

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA  
AT \_\_\_\_\_

In the Matter of the Necessity )  
for the Hospitalization of: )  
)  
) Case No. \_\_\_\_\_  
)  
\_\_\_\_\_, )  
Respondent. )  
Date of Birth: \_\_\_\_\_)

**REQUEST TO DISMISS 72 HOUR  
HOSPITALIZATION PROCEEDINGS**

I am the:  petitioner  respondent  other person \_\_\_\_\_.  
I request the proceedings be dismissed and this case be closed because:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

I certify that on \_\_\_\_\_ a copy  
of this **request** was sent or given to:  
 Resp.  Parent/Guardian  PDA  AGO  
 DHSS DES/DET Coordinator  \_\_\_\_\_  
By: \_\_\_\_\_

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

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

**ORDER**

- This request is denied.
- This request is granted. The *72-Hour Hospitalization Proceedings* are dismissed and this case is closed. If the respondent was delivered to the evaluation facility, the respondent is ordered released from the facility. The facility shall file an MC-410, *Notice of Release*. If an *Order Authorizing Hospitalization for Evaluation* was entered, it is hereby vacated.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Superior Court Judge

I certify that on \_\_\_\_\_ a copy  
of this **order** was sent or given to:  
 Respondent  Parent/Guardian  PDA  AGO  
 Eval. Fac.  DHSS DES/DET Coordinator  
 \_\_\_\_\_  
By: \_\_\_\_\_

\_\_\_\_\_  
Type or Print Name

**Clerical Instructions:**  
(1) If judge grants dismissal and a pick-up order was previously issued, immediately execute the MC-307, *Recall of Transport Order*.  
(2) Close petition and case using code **MC505**.