

IN THE DISTRICT/SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

Petitioner,
vs.

Respondent. Minor

)
)
) Case No. _____ CI
)
)
)

**APPLICATION FOR *EX PARTE*
ORDER FOR TESTING,
EXAMINATION, OR SCREENING**
[AS 18.15.375(c)-(e)]

Applicant Name: _____
Applicant Title: _____
Applicant Agency: _____

1. I am the applicant named above. I am authorized to make this application on behalf of the Alaska Department of Health and Social Services, Division of Public Health (the Department), or other authorized municipal agency (Agency).
2. A medical officer from the State of Alaska or local municipality determined that the respondent has or may have been exposed to this contagious disease: _____, and determined that this condition poses a significant risk to the public health.

The following facts support these determinations:

3. This condition may be avoided, cured, alleviated, or made less contagious through safe and effective treatment, modifications in individual behavior, or public health intervention.
4. A medical officer from the State of Alaska or local municipality issued an administrative order requiring the respondent to undergo testing, examination, or screening. The administrative order was personally served on the respondent pursuant to AS 18.15.375(c)(2).

5. The respondent is under age 18. Parent or guardian's name and address:
Name: _____
Address: _____
Cell Phone: _____ Other Phone: _____
Email: _____
 The respondent has a legal guardian. Legal guardian's name and address:
Name: _____
Address: _____
Cell Phone: _____ Other Phone: _____
Email: _____

6. The respondent or the respondent's legal guardian:
- objects to the administrative order of the state medical officer
 - cannot be reached to give consent to the administrative order
 - lacks the capacity to consent or object to the administrative order because:

7. The respondent is currently:
- detained under an order of isolation or quarantine, and has been detained since *[date and time]* _____.
 - not detained. I request that the court order a peace officer to take the respondent into protective custody until a hearing is held.
8. I believe the respondent is currently located at:

9. I request that the court issue an *ex parte* order for testing, examination, or screening the respondent for the condition listed above.

I say on oath or affirm that I read this document and believe all statements made in the document are true.

Date	Signature of Applicant
	Print Name and Title
Phone: _____	After-Hours Phone: _____
Fax: _____	Email: _____
Mailing Address: _____	

Subscribed and sworn to or affirmed before me at _____, Alaska
 on _____.
 (date)

(SEAL) _____
 Clerk of Court, Notary Public or other person
 Authorized to administer oaths.
 My Commission Expires: _____

PLEASE NOTE: This petition may *not* be filed through the Court's electronic filing system (TrueFiling). This petition may be filed by U.S. mail, fax, email, or in person as permitted by the local court. For specific addresses, fax numbers, and filing information, please see the court directory: <http://www.courts.alaska.gov/courtdir/index.htm>