

5. This application is accompanied by a *Certificate of Need for Emergency/ Involuntary Commitment* prepared by a physician, physician's assistant, or advanced nurse practitioner, who examined the respondent within two days before submission of this petition.
- The respondent refused to undergo a medical examination.

Date	Petitioner
	Type or Print Name
	Mailing Address
	Phone and Fax

Verification

Petitioner says on oath or affirms that petitioner read this petition and believes all statements made in the petition are true.

Subscribed and sworn to or affirmed before me at _____,
Alaska on _____
(date)

(SEAL)

Clerk of Court, Notary Public or other person
authorized to administer oaths.
My commission expires: _____

I certify that on _____, a copy
of this petition was sent to:

- Petitioner
- Respondent/Guardian
- Respondent's Attorney
- Administrator
- Other _____
