

**PEACE OFFICER/MENTAL HEALTH PROFESSIONAL  
APPLICATION FOR EXAMINATION (AS 47.30.705)**

Name of Potential Patient: \_\_\_\_\_

Date and Time: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Marital Status: \_\_\_\_\_

I hereby certify that probable cause exists under AS 47.30.705 to believe that the above-named individual is mentally ill and is:

- gravely disabled
- likely to cause serious harm to  self  others

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

Pertinent Information: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I am a:

- peace officer.
- psychiatrist / physician currently licensed to practice in the state of Alaska or employed by the federal government.
- clinical psychologist licensed by the state Board of Psychologist and Psychological Associate Examiners.

\_\_\_\_\_  
Signature of Peace Officer or  
Mental Health Professional

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Daytime Telephone Number

\_\_\_\_\_  
Mailing Address City State Zip

NOTE: Pursuant to AS 47.30.705, any police officer or mental health professional requesting an emergency evaluation must complete an application for examination of the person in custody and be interviewed by a mental health professional at the evaluating facility.