

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA

AT \_\_\_\_\_

In the Matter of the Necessity )  
for the Hospitalization of: )

) Case No. \_\_\_\_\_

Respondent. )

Date of Birth: \_\_\_\_\_ )

**REQUEST FOR TRANSPORT AND SERVICE, AND RETURN OF SERVICE**

**INSTRUCTIONS FOR LAW ENFORCEMENT**

The respondent shall be transported to Alaska Psychiatric Hospital or \_\_\_\_\_ pursuant to the *Order Authorizing Hospitalization for Evaluation (Order)* in this case. AS 47.30.870 provides that the Alaska Department of Health and Social Services will bear the costs, or reimburse the transporting agency for the costs, of this transport. The respondent shall also be given the notice of rights and a copy of documents as set forth in the *Order*. These directions expire after seven days unless otherwise ordered by the judge.

**RESPONDENT INFORMATION**

First name \_\_\_\_\_ Middle initial \_\_\_\_\_ Last name \_\_\_\_\_

Gender \_\_\_\_\_ Race \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_

ID/Driver's license # \_\_\_\_\_ State \_\_\_\_\_

Respondent's location \_\_\_\_\_

Respondent's phone number \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ Zip \_\_\_\_\_

Physical characteristics (clothing, scars, other identifiable marks) \_\_\_\_\_

Is there anyone else at the residence?  No  Yes If yes, relationship? \_\_\_\_\_

Are there weapons at the residence?  No  Yes If yes, what kind? \_\_\_\_\_

Is respondent taking any medication?  No  Yes If yes, what kind? \_\_\_\_\_

Describe any history of violence \_\_\_\_\_

Information provided by \_\_\_\_\_ Telephone No. \_\_\_\_\_  
Contact person \_\_\_\_\_ Telephone No. \_\_\_\_\_

**RETURN OF SERVICE**

I certify that on \_\_\_\_\_, State Trooper or Peace Officer named \_\_\_\_\_, picked up the respondent at this address: \_\_\_\_\_, and transported the respondent to  Alaska Psychiatric Hospital  \_\_\_\_\_.

The documents listed above were served on (date) \_\_\_\_\_ at  Alaska Psychiatric Hospital  \_\_\_\_\_, on (name) \_\_\_\_\_ (title) \_\_\_\_\_.

Comments: \_\_\_\_\_

Return Date \_\_\_\_\_

Signed \_\_\_\_\_

Printed Name \_\_\_\_\_

Title \_\_\_\_\_