

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. \_\_\_\_\_

**PETITION FOR ORDER AUTHORIZING  
HOSPITALIZATION FOR EVALUATION**

Petitioner, \_\_\_\_\_, asks the court to enter an order granting this *Petition for Order Authorizing Hospitalization for Evaluation*, and states as follows:

1. I read the warning notice on page 4 of this petition.

2. I am a (check all that apply):

- |   |  |
|---|--|
| <input type="checkbox"/> Psychiatrist                                     | <input type="checkbox"/> Counselor                               |
| <input type="checkbox"/> Physician  | <input type="checkbox"/> Social Worker                           |
| <input type="checkbox"/> Psych. RN, MS                                    | <input type="checkbox"/> Psychologist or Psychological Associate |
| <input type="checkbox"/> Therapist  | <input type="checkbox"/> Other Mental Health Professional*       |
| <input type="checkbox"/> Family Member (state relationship) _____         |  |
| <input type="checkbox"/> Other Interested Person (explain interest) _____ |  |

**"Mental health professional"** means a psychiatrist or physician licensed by the State Medical Board to practice in this state or employed by the federal government; a clinical psychologist licensed by the state Board of Psychologist and Psychological Associate Examiners; a psychological associate trained in clinical psychology and licensed by the Board of Psychologist and Psychological Associate Examiners; a registered nurse with a master's degree in psychiatric nursing, licensed by the State Board of Nursing; a marital & family therapist licensed by the Board of Marital and Family Therapy; a professional counselor licensed by the Board of Professional Counselors; a clinical social worker licensed by the Board of Social Work Examiners; and a person who (A) has a master's degree in the field of mental health; (B) has at least 12 months of post-masters working experience in the field of mental illness; and (C) is working under the supervision of a type of licensee listed in this paragraph.

3. **Mandatory section.**

Respondent has a guardian  Yes  No  Unknown  
Respondent is a minor  Yes  No  Unknown  
Guardian or parent contact information is as follows:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: (cell) \_\_\_\_\_ (home) \_\_\_\_\_ Fax: \_\_\_\_\_  
Email: \_\_\_\_\_

4. **Mental health professionals must complete this section:**

- a) I have interviewed the respondent.  Yes  No  
If yes, date and time of most recent interview: \_\_\_\_\_  am  pm.
- b) The respondent is in custody for an emergency evaluation.  Yes  No  
If yes, a completed MC-105, *Notice of Emergency Detention and Application for Evaluation* **MUST BE ATTACHED** to this petition.

c) If the respondent is a minor or has a guardian:

1. Have the parents and/or guardian been advised that this petition is being filed?  
 Yes  No

If yes, please explain how and when the parents and/or guardian were advised:

\_\_\_\_\_

2. Have the parents and/or guardian stated they support the filing of this petition?  
 Yes  No

3. Please provide any additional information that might be helpful to the court for purposes of contacting the parents:

\_\_\_\_\_

5. Respondent's current location (for example, home, hospital, assisted living facility):

\_\_\_\_\_

Respondent arrived on (date): \_\_\_\_\_ at \_\_\_\_\_  am  pm.

Respondent's Phone Number: \_\_\_\_\_

6. The respondent has previously been diagnosed with a specific mental illness\* by a health care professional:  Yes  No  Unknown.

If yes, please provide information about the diagnosis such as the date(s) of diagnosis, any medications prescribed, prior treatment and/or prior hospitalizations:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**"Mental illness"** means an organic, mental, or emotional impairment that has substantial adverse effects on a person's ability to exercise conscious control of their actions or ability to perceive reality or to reason or understand; mental retardation, epilepsy, drug addiction, and alcoholism do not per se constitute mental illness, although persons suffering from these conditions may also be suffering from mental illness. (AS 47.30.915)

7. For the following reasons, I believe that the respondent is mentally ill:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

