

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 BY DEPARTMENT OF LAW  
FOR ORDER AUTHORIZING  
HOSPITALIZATION FOR EVALUTION  
(AS 47.30.706)**

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

- 1. I am an attorney with the Department of Law. I am filing this petition, because:
  - Respondent has been charged with a felony against a person under AS 11.41 or with felony arson.  
Criminal case number(s): \_\_\_\_\_
  - The above criminal case was dismissed because Respondent was found incompetent to proceed under AS 12.47.
  - The Department is required to file this petition under AS 47.30.706.

**2. Respondent's Current Contact Information.**

Respondent's current location: *[home, jail, hospital, assisted living facility, etc.]*  
\_\_\_\_\_

*[If detained]* Respondent arrived on \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m.

Respondent's discharge date from DOC (if known): \_\_\_\_\_

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

Phone number Respondent can be reached, if different than above: \_\_\_\_\_

**\*\*If Respondent is NOT currently under detention, you MUST fill out and attach the *Request for Transport and Service (MC-306)*\*\***

**3. Guardian Contact Information.**

Respondent has a guardian:  Yes  No  Unknown

Respondent is a minor:  Yes  No  Unknown

If yes to either of the above, guardian or parent contact information:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Work/Home Phone: \_\_\_\_\_

Email: \_\_\_\_\_ Fax: \_\_\_\_\_

How and when did you notify the parent/guardian about this petition?

N/A, there is no parent/guardian  
\_\_\_\_\_  
\_\_\_\_\_

4. **Basis for this Petition.**

a. Respondent is mentally ill, because:

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b. Has Respondent been previously 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:

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c. As a result of being mentally ill, Respondent is:

Likely to cause serious harm to Respondent's self, because:

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Likely to cause serious harm to others, because:

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5. **Other Court Cases.**

Are there other **open** court cases involving Respondent?  Yes  No  I don't know  
If yes, please list type(s) of case with court case number(s), if known:

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6. I attached copies of the following documents to this petition:

- Order dismissing the related criminal case
- Competency evaluations for Respondent (Defendant)
- Indictment or information from related criminal case
- \_\_\_\_\_
- \_\_\_\_\_

I swear or affirm that everything in this petition is true to the best of my knowledge.

\_\_\_\_\_

Date

\_\_\_\_\_

Petitioner's Signature

\_\_\_\_\_

Phone

\_\_\_\_\_

Print or Type Name and Bar Number

\_\_\_\_\_

Mailing Address (include city, state, and ZIP)

\_\_\_\_\_

Email Address