



5. A *Certificate of Need for Emergency/Involuntary Commitment*—prepared within the past two days by a physician, physician assistant, or advanced nurse practitioner—accompanies this application.

_____		_____
Date		Signature of Applicant
_____	_____	_____
Phone	Fax	Print or Type Name
_____		_____
Email Address		Mailing Address

### ADMINISTRATOR'S RESPONSE

The *Application for 48-Hour Emergency Commitment* and accompanying *Certificate of Need for Emergency/Involuntary Commitment*:

- provide sufficient grounds for commitment and the application is approved.

**Important:** The administrator must provide the respondent with a copy of this form (MC-600), the *Certificate of Need* (MC-605), and the *Notice of Right to an Attorney* (MC-610) **within 24 hours** of this approval. The MC-610 can be found online here:

<https://public.courts.alaska.gov/web/forms/docs/mc-610.pdf>

- fail to sustain the grounds for commitment and the application is refused.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20 \_\_\_\_, at \_\_\_\_\_  a.m.  p.m.

\_\_\_\_\_  
Signature of Administrator

\_\_\_\_\_  
Print or Type Name

\_\_\_\_\_  
Name of Public Treatment Facility

\_\_\_\_\_  
Mailing Address (include city, state, ZIP)

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

\_\_\_\_\_  
Fax Number

\_\_\_\_\_  
Email Address