

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA  
AT \_\_\_\_\_

In the Matter of the Necessity )  
for the Hospitalization of: )  
 )  
\_\_\_\_\_, )  
Respondent. )  
\_\_\_\_\_ )

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

**NOTICE OF RESPONDENT'S  
ARRIVAL AT EVALUATION FACILITY**

**[Instructions to Facility:** Upon arrival of the respondent at your facility, you must fill out this notice and fax it to (1) the court where the MC-305 Order was issued; and (2) the court nearest your facility; and (3) the Public Defender Agency nearest your facility. If the respondent arrives between 9:00 am and 3:00 pm, fax this notice no later than 3:30 pm on the same business day. If the respondent arrives between 3:00 pm and 9:00 am, or at any time during the weekend or on a holiday, fax this notice no later than 9:30 am on the first business day after respondent's arrival.]

**1. TO CLERK OF COURT:**

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> Anchorage at 264-0598   | <input type="checkbox"/> Glennallen at 822-3601 | <input type="checkbox"/> Palmer at 746-4151     |
| <input type="checkbox"/> Angoon at 788-3108      | <input type="checkbox"/> Haines at 766-3148     | <input type="checkbox"/> Petersburg at 772-3018 |
| <input type="checkbox"/> Aniak at 675-4278       | <input type="checkbox"/> Homer at 235-4257      | <input type="checkbox"/> St. Mary's at 438-2819 |
| <input type="checkbox"/> Bethel at 543-4419      | <input type="checkbox"/> Hoonah at 945-3637     | <input type="checkbox"/> Seward at 224-7192     |
| <input type="checkbox"/> Chevak at 858-7230      | <input type="checkbox"/> Juneau at 463-3788     | <input type="checkbox"/> Sitka at 747-6690      |
| <input type="checkbox"/> Cordova at 424-7581     | <input type="checkbox"/> Kake at 785-3152       | <input type="checkbox"/> Skagway at 983-3801    |
| <input type="checkbox"/> Craig at 826-3904       | <input type="checkbox"/> Kenai at 283-8535      | <input type="checkbox"/> Tok at 883-4367        |
| <input type="checkbox"/> Delta Junc. at 895-4204 | <input type="checkbox"/> Ketchikan at 225-7849  | <input type="checkbox"/> Unalakleet at 624-3118 |
| <input type="checkbox"/> Dillingham at 842-5746  | <input type="checkbox"/> Kodiak at 486-1660     | <input type="checkbox"/> Unalaska at 581-2809   |
| <input type="checkbox"/> Emmonak at 949-1535     | <input type="checkbox"/> Kotzebue at 442-3974   | <input type="checkbox"/> Utqiagvik at 852-4804  |
| <input type="checkbox"/> Fairbanks at 452-9216   | <input type="checkbox"/> Naknek at 246-7418     | <input type="checkbox"/> Valdez at 835-3764     |
| <input type="checkbox"/> Fort Yukon at 662-2824  | <input type="checkbox"/> Nenana at 832-5841     | <input type="checkbox"/> Wrangell at 874-3509   |
| <input type="checkbox"/> Galena at 656-1546      | <input type="checkbox"/> Nome at 443-2192       | <input type="checkbox"/> Yakutat at 784-3257    |

**2. TO PUBLIC DEFENDER:**

- |  |  |
|--|--|
| <input type="checkbox"/> Anchorage at 868-2588 | <input type="checkbox"/> Ketchikan at 225-1382 |
| <input type="checkbox"/> Juneau at 465-3247    | <input type="checkbox"/> Bethel at 543-2153    |
| <input type="checkbox"/> Fairbanks at 458-6802 |  |

**3. PLEASE TAKE NOTICE THAT THE RESPONDENT ARRIVED AT:**

- |   |   |
|---|---|
| <input type="checkbox"/> Alaska Psychiatric Institute | <input type="checkbox"/> PeaceHealth Ketchikan Medical Center |
| <input type="checkbox"/> Bartlett Regional Hospital   | <input type="checkbox"/> Yukon-Kuskokwim Health Corporation   |
| <input type="checkbox"/> Fairbanks Memorial Hospital  | <input type="checkbox"/> Other _____                          |

Date and time of arrival \_\_\_\_\_

Date and time of this fax \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name and Title