

APPLICATION FOR 48-HOUR EMERGENCY COMMITMENT

SUBMIT TO: ADMINISTRATOR OF APPROVED PUBLIC TREATMENT FACILITY

ON BEHALF OF: _____
(Name of person/respondent who is the subject of this application)

[Instructions: This form should be submitted to the Administrator of an Approved Public Treatment Facility. There is no hearing required by AS 47.30.180 before the administrator can grant the application but the statute does require that the respondent be given a copy of the MC-600 and MC-605 forms within 24 hours after commitment by the administrator.]

1. I hereby apply to the administrator of an approved public treatment facility for emergency commitment of the respondent named above pursuant to AS 47.37.180.

2. I am
- the certifying physician, physician assistant, or advanced nurse practitioner
 - the respondent's spouse
 - the respondent's guardian
 - the respondent's relative
 - a responsible person

3. Respondent is an intoxicated person (defined as a person whose mental or physical functioning is substantially impaired as a result of the use of alcohol or drugs) who:
- has threatened, attempted to inflict, or inflicted physical harm on another or is likely to inflict physical harm on another unless committed.
 - is incapacitated by alcohol or drugs.

4. The facts that support the need for emergency treatment are as follows:

5. A *Certificate of Need for Emergency / Involuntary Commitment* prepared within the past two days by a physician, physician's assistant, or advanced nurse practitioner, accompanies this application.

Date

Signature of Applicant

Applicant's Mailing Address

Print Name of Applicant

Applicant's Email Address

Phone / Fax

ADMINISTRATOR'S RESPONSE

The *Application for 48-Hour Emergency Commitment*, and accompanying *Certificate of Need for Emergency / Involuntary Commitment*:

- provide sufficient grounds for commitment and the application is approved.
 fail to sustain the grounds for commitment and the application is refused.

Dated this _____ day of _____, 20 ____, at _____ a.m. p.m.

Signature of Administrator

Print Name

Name of Public Treatment Facility

Mailing Address

Phone / Fax Numbers

Email Address