8. For the following reasons, I believe that as a result of that mental illness, the respondent is gravely disabled\* or likely to cause serious harm\* to himself/herself or others:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**"Gravely disabled"** means a condition in which a person as a result of mental illness (A) is in danger of physical harm arising from such complete neglect of basic needs for food, clothing, shelter, or personal safety as to render serious accident, illness, or death highly probable if care by another is not taken [AS 47.30.915(7)(A)]; or (B) will, if not treated, suffer or continue to suffer severe and abnormal mental, emotional, or physical distress, and this distress is associated with significant impairment of judgment, reason, or behavior causing a substantial deterioration of the person's previous ability to function independently. [AS 47.30.915(7)(B)] Note: In *Wetherhorn v. Alaska Psychiatric Institute*, 156 P.3d 371 (Alaska 2007), the Alaska Supreme Court "concluded that AS 47.30.915(7)(B) is constitutional if construed to require a level of incapacity so substantial that the respondent is not 'capable of surviving safely in freedom.'"

**"Likely to cause serious harm"** means a person who (A) poses a substantial risk of bodily harm to that person's self, as manifested by recent behavior causing, attempting, or threatening that harm; (B) poses a substantial risk of harm to others as manifested by recent behavior causing, attempting, or threatening harm, and is likely in the near future to cause physical injury, physical abuse, or substantial property damage to another person; or (C) manifests a current intent to carry out plans of serious harm to that person's self or another.

9. Persons who have personal knowledge of the above facts are:

<i>Name</i>	<i>Address</i>	<i>Phone</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Yes  No I have spoken with one or more of the above persons about the respondent's condition in gathering information before filing this petition.

10. Other pending court cases involving the respondent (list case description and number):

\_\_\_\_\_

11. **Healthcare professionals must complete this section:**

a. The respondent  has  has not been medically cleared for transportation.

b. The petitioner confirmed that the following facility or facilities have the capacity within the next 24 hours to accept the respondent:

- |   |  |
|---|--|
| <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 Regional Hospital |
| <input type="checkbox"/> Fairbanks Memorial Hospital  | <input type="checkbox"/> _____                                   |

c. The following transportation service is available to deliver the respondent to the facility within 24 hours(s): \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Petitioner's Signature

\_\_\_\_\_  
Print Name of Petitioner

\_\_\_\_\_  
Petitioner's Mailing Address

\_\_\_\_\_  
Phone

\_\_\_\_\_  
Fax

\_\_\_\_\_  
Email Address\*

\_\_\_\_\_  
Facility/Agency (if petitioning on its behalf)

\* I authorize the court to email me court documents in this case to the email address above.

**Verification or Certification**

**Verification.** *[Sign in front of a notary or court clerk. If no notary or court clerk is available, or you do not have ID required by a notary or other official, sign the certification section below.]* Petitioner says on oath or affirms that petitioner has read this petition and believes that all statements made in the petition are true.

Subscribed and sworn to or affirmed before me at \_\_\_\_\_, Alaska on  
(date) \_\_\_\_\_.

(SEAL)

\_\_\_\_\_  
Clerk of Court, Notary Public or other person  
authorized to administer oaths.  
My commission expires: \_\_\_\_\_

**Certification.** *[Complete this certificate if no notary or other official is available, or if you do not have the required identification.]* Petitioner certifies that all information in this petition is true, and a notary public or other official empowered to administer oaths is not available to administer an oath, or petitioner does not have the ID required by a notary or other official.

\_\_\_\_\_  
Petitioner's Signature

**Warning Notice**

A person acting in good faith upon either actual knowledge or reliable information who applies for evaluation or treatment of another person under AS 47.30.700-47.30.915 is not subject to civil or criminal liability. [AS 47.30.815(a)]

A person who willfully initiates an involuntary commitment procedure under AS 47.30.700 without having good cause to believe that the other person is suffering from a mental illness and as a result is gravely disabled or likely to cause serious harm to self or others, is guilty of a felony. [AS 47.30.815(c)]