

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA AT _____

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

Case No. _____

**MOTION TO EXTEND
DETENTION OF RESPONDENT**

I, _____ [name], on behalf of _____ [facility],
ask the court to extend detention of Respondent under the *Order Authorizing Hospitalization for
Evaluation* issued on _____ [date], because Respondent has not yet been transported
to an evaluation facility.

- 1. This is the first second or subsequent motion to extend detention in this case.
- 2. I have attached a copy of the original *Order Authorizing Hospitalization for
Evaluation* and any subsequent orders to extend detention.
 I have **not** attached a copy of the original orders, because:

- 3. I am a: [Check all that apply.]
 Psychiatrist Counselor Physician Social Worker
 Psych. RN, MS Therapist Psychologist or Psychological Associate
 Other: _____

- 4. **Guardian Contact Information.**
Does Respondent have a guardian? Yes No Unknown
If Respondent has a guardian, you **must** answer the following:
 - 1. How and when did you notify the guardian about Respondent's location?
[If you did not notify the guardian, explain below what efforts you made to do so,
and why those efforts were unsuccessful. AS 47.30.693.]

 - 2. Please provide any additional information that might be helpful to the court for
purposes of contacting the guardian:

- 5. **Respondent's Location and Contact Information.**
 Same as in the original petition.
 Changed as noted below.
Respondent is currently located at _____
Respondent arrived on _____ [date] at _____ am pm
Can Respondent be reached by phone? No Yes, at _____

- 6. **Evaluation of Respondent by Mental Health Professional.**
Who did the interview of Respondent? Me _____
Date & time of most recent interview: _____ am pm

7. **Basis for this Motion.**

a. I believe that Respondent is mentally ill, because:

"Mental illness" means an organic, mental, or emotional impairment that has substantial adverse effects on a person's ability to exercise conscious control of their actions or ability to perceive reality or to reason or understand; intellectual disability, developmental disability, epilepsy, drug addiction, and alcoholism do not per se constitute mental illness, although persons suffering from these conditions may also be suffering from mental illness. AS 47.30.915.

Has Respondent been previously diagnosed with a specific mental illness by a health care professional? Yes No Unknown

If yes, please provide information about the diagnosis, such as the date(s) of diagnosis, any medications prescribed, prior treatment, and/or prior hospitalizations:

b. As a result of being mentally ill, Respondent is:

Likely to cause serious harm to Respondent's self, because:

Likely to cause serious harm to others, because:

"Likely to cause serious harm" means a person who (A) poses a substantial risk of bodily harm to that person's self, as manifested by recent behavior causing, attempting, or threatening that harm; (B) poses a substantial risk of harm to others as manifested by recent behavior causing, attempting, or threatening harm, and is likely in the near future to cause physical injury, physical abuse, or substantial property damage to another person; or (C) manifests a current intent to carry out plans of serious harm to that person's self or another. AS 47.30.915.

Gravely disabled under AS 47.30.915(11)(A), AS 47.30.915(11)(B), because:

"Gravely disabled" means a condition in which a person as a result of mental illness (A) is in danger of physical harm arising from such complete neglect of basic needs for food, clothing, shelter, or personal safety as to render serious accident, illness, or death highly probable if care by another is not taken; or (B) is so incapacitated that the person is incapable of surviving safely in freedom. AS 47.30.915.

c. Briefly describe Respondent's current medical condition:

d. Why has Respondent not yet been transported to the evaluation facility?

e. Briefly describe what treatment, if any, Respondent is receiving at the current facility:

8. **Persons Who Have Personal Knowledge of the Above Facts.**

<u>Name</u>	<u>Address</u>	<u>Phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Have you spoken with one or more of the above persons about Respondent's condition in gathering information before filing this motion? Yes No

9. **Other Court Cases.**

Are there other **open** court cases involving Respondent? Yes No I don't know
If yes, please list type(s) of case with court case number(s), if known:

Date

Signature

Facility/Agency (if motioning on its behalf)

Print or Type Name

Mailing Address (include city, state, ZIP)

Phone*

Fax

*Use a number where you can be reached at any time, or the decision on your motion may be delayed.

Email Address (I authorize the court to email me court documents in this case.)

You must complete the verification or certification on the next page.

Verification or Certification

Verification.

[Sign in front of a notary or court clerk. If no notary or court clerk is available, or you do not have ID required by a notary or other official, sign the certification section below.]

I swear or affirm that I have read this motion and believe that all statements made in the motion are true.

Subscribed and sworn to or affirmed before me at _____, Alaska on _____.

(SEAL)

Court clerk, notary public, or other person
authorized to administer oaths.
My commission expires: _____

Certification.

[Complete this certificate if no notary or other official is available, or if you do not have the required identification.]

I certify that all information in this motion is true, and a notary public or other official empowered to administer oaths is not available to administer an oath, or I do not have the ID required by a notary or other official.

Filer's Signature