

INSTRUCTIONS FOR EVALUATION FACILITY:

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

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: _____)
_____)

**NOTICE OF VOLUNTARY
ADMISSION**

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
- Mat-Su Regional Medical Center
- _____

The respondent voluntarily admitted to this facility on _____, at _____ am pm.

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
- OPA (only if respondent is a minor)
- _____

By Clerk: _____