

INSTRUCTIONS FOR EVALUATION FACILITY OR CRC:

This form shall be filed with the court immediately upon the respondent's release.

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. _____

NOTICE OF RELEASE

To: Superior Court at _____, Alaska.

The court ordered that the respondent be detained at, involuntarily admitted or committed to, and/or hospitalized for evaluation at a designated facility. Pursuant to that order, the respondent was delivered to the following facility on _____:

- | | |
|---|---|
| <input type="checkbox"/> Alaska Psychiatric Institute | <input type="checkbox"/> PeaceHealth Ketchikan Medical Center |
| <input type="checkbox"/> Bartlett Regional Hospital | <input type="checkbox"/> Mat-Su Regional Medical Center |
| <input type="checkbox"/> Fairbanks Memorial Hospital | <input type="checkbox"/> _____ |

The above facility released the respondent on _____ at _____ a.m. p.m.

Reason for Release:

- Qualified personnel at the above facility determined that the respondent no longer meets the criteria for hospitalization, admission/detention, or commitment.
- The court denied the 7-/30-/90-/180-day petition for detention or commitment in this case.
- Other *[Explain the specific reason for release on the lines below. Include enough detail for the court to understand why the respondent is no longer at the facility.]*

Date

Signature

Print or Type Name and Title

Phone Number

E-mail Address

I certify that on _____,
a copy of this notice was distributed to:

- respondent
- parent/guardian of respondent
- PDA
- AGO
- _____

By Clerk: _____