

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA  
AT \_\_\_\_\_

In the Matter of the Necessity )  
for the Hospitalization of: )  
)  
) Case No. \_\_\_\_\_  
)  
\_\_\_\_\_, )  
Respondent. )  
Date of Birth: \_\_\_\_\_)

**REQUEST TO DISMISS  
PROCEEDINGS FOR 5-DAY  
ALCOHOL OR DRUG DETENTION**

I am the:  facility administrator  respondent  other person \_\_\_\_\_  
I request the proceedings be dismissed and this case be closed, because:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

I certify that on \_\_\_\_\_, a copy  
of this request was sent or given to:  
 Resp/Resp Atty  Resp Guardian  
 Facility Administrator  \_\_\_\_\_  
By: \_\_\_\_\_

\_\_\_\_\_  
Print Name and Title

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

\_\_\_\_\_  
Email

**ORDER**

This request is denied.

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

This request is granted. The *5-Day Detention Proceedings* are dismissed and this case is closed. If the respondent was delivered to the treatment facility, the respondent is ordered released from the facility. The facility shall file an MC-680, *Notice of Release*. If an *Order on Application for Court Approval of 5-Day Detention* was granted, it is hereby vacated.

Recommended for Approval on \_\_\_\_\_  
by \_\_\_\_\_  
Master \_\_\_\_\_

\_\_\_\_\_  
Superior Court Judge  
\_\_\_\_\_  
Type or Print Name  
\_\_\_\_\_  
Date

I certify that on \_\_\_\_\_ a copy of this order was sent or given to:  
 Resp/Resp Atty  Resp Guardian  Facility Administrator  \_\_\_\_\_  
JA/Clerk: \_\_\_\_\_