

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. _____

**DEPARTMENT OF CORRECTIONS'
EMERGENCY MOTION TO EXTEND
ORDER AUTHORIZING
HOSPITALIZATION FOR EVALUATION**

I, _____, on behalf of the Department of Corrections, ask the court to extend the *Order Authorizing Hospitalization for Evaluation* because the respondent has not yet been transported to an evaluation facility pursuant to the court's original *Order* dated: _____.

1. This is the first second or subsequent –motion to extend the *Order Authorizing Hospitalization for Evaluation*.

2. I have attached a copy of the original *Order Authorizing Hospitalization for Evaluation* and any subsequent orders to extend hospitalization.

I have NOT attached a copy of the original *Order Authorizing Hospitalization for Evaluation* because: _____

3. I read the warning notice and completed the certificate of service on page 3 of this petition.

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

- Psychiatrist Counselor Physician Social Worker
 Psych. RN, MS Psychologist or Psychological Associate Therapist
 Other: _____

5. **Guardian Contact Information:**

Same as in the original petition.

Changed as noted below.

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: _____

6. **Respondent's Location and Contact Information:**

Same as in the original petition.

Changed as noted below.

Respondent is currently located at: _____

Respondent arrived on (date): _____ at _____ am pm.

Can the respondent be reached by phone? No Yes, at: _____

7. **Basis for this Petition:**

a. I believe that the respondent is mentally illⁱ because:

The respondent has previously been diagnosed with a specific mental illness by a health care professional: No. Unknown. Yes, please provide information about the diagnosis such as the date(s) of diagnosis, any medications prescribed, prior treatment and/or prior hospitalizations:

b. As a result of being mentally ill, the respondent is:

Likely to cause serious harmⁱⁱ to himself or herself because:

Likely to cause serious harmⁱⁱ to others because:

Gravely disabledⁱⁱⁱ under AS 47.30.915(9)(A) AS 47.30.915(9)(B) because:

8. **Persons Who Have Personal Knowledge of the Above Facts:**

<i>Name</i>	<i>Address</i>	<i>Phone</i>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>
<hr/>	<hr/>	<hr/>

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.

9. **Other Pending Court Cases Involving the Respondent** *(list case description and number):*

****MENTAL HEALTH PROFESSIONALS MUST COMPLETE THIS SECTION****

10. Evaluation of Respondent by Mental Health Professional:

- a. I have interviewed the respondent. Yes No
If yes, date and time of most recent interview: _____ am pm.
- b. 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?
 No Yes, the following explains 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

_____ 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.

Certificate of Service [In order for the court to consider your request, you must give a copy of this motion to the respondent's attorney and to the Attorney General's Office.]

I certify that on (date) _____ a copy of this application was delivered to

Respondent's Attorney, _____ by:

email at: _____ fax at: _____ _____

Attorney General's Office by:

email at: _____ fax at: _____ _____

Your 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)]

ⁱ "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; intellectual disability, developmental disability, 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(14)]

ⁱⁱ "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. [AS 47.30.915(12)]

ⁱⁱⁱ "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(9)(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(9)(B)] *Note:* In *Wetherhorn v. Alaska Psychiatric Institute*, 156 P.3d 371, 373 (Alaska 2007), the Alaska Supreme Court concluded that AS 47.30.915(9)(B) "is constitutional if construed to require a level of incapacity so substantial that the respondent is not 'capable of surviving safely in freedom.' "