IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

In the Matter of the Necessity for the Hospitalization of:	)	
	)	Case No. _____
_____,	)	
Respondent.	)	**REQUEST TO DISMISS 72 HOUR HOSPITALIZATION PROCEEDINGS**
Date of Birth: _____	)	

I am the: ☐ petitioner ☐ respondent ☐ other person _____.
I request the proceedings be dismissed and this case be closed because:

_____
_____
_____
_____
_____
_____

_____ _____
Date Signature

_____
Print Name and Title

_____
Phone Number

I certify that on _____ a copy of this **request** was sent or given to:
☐ Respondent ☐ Parent/Guardian
☐ PDA ☐ AGO ☐ _____
By: _____

ORDER

☐ This request is denied.
☐ This request is granted. The *72-Hour Hospitalization Proceedings* are dismissed and this case is closed. If the respondent was delivered to the evaluation facility, the respondent is ordered released from the facility. The facility shall file an MC-410, *Notice of Release*. If an *Order Authorizing Hospitalization for Evaluation* was entered, it is hereby vacated.

_____ _____
Date Superior Court Judge

_____
Type or Print Name

I certify that on _____ a copy of this **order** was sent or given to:
☐ Respondent ☐ Parent/Guardian ☐ PDA ☐ AGO
☐ Eval. Fac. ☐ _____
By: _____

Clerical Instructions:
(1) If judge grants dismissal and a pick-up order was previously issued, immediately execute the MC-307, *Recall of Transport Order.*
(2) Close petition and case using code **MC505**.