

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. _____

**PETITION FOR ORDER AUTHORIZING
HOSPITALIZATION FOR EVALUATION**

Petitioner, _____, asks the court to enter an order granting this *Petition for Order Authorizing Hospitalization for Evaluation*, and states as follows:

- 1. I read the warning notice on page 5 of this petition.
- 2. I am a (check all that apply):
 - Psychiatrist Counselor
 - Physician Social Worker
 - Psych. RN, MS Psychologist or Psychological Associate
 - Therapist Other Mental Health Professional*
 - Family Member (state relationship) _____
 - Other Interested Person (explain interest) _____

"Mental health professional" means a psychiatrist or physician licensed by the State Medical Board to practice in this state or employed by the federal government; a clinical psychologist licensed by the state Board of Psychologist and Psychological Associate Examiners; a psychological associate trained in clinical psychology and licensed by the Board of Psychologist and Psychological Associate Examiners; a registered nurse with a master's degree in psychiatric nursing, licensed by the State Board of Nursing; a marital & family therapist licensed by the Board of Marital and Family Therapy; a professional counselor licensed by the Board of Professional Counselors; a clinical social worker licensed by the Board of Social Work Examiners; and a person who (A) has a master's degree in the field of mental health; (B) has at least 12 months of post-masters working experience in the field of mental illness; and (C) is working under the supervision of a type of licensee listed in this paragraph.

- 3. **Respondent's Current Contact Information:**
Respondent's current location (*home, hospital, assisted living facility, etc.*):

Respondent arrived on (date): _____ at _____ am pm.
Respondent's Phone Number: _____
Phone number respondent can be reached, if different than above: _____

****If Respondent is NOT currently under detention or in a medical facility, you MUST fill out and attach the *Request for Transport and Service* (MC-306)****

- 4. **Guardian Contact Information:**
Respondent has a guardian Yes No Unknown
Respondent is a minor Yes No Unknown
Guardian or parent contact information is as follows:
Name: _____ Relationship: _____
Address: _____
Phone: (cell) _____ (home) _____ Fax: _____
Email: _____

MENTAL HEALTH PROFESSIONALS MUST COMPLETE THIS BOX

I. Evaluation of Respondent by Mental Health Professional:

- a. I have interviewed the respondent. Yes No
 If yes, date and time of most recent interview: _____ am pm.
- b. The respondent is in custody for an emergency evaluation. Yes No
 If yes, a completed MC-105, *Notice of Emergency Detention and Application for Evaluation* **MUST BE ATTACHED** to this petition.
- c. If the respondent is a minor or has a guardian:
 - 1. Have the parents and/or guardian been advised that this petition is being filed?
 Yes No
 If yes, please explain how and when the parents and/or guardian were advised:

 - 2. Have the parents and/or guardian said they support this petition? Yes No
 - 3. Please provide any additional information that might be helpful to the court for purposes of contacting the parents:

II. Transportation of Respondent:

- a. The respondent has has not been medically cleared for transportation.
- b. The petitioner confirmed that the following facility or facilities have the capacity within the next 24 hours to accept the respondent:

<input type="checkbox"/> Alaska Psychiatric Institute	<input type="checkbox"/> PeaceHealth Ketchikan Medical Center
<input type="checkbox"/> Bartlett Regional Hospital	<input type="checkbox"/> Mat-Su Regional Medical Center
<input type="checkbox"/> Fairbanks Memorial Hospital	<input type="checkbox"/> _____
- c. The following transportation service is available to deliver the respondent to the facility within 24 hours(s): _____

5. Basis for this Petition:

- a. For the following reasons, I believe that the respondent is mentally ill:

"Mental illness" means an organic, mental, or emotional impairment that has substantial adverse effects on a person's ability to exercise conscious control of their actions or ability to perceive reality or to reason or understand; intellectual disability, developmental disability, epilepsy, drug addiction, and alcoholism do not per se constitute mental illness, although persons suffering from these conditions may also be suffering from mental illness. (AS 47.30.915)

b. The respondent has previously been diagnosed with a specific mental illness by a health care professional: Yes No Unknown.

If yes, please provide information about the diagnosis such as the date(s) of diagnosis, any medications prescribed, prior treatment and/or prior hospitalizations:

c. As a result of being mentally ill, the respondent is:

Likely to cause serious harm to himself or herself because:

Likely to cause serious harm to others because:

"Likely to cause serious harm" means a person who (A) poses a substantial risk of bodily harm to that person's self, as manifested by recent behavior causing, attempting, or threatening that harm; (B) poses a substantial risk of harm to others as manifested by recent behavior causing, attempting, or threatening harm, and is likely in the near future to cause physical injury, physical abuse, or substantial property damage to another person; or (C) manifests a current intent to carry out plans of serious harm to that person's self or another. (AS 47.30.915)

Gravely disabled under AS 47.30.915(9)(A) AS 47.30.915(9)(B) because:

"Gravely disabled" means a condition in which a person as a result of mental illness (A) is in danger of physical harm arising from such complete neglect of basic needs for food, clothing, shelter, or personal safety as to render serious accident, illness, or death highly probable if care by another is not taken; or (B) will, if not treated, suffer or continue to suffer severe and abnormal mental, emotional, or physical distress, and this distress is associated with significant impairment of judgment, reason, or behavior causing a substantial deterioration of the person's previous ability to function independently. (AS 47.30.915)

6. Persons Who Have Personal Knowledge of the Above Facts:

<i>Name</i>	<i>Address</i>	<i>Phone</i>
_____	_____	_____
_____	_____	_____
_____	_____	_____

I have spoken with one or more of the above persons about the respondent's condition in gathering information before filing this petition. Yes No

7. Other Court Cases:

Are there other open court cases involving Respondent? Yes No I don't know
If yes, please list type(s) of case with court case number(s), if known:

****You must sign and fill out both the bottom of this page and the *Verification or Certification* (next page)****

Date

Petitioner's Signature

Print Name of Petitioner

Petitioner's Mailing Address

Phone

Fax

Email Address*

Facility/Agency (if petitioning on its behalf)

* I authorize the court to email me court documents in this case to the email address above.

Verification or Certification

Verification. *[Sign in front of a notary or court clerk. If no notary or court clerk is available, or you do not have ID required by a notary or other official, sign the certification section below.]* Petitioner says on oath or affirms that petitioner has read this petition and believes that all statements made in the petition are true.

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: _____

Certification. *[Complete this certificate if no notary or other official is available, or if you do not have the required identification.]* Petitioner certifies that all information in this petition is true, and a notary public or other official empowered to administer oaths is not available to administer an oath, or petitioner does not have the ID required by a notary or other official.

Petitioner's Signature

Warning Notice

A person acting in good faith upon either actual knowledge or reliable information who applies for evaluation or treatment of another person under AS 47.30.700-47.30.915 is not subject to civil or criminal liability. [AS 47.30.815(a)]

A person who willfully initiates an involuntary commitment procedure under AS 47.30.700 without having good cause to believe that the other person is suffering from a mental illness and as a result is gravely disabled or likely to cause serious harm to self or others, is guilty of a felony. [AS 47.30.815(c)]