		PT FOR THE STATE OF ALASKA
In the Matter of the Necessity for the Hospitalization of:		
Resp	ondent.) Case No) NOTICE OF ABSENCE FROM TREATMENT FACILITY
TO:	Superior Court at	
		_, Respondent's Attorney
		_, Respondent's Guardian
		_, Assistant Attorney General
		_, Person previously threatened by the Respondent
	Date	Signature
		Print Name
		Title
l cert a cop	ify that on by of this notice was sent to (list names):	
Ву: _		

Treatment Facility Personnel