

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

In the Matter of: \_\_\_\_\_ )

A minor under 18 years of age \_\_\_\_\_ )

Date of birth: \_\_\_\_\_ )

CASE NO. \_\_\_\_\_ DL

**REQUEST TO AUTHORIZE PLACEMENT IN SECURE  
RESIDENTIAL PSYCHIATRIC TREATMENT CENTER**

The Division of Juvenile Justice at the Department of Health and Social Services requests that the above-named minor who was committed to the custody of the Department on \_\_\_\_\_, be placed in a secure residential psychiatric treatment center pursuant to AS 47.12.255.

This request is supported by the attached sworn affidavit or sworn testimony of a qualified mental health professional as defined in AS 47.12.990 and AS 47.30.915.

- The minor opposes this request.  
 The minor does not oppose this request.

\_\_\_\_\_  
(date)

\_\_\_\_\_  
Probation Officer

Approved by \_\_\_\_\_  
Probation Supervisor

I certify that on \_\_\_\_\_  
a copy of this document was sent to:

- DA  Minor's Attorney  
 Parent/Guardian  Other: \_\_\_\_\_

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

**ORDER**

The *Request to Authorize Placement in Secure Residential Psychiatric Treatment Center* is hereby  granted  denied. It is further ordered that \_\_\_\_\_

Recommended on: \_\_\_\_\_ Effective Date: \_\_\_\_\_

\_\_\_\_\_  
Superior Court Master Superior Court Judge Date

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

I certify that on \_\_\_\_\_ a copy of this document was sent to:  
 DA  IO/PO/Placement Facility  Minor's Attorney  Parent or Guardian  Other: \_\_\_\_\_

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