

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

State of Alaska

\_\_\_\_\_

vs.

Defendant: \_\_\_\_\_

DOB: \_\_\_\_\_ APSIN: \_\_\_\_\_ CASE NO. \_\_\_\_\_

**EXPEDITED REQUEST FOR HEARING ON DEFENDANT’S COMPETENCY AND NOTICE OF RESTORATION STATUS**

1. The defendant was ordered committed to the custody of the Commissioner of Family and Community Services or the commissioner’s authorized representative on \_\_\_\_\_ [date] for evaluation and treatment. The defendant was admitted to  Alaska Psychiatric Institute or  \_\_\_\_\_ for restoration services on \_\_\_\_\_ [date].

2. I give notice to the court that an evaluator or treatment provider at the above-named facility has determined that:  
 the defendant has been restored to competency.  
 the defendant is not likely to be restored to competency within the maximum period of commitment.

Therefore, I request that the court set a hearing as soon as possible to address the defendant’s competency and any further action to be taken in this case.

3. A confidential report is filed separately.

\_\_\_\_\_ Date \_\_\_\_\_ Signature

Print/Type Name: \_\_\_\_\_ Position or Title: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ Email: \_\_\_\_\_

I certify that I notified the parties of this notice and request as follows:

- Defendant on \_\_\_\_\_ at \_\_\_\_\_ [date/time] by the following method(s): \_\_\_\_\_
- Defendant’s Attorney on \_\_\_\_\_ at \_\_\_\_\_ [date/time] by the following method(s): \_\_\_\_\_
- Prosecuting Attorney on \_\_\_\_\_ at \_\_\_\_\_ [date/time] by the following method(s): \_\_\_\_\_
- Other: [list name and describe when and how served or notified]  
\_\_\_\_\_  
\_\_\_\_\_
- I was unable to notify or serve a party that is entitled to notice, because:  
\_\_\_\_\_  
\_\_\_\_\_

Signature: \_\_\_\_\_