

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA AT _____

In the Matter of the Necessity
for the Hospitalization of: _____ Case No. _____**NOTICE OF RESPONDENT'S ARRIVAL AT EVALUATION FACILITY**

[Instructions to Facility: Upon arrival of the respondent at your facility, you must fill out this notice and fax or email it to (1) the court where the MC-305 Order was issued; and (2) the court nearest your facility; and (3) the Public Defender Agency nearest your facility. If the respondent arrives between 9:00 am and 3:00 pm, send this notice no later than 3:30 pm on the same business day. If the respondent arrives between 3:00 pm and 9:00 am, or at any time during the weekend or on a holiday, send this notice no later than 9:30 am on the first business day after respondent's arrival.]

1. TO CLERK OF COURT:

- | | | |
|---|--|--|
| <input type="checkbox"/> Anchorage: 265-0115 or
3ANMC@akcourts.us | <input type="checkbox"/> Kenai: 283-8535 or
3KNmailbox@akcourts.us | <input type="checkbox"/> Petersburg: 772-3018 or
1PEmailbox@akcourts.us |
| <input type="checkbox"/> Bethel: 543-4419 or
4BEmailbox@akcourts.us | <input type="checkbox"/> Ketchikan: 225-7849 or
1KEMC@akcourts.us | <input type="checkbox"/> Seward: 224-7192 or
3SWmailbox@akcourts.us |
| <input type="checkbox"/> Dillingham: 842-5746 or
3DImailbox@akcourts.us | <input type="checkbox"/> Kodiak: 486-1660 or
3KOMC@akcourts.us | <input type="checkbox"/> Sitka: 747-6690 or
1SImailbox@akcourts.us |
| <input type="checkbox"/> Fairbanks: 452-9216 or
4FAMC@akcourts.us | <input type="checkbox"/> Kotzebue: 442-3974 or
2KBmailbox@akcourts.us | <input type="checkbox"/> Unalaska: 581-2809 or
3UNmailbox@akcourts.us |
| <input type="checkbox"/> Glennallen: 822-3601 or
3GLmailbox@akcourts.us | <input type="checkbox"/> Naknek: 246-7418 or
3NAmailbox@akcourts.us | <input type="checkbox"/> Utqiagvik: 852-4804 or
2BAmalbox@akcourts.us |
| <input type="checkbox"/> Homer: 235-4257 or
3HOMailbox@akcourts.us | <input type="checkbox"/> Nome: 443-2192 or
2NOMailbox@akcourts.us | <input type="checkbox"/> Valdez: 835-3764 or
3VAmalbox@akcourts.us |
| <input type="checkbox"/> Juneau: 463-3788 or
1JUmailbox@akcourts.us | <input type="checkbox"/> Palmer: 746-8152 or
3PAMC@akcourts.us | <input type="checkbox"/> Wrangell: 874-3509 or
1WRmailbox@akcourts.us |
| <input type="checkbox"/> Prince of Wales: 826-3904 or 1CRMAlbox@akcourts.us | | |
| <input type="checkbox"/> Sand Point: 264-0872 or SandPointStPaulFilings@akcourts.us | | |
| <input type="checkbox"/> Other Court Location: _____ | | |

2. TO PUBLIC DEFENDER:

- Anchorage: 868-2588 or doa.pda.anc.pr@alaska.gov
 Juneau: 465-3247 or pdajnucourtdocs@alaska.gov
 Ketchikan: 225-1382 or doa.pda.ktn.service@alaska.gov
 Fairbanks: 458-6802 or pdafaicourtdocs@alaska.gov
 Palmer: 707-1731 or doa.pda.paq.civil.discovery@alaska.gov

3. PLEASE TAKE NOTICE THAT THE RESPONDENT ARRIVED AT:

- | | |
|---|---|
| <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"/> _____ |

Respondent arrived on _____ (date) at _____ am pmThis notice was sent by fax email on _____ (date) at _____ am pm_____
Date_____
Signature_____
Printed Name and Title