

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

In the Matter of the Necessity)
for the Hospitalization of:)
)
_____,)
Respondent.)
_____)

Case No. _____

**NOTICE TO OUTPATIENT TO
RETURN TO TREATMENT FACILITY
WHERE COMMITTED**

To: _____

It has been determined that you can no longer be treated at _____
as an outpatient because you are likely to cause harm to yourself or others or are gravely
disabled.

You must return to the treatment facility to which you were committed, _____
_____, at _____ Alaska, within 24 hours after
you receive this notice.

Date

Signature of Provider of Outpatient Care

Printed Name

Title

I certify that on _____
a copy of this notice was mailed or delivered to:

- court
- respondent
- respondent's attorney
- attorney general
- respondent's guardian (if any)
- inpatient treatment facility: _____

By: _____
Outpatient Care Provider