

**NOTICE OF EMERGENCY DETENTION AND APPLICATION FOR EXAMINATION  
(AS 47.30.705)**

**Instructions**

AS 47.30.705 authorizes detention for emergency evaluation when considerations of safety do not allow initiation of involuntary commitment procedures.

**\*\* You must provide a *Notice of Rights upon Emergency Detention* (form MC-404) to the person being detained, immediately upon detention or arrival at the facility. Form MC-404 is available online at <https://public.courts.alaska.gov/web/forms/docs/mc-404.pdf> \*\***

Peace Officers and Other First Responders/Health Officers: This MC-105 form must be completed when you take a person into emergency protective custody under AS 47.30.705. Give the completed form to a healthcare professional when you deliver the person to a crisis stabilization center, crisis residential center, or other healthcare facility.

Physicians, Physician Assistants, and Other Mental Health Professionals: When a person arrives at your facility who is not already in emergency custody, and you decide to detain the person for examination, then you must complete this MC-105 form as soon as the person is not free to voluntarily leave the facility.

If a person is under emergency detention, and *Petition for Order Authorizing Hospitalization for Evaluation* (MC-100) or *Application for Detention at or Admission to a CRC* (MC-150) is later filed with the court, you **must attach** this form to the petition.

**ALL FOUR SECTIONS OF THIS FORM MUST BE COMPLETELY FILLED OUT**

**I. PERSON UNDER DETENTION**

- a. Full Name (provide physical description if unknown): \_\_\_\_\_
- b. Date of Birth (estimate age if unknown): \_\_\_\_\_
- c. Is this person a minor?  Yes  No  Unknown
- d. Does this person have a guardian?  Yes  No  Unknown
- e. If yes to c or d, provide parent/guardian contact information, if known:  
Name(s): \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone: \_\_\_\_\_ Email: \_\_\_\_\_

**II. LOCATION OF PERSON UNDER DETENTION**

- a. This person was first detained on \_\_\_\_\_ [date] at \_\_\_\_\_  a.m.  p.m.
- b. This person arrived at \_\_\_\_\_ [name of facility] on \_\_\_\_\_ [date] at \_\_\_\_\_  a.m.  p.m.
- c. Was this person already in custody when the person arrived at the facility?  
 No – the person walked in or otherwise came to the facility voluntarily.  
 Yes – the person was taken into emergency custody by a(n):  
 Peace Officer     Paramedic, EMT, or Firefighter     Public Health Nurse  
 Other Health Officer: \_\_\_\_\_

**III. PROBABLE CAUSE**

I certify that probable cause exists under AS 47.30.705 to believe that the above-named person is mentally ill and as a result of that condition is:

- Gravely disabled
- Likely to cause serious harm to self
- Likely to cause serious harm to others

of such an immediate nature that considerations of safety do not allow initiation of involuntary commitment procedures under AS 47.30.700.

Information Supporting Probable Cause:

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**IV. PERSON MAKING THIS APPLICATION**

I certify that I am a:

- Peace officer
- Health officer\*
- Mental health professional\*\*
- Physician assistant licensed by the State Medical Board to practice in this state

Date and Time	Signature of Person Making this Application
Phone Number	Print or Type Name
Email Address	Mailing Address (include city, state, ZIP)

**AS 47.30.705(a). Emergency detention for evaluation.**

A peace officer, health officer, mental health professional, or physician assistant licensed by the State Medical Board to practice in this state, who has probable cause to believe that a person is gravely disabled or is suffering from mental illness and is likely to cause serious harm to self or others of such immediate nature that considerations of safety do not allow initiation of involuntary commitment procedures set out in AS 47.30.700, may cause the person to be taken into custody by a peace officer or health officer and delivered to the nearest crisis stabilization center, crisis residential center, evaluation facility, or treatment facility. A person taken into custody for emergency evaluation may not be placed in a jail or other correctional facility except for protective custody purposes and only while awaiting transportation to a crisis residential center, evaluation facility, or treatment facility. However, protective custody under this section may not include placement of a minor in a jail or secure facility. The peace officer, health officer, mental health professional, or physician assistant shall complete an application for examination of the person in custody and be interviewed by a mental health professional at the crisis stabilization center, crisis residential center, evaluation facility, or treatment facility.

\***Health Officer** means a federally certified health care provider, public health nurse, emergency medical technician, paramedic, firefighter, or a person authorized by the court to carry out AS 47.30.660 – 47.30.915. AS 47.30.915(12).

\*\***Mental Health Professional** means a psychiatrist or physician who is licensed by the State Medical Board to practice in this state or is employed by the federal government; a clinical psychologist [or a psychological associate trained in clinical psychology] licensed by the state Board of Psychologist and Psychological Associate Examiners; ...an advanced nurse practice registered nurse or a registered nurse with a master’s degree in psychiatric nursing, licensed by the State Board of Nursing; a marital and family therapist licensed by the Board of Marital and Family Therapy; a professional counselor licensed by the Board of Professional Counselors; a clinical social worker licensed by the Board of Social Work Examiners; and a person who (A) has a master’s degree in the field of mental health; (B) has at least 12 months of post-masters working experience in the field of mental illness; and (C) is working under the supervision of a type of licensee listed in this paragraph. AS 47.30.915(16).