NOTICE OF EMERGENCY DETENTION AND APPLICATION FOR EVALUATION (AS 47.30.705)

Instructions

AS 47.30.705 authorizes custody for emergency evaluation when considerations of safety do not allow initiation of involuntary commitment procedures.

Peace Officers: This form must be completed when you take a person into emergency protective custody under AS 47.30.705. Give the completed form to the health care professional when you deliver the person to the health care facility.

Psychiatrists, Physicians, Psychologists: This form must be completed when a person is brought to a health care facility by someone other than a peace officer, and the person is detained for examination and evaluation.

- If this form is completed and a *Petition for Order Authorizing Hospitalization for Evaluation (form MC-100)* is later filed with the court, this form must be attached to the *Petition*.

PERSON IN CUSTODY

Name: _____
First Middle Last

Date of Birth: _____ Gender: _____ Race: _____ Married: ☐ yes ☐ no

☐ Respondent is a minor. Parents/guardian contact information is as follows:

Name(s): _____

Address: _____

Phone: _____

PROBABLE CAUSE

I certify that probable cause exists under AS 47.30.705 to believe that the above-named person is mentally ill and as a result of that condition is:

☐ Gravely disabled

☐ Likely to cause serious harm to self

☐ Likely to cause serious harm to others

of such an immediate nature that considerations of safety do not allow initiation of involuntary commitment procedures under AS 47.30.700.

Information Supporting Probable Cause:

_____

_____

_____

_____

_____

_____

_____

LOCATION OF PERSON IN CUSTODY

Taken into emergency custody on (date) _____ at (time) _____ ☐ am ☐ pm.

Taken into custody by:

- ☐ Peace Officer
- ☐ Ambulance
- ☐ Other person (name and relationship to patient) _____

Delivered to (facility) _____on (date) _____

at (time) _____ ☐ am ☐ pm.

PERSON MAKING THIS APPLICATION

I certify that I am a:

- ☐ Peace Officer
- ☐ Psychiatrist licensed to practice in Alaska or employed by the federal government
- ☐ Physician licensed to practice in Alaska or employed by the federal government
- ☐ Clinical psychologist licensed by the state Board of Psychologist and Psychological Associate Examiners

_____
Signature of Person Making this Application

_____
Print or Type Name

_____
Daytime Telephone Number(s)

_____
Mailing Address City State Zip

AS 47.30.705 provides: Emergency detention for evaluation. (a) A peace officer, a psychiatrist or physician who is licensed to practice in this state or employed by the federal government, or a clinical psychologist licensed by the state Board of Psychologist and Psychological Associate Examiners who has probable cause to believe that a person is gravely disabled or is suffering from mental illness and is likely to cause serious harm to self or others of such immediate nature that considerations of safety do not allow initiation of involuntary commitment procedures set out in AS 47.30.700, may cause the person to be taken into custody and delivered to the nearest evaluation facility. A person taken into custody for emergency evaluation may not be placed in a jail or other correctional facility except for protective custody purposes and only while awaiting transportation to a treatment facility. However, emergency protective custody under this section may not include placement of a minor in a jail or secure facility. The peace officer or mental health professional shall complete an application for examination of the person in custody and be interviewed by a mental health professional at the facility.