

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:

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:

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

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

Likely to cause serious harm to others, because:

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:

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