IN THE SUPERIOR COURT FOR THE STATE OF ALASKA Petitioner) Case No. CI **PETITION FOR** Respondent Minor **■ QUARANTINE*** ■ **ISOLATION*** [AS 18.15.385(d) or equivalent local ordinance] Petitioner Name: _____ Petitioner Title: Petitioner Agency: 1. I am the petitioner named above. I am authorized to petition the court on behalf of the Alaska Department of Health Services, Division of Public Health the following municipality or municipal agency: The local ordinance that authorizes this application is: 2. I ask the court for an order to quarantine isolate Respondent for days, because this is the least restrictive alternative necessary to prevent the spread of a contagious or possibly contagious disease. I also request a hearing on this petition: within 48 hours. 3. A medical officer from the State of Alaska or local municipality determined that Respondent ☐ has or may have ☐ was exposed to or may have been exposed to this contagious disease: 4. Respondent poses a significant risk to the public health. [If the following box is checked, this petition **must** be signed by a medical officer.] An emergency (24-hour) administrative order was issued pursuant to □ AS 18.15.385(e). □ ____ Emergency action was necessary to prevent the transmission to others of a disease that poses a significant risk to the public health. *AS 18.15.395 Definitions: "Quarantine" applies to "individuals who may have been exposed to a contagious or possibly contagious disease and who do not show signs or symptoms of a contagious disease." • "Isolation" applies to individuals who are "infected or reasonably believed to be infected with a contagious or possibly contagious disease."

NOTE: You may use this petition to request both types of physical separation (for example, in the event that Respondent must switch from quarantine to isolation during the separation period), however, you must make clear the *current* status of Respondent's infection or exposure in sections 3, 10, and 12 of

this form, as well as the accompanying affidavit.

5.	Testing, screening, examination, treatment, or related procedures ☐ are not necessary. ☐ are necessary as follows:					
6.		nedical officer determined that quarantine, isolation, or related procedures described ow are necessary in the case of Respondent, based on the following facts:				
7.		Respondent is under age 18. Parent's or legal guardian's name and address: Name: Phone:				
		Address:				
		Email: Respondent is an adult and has a legal guardian. Guardian's name and address: Name: Phone:				
		Address:Email:				
8.		spondent or Respondent's legal guardian: does not consent to quarantine or isolation. cannot be reached to give consent to quarantine or isolation. lacks the capacity to consent or object to quarantine or isolation, because:				
9.	Res	spondent is unable or unwilling to behave so as not to expose other people to infection.				
10.		Respondent is currently $\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \$				
		Respondent is not currently quarantined or in isolation. I request that the court order a peace officer to deliver Respondent to the premises described in section 11 for quarantine or isolation until a hearing is held.				
11.	The	e premises subject to quarantine or isolation are as follows: Respondent will be confined to home at this address:				
		Instead of home, Respondent will be confined to the premises at this address:				
		because these exceptional circumstances prevent confinement at Respondent's home:				

12.			☐ Isolation		•	_
		Date:		Ti	me:	
			quarantining I ns and standa		t, the State or	Municipality will adhere to the
ā		spread of a co	•	ossibly cont		ve means necessary to prevent the e that poses a significant and
ł	Э.	public premise	es. Unless the	re are exce _l	ptional circum	private homes or other private and estances that would jeopardize confinement in Respondent's home.
(С.	If isolated, Re	spondent will l	be confined	separately fr	om quarantined persons.
(d.	believed to ha	•	ected with	a contagious	nes infected or is reasonably or possibly contagious disease,
6			itus of Responation or quara			egularly to determine whether
f		poses no subs	tantial risk of t	transmitting	a contagious	ly terminated when Respondent s or possibly contagious disease to f the termination date and time.
Ç	g.	including,	but not limited	d to, providi	ng adequate i	systematic and competent fashion, food, clothing, shelter, means of tent medical care.
ŀ	า.					ic manner and designed to minimize or other harms to Respondent.
i		in address	ing Responder	nt's needs, a	and in establis	I religious beliefs will be considered shing and maintaining the premises.
j	j .			•	•	plating or quarantining Respondent s made to mitigate these effects.
14.	This	s petition is ac	companied by	an affidavit		
			t page of this		•	_
_		•		•		t the accompanying affidavit must
(LOII	ipiy with the n	equirements of	I AS 10.15.	363(U)(2) UI 6	any equivalent local ordinance.]
		 Date			Signature of	f Petitioner
Phor				After-Hou		
Fax:			Email	 :		
		Address:				
PLE	AŠ	E NOTE: This				Court's electronic filing system
						rson, or by fax or HIPAA-compliant s, fax numbers, and filing
						alaska.gov/courtdir/index.htm.

 $^{^{1}}$ Subections (g) – (j) are **required** for orders issued pursuant to Anchorage Municipal Code 3.80.065(G). Page 3 of 4

AFFIDAVIT IN SUPPORT OF PETITION FOR QUARANTINE OR ISOLATION OF

Full name of Respondent

I,	[full name], do solemnly swear or								
aff	irm that the following facts are true to the best of my knowledge and belief.								
1.	I am a medical officer for ☐ the Alaska Department of Health Services, Division of Public Health, and I am authorized to file a quarantine or isolation petition under AS 18.15.385.								
	[name of municipality or agency], and I am authorized to file a quarantine or isolation petition under[local ordinance number].								
	My Title/Position:								
	I have the following relevant qualifications and certifications:								
2.	All of the facts alleged in the petition are true to the best of my knowledge and belief.								
3.	I believe that Respondent has or may have been infected with has been exposed to the following contagious disease: , because:								
4.	I believe that Respondent is unable or unwilling to behave in a way that will not expose others to the danger of infection, because:								
5.	I want the court to know these additional facts that support the filing of this petition:								
	[Attach additional pages if necessary. Only write on one side of the page.]								
Da	te Signature								
Sul	oscribed and sworn to or affirmed before me at, Alaska on								
	Court clerk, notary public, or other person authorized to administer oaths. My commission expires:								
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