

**INSTRUCTIONS FOR EVALUATION FACILITY OR CRC:**

This form shall be filed with the court immediately upon the respondent's release.

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. \_\_\_\_\_

**NOTICE OF RELEASE**

To: Superior Court at \_\_\_\_\_, Alaska.

The court ordered that the respondent be detained at, involuntarily admitted or committed to, and/or hospitalized for evaluation at a designated facility. Pursuant to that order, the respondent was delivered to the following facility on \_\_\_\_\_:

- |   |   |
|---|---|
| <input type="checkbox"/> Alaska Psychiatric Institute | <input type="checkbox"/> PeaceHealth Ketchikan Medical Center |
| <input type="checkbox"/> Bartlett Regional Hospital   | <input type="checkbox"/> Mat-Su Regional Medical Center       |
| <input type="checkbox"/> Fairbanks Memorial Hospital  | <input type="checkbox"/> _____                                |

The above facility released the respondent on \_\_\_\_\_ at \_\_\_\_\_  a.m.  p.m.

**Reason for Release:**

- Qualified personnel at the above facility determined that the respondent no longer meets the criteria for hospitalization, admission/detention, or commitment.
- The court denied the 7-/30-/90-/180-day petition for detention or commitment in this case.
- Other *[Explain the specific reason for release on the lines below. Include enough detail for the court to understand why the respondent is no longer at the facility.]*

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or Type Name and Title

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
E-mail Address

I certify that on \_\_\_\_\_,  
a copy of this notice was distributed to:

- respondent
- parent/guardian of respondent
- PDA
- AGO
- \_\_\_\_\_

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