

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT _____

In the Matter of the Hospitalization of: _____)
)
)
)
Respondent. _____)
)
Date of Birth: _____)
_____)

Case No. _____

**APPLICATION FOR 48-HOUR
EMERGENCY COMMITMENT**

1. I hereby apply to the administrator of an approved public treatment facility for emergency commitment of the respondent named above pursuant to AS 47.37.180.

2. I am

- the certifying physician, physician assistant, or advanced nurse practitioner
- the respondent's spouse
- the respondent's guardian
- the respondent's relative
- a responsible person

3. Respondent is an intoxicated person (defined as a person whose mental or physical functioning is substantially impaired as a result of the use of alcohol or drugs) who:

- has threatened, attempted to inflict, or inflicted physical harm on another or is likely to inflict physical harm on another unless committed.
- is incapacitated by alcohol or drugs.

4. The facts that support the need for emergency treatment are as follows:

5. A *Certificate of Need for Emergency / Involuntary Commitment* prepared within the past two days by a physician, physician's assistant, or advanced nurse practitioner, accompanies this application.

_____ Date

_____ Signature of Applicant

_____ Type or Print Name

The *Application for 48-Hour Emergency Commitment*, and accompanying *Certificate of Need for Emergency / Involuntary Commitment*

- provide sufficