

INSTRUCTIONS FOR EVALUATION FACILITY:

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 hospitalized for evaluation at one of the facilities below. Pursuant to that order, the respondent was delivered to the following facility on _____:

- Alaska Psychiatric Institute
- Bartlett Regional Hospital
- Fairbanks Memorial Hospital
- PeaceHealth Ketchikan Medical Center
- Yukon-Kuskokwim Delta Reg. Hospital
- Other _____

The above facility released the respondent on _____, at _____ am pm.

Reason for Release:

- Qualified personnel at the above facility determined that the respondent no longer meets the criteria for hospitalization or commitment.
- The court denied the 30/90/180-day petition for commitment in this case.

Date

Signature

Print Name and Title

Phone Number

E-mail address

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

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

By Clerk: _____