

INSTRUCTIONS FOR EVALUATION FACILITY OR CRC:

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

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 VOLUNTARY
ADMISSION**

To: Superior Court at _____, Alaska.

The court ordered that the respondent be detained at, involuntarily admitted or committed to, 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 respondent voluntarily admitted to the above facility on _____
at _____ a.m. p.m.

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
 OPA (if respondent is a minor)

By Clerk: _____