APPLICATION FOR 48-HOUR EMERGENCY COMMITMENT

SUBMIT TO: ADMINISTRATOR OF APPROVED PUBLIC TREATMENT FACILITY

ON BEHALF OF:

Name of person/respondent who is the subject of this application

Instructions

This form should be submitted to the administrator of an approved public treatment facility. There is no hearing required by AS 47.30.180 before the administrator can grant the application, but the administrator must give the respondent a copy of this application, the *Certificate of Need* (MC-605), and the *Notice of Right to an Attorney* (MC-610) within 24 hours of administrator approval.

- 1. I hereby apply to the administrator of an approved public treatment facility for emergency commitment of the respondent named above pursuant to AS 47.37.180.
- 2. I am
 - the certifying physician, physician assistant, or advanced nurse practitioner
 - the respondent's spouse
 - the respondent's guardian

the respondent's relative

- a responsible person
- 3. The respondent is an intoxicated person (defined as a person whose mental or physical functioning is substantially impaired as a result of the use of alcohol or drugs) who:
 - has threatened, attempted to inflict, or inflicted physical harm on another or is likely to inflict physical harm on another unless committed.
 - is incapacitated by alcohol or drugs.
- 4. The respondent needs emergency treatment, because: [Be as specific as possible about the facts supporting your application.]

5. A *Certificate of Need for Emergency/Involuntary Commitment*—prepared within the past two days by a physician, physician assistant, or advanced nurse practitioner— accompanies this application.

Date		Signature of Applicant
Phone	Fax	Print or Type Name
Email Address		Mailing Address

ADMINISTRATOR'S RESPONSE

The *Application for 48-Hour Emergency Commitment* and accompanying *Certificate of Need for Emergency/Involuntary Commitment*:

provide sufficient grounds for commitment and the application is approved.

Important: The administrator must provide the respondent with a copy of this form (MC-600), the *Certificate of Need* (MC-605), and the *Notice of Right to an Attorney* (MC-610) **within 24 hours** of this approval. The MC-610 can be found online here: https://public.courts.alaska.gov/web/forms/docs/mc-610.pdf

fail to sustain the grounds for commitment and the application is refused.

Dated this ______ day of ______, 20 ____, at ____ a.m. ___ p.m.

Signature of Administrator

Print or Type Name

Name of Public Treatment Facility

Mailing Address (include city, state, ZIP)

Phone Number

Fax Number

Email Address