

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. _____

**APPLICATION FOR ORDER
AUTHORIZING ADMISSION TO A
CRISIS RESIDENTIAL CENTER (CRC)**

I, _____, ask the court to enter an order granting this *Application for Order Authorizing Admission to a CRC*, and I state as follows:

- I read the warning notice on page 5 of this application.
- I am a mental health professional as defined in Alaska Statute 47.30.915. I am a *[Check all that apply.]*

<input type="checkbox"/> Psychiatrist	<input type="checkbox"/> Physician
<input type="checkbox"/> Clinical Psychologist	<input type="checkbox"/> Psychological Associate
<input type="checkbox"/> Psych R.N.	<input type="checkbox"/> Marital and Family Therapist
<input type="checkbox"/> Professional Counselor	<input type="checkbox"/> Clinical Social Worker
<input type="checkbox"/> _____	

"Mental health professional" means a psychiatrist or physician licensed by the State Medical Board to practice in this state or employed by the federal government; a clinical psychologist licensed by the state Board of Psychologist and Psychological Associate Examiners; a psychological associate trained in clinical psychology and licensed by the Board of Psychologist and Psychological Associate Examiners; 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.

- Respondent's Location and Contact Information.**
Respondent is currently at a crisis stabilization center. crisis residential center.
Name of Facility: _____
Address: _____
Respondent arrived at this facility on _____ at _____ a.m. p.m.
 Respondent was transferred to this facility. Respondent arrived at the first CSC or CRC on _____ at _____ a.m. p.m.
Respondent's Phone Number(s): _____

- Guardian Contact Information.**
Respondent has a guardian: Yes No I don't know
Respondent is a minor: Yes No I don't know
If yes to either of the above, guardian or parent contact information:
Name: _____ Relationship: _____
Mailing Address: _____
Cell Phone: _____ Other Phone: _____
Email: _____ Fax: _____

5. **Examination of Respondent.**

- a. Respondent was most recently examined on _____ at _____ am pm
by _____ *[examiner's name]*
- b. Did Respondent arrive at the facility on an emergency detention? Yes No
If yes, a completed form MC-105, *Notice of Emergency Detention and Application for Examination*, **MUST BE ATTACHED** to this application.
- c. If Respondent is a minor or has a guardian, you **must** answer the following:
1. How and when did you notify the parent/guardian about Respondent's location?
[If you did not notify the parent/guardian, explain below what efforts you made to do so, and why those efforts were unsuccessful. AS 47.30.693.]

 2. Do the parents and/or guardian support this application?
 Yes No I don't know
 3. Please provide any additional information that might be helpful to the court for purposes of contacting the parent(s) or guardian(s):

6. **Basis for this Petition.**

- 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.

- b. Has Respondent been previously diagnosed with a mental illness by a health care or mental health professional? Yes No I don't know
If yes, please provide information about the diagnosis, such as the date(s) of diagnosis, any medications prescribed, prior treatment, and/or prior hospitalizations:

d. I believe that Respondent is suffering from an acute behavioral health crisis, and that this crisis will be resolved during admission to a CRC, because:

7. **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:

****You must sign and fill out both the bottom of this page and the *Verification or Certification* (next page)****

Date

Applicant's Signature

Facility/Agency (if applying on its behalf)

Print or Type Name

Mailing Address (include city, state, and ZIP)

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

Phone*

Fax

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

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.]

Applicant says on oath or affirms that Applicant has read this application and believes that all statements made in it 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 application is true, and a notary public or other official empowered to administer oaths is not available to administer an oath.

Date Location of Signing Applicant's Signature

Warning Notice

A person acting in good faith upon either actual knowledge or reliable information who makes application for evaluation or treatment of another person under AS 47.30.700 - 47.30.915 is not subject to civil or criminal liability. AS 47.30.815(a).