
   Location: _____
2. Form CN-308, *Order Appointing Attorney for Child*, is attached.
3. _____
   _____
   _____

_____ _____
Date

Distribution: AG, OCS, GAL, OPA/Child's Atty, Parents/Attys, Indian Custodian, Tribe