

**INSTRUCTIONS FOR EVALUATION FACILITY:**

This form shall be filed with the court immediately upon the respondent's release.

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. \_\_\_\_\_

**NOTICE OF RELEASE**

To: Superior Court at \_\_\_\_\_, Alaska.

The court ordered that the respondent be hospitalized for evaluation at one of the facilities below. Pursuant to that order, the respondent was delivered to the following facility on \_\_\_\_\_:

- Alaska Psychiatric Institute
- Bartlett Regional Hospital
- Fairbanks Memorial Hospital
- PeaceHealth Ketchikan Medical Center
- Mat-Su Regional Medical Center
- Other \_\_\_\_\_

The above facility released the respondent on \_\_\_\_\_, at \_\_\_\_\_  am  pm.

**Reason for Release:**

- Qualified personnel at the above facility determined that the respondent no longer meets the criteria for hospitalization or commitment.
- The court denied the 30/90/180-day petition for commitment in this case.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print Name and Title

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail address

I certify that on \_\_\_\_\_,  
a copy of this notice was provided to:

- respondent
- parent/guardian
- PDA
- AGO
- \_\_\_\_\_

By Clerk: \_\_\_\_\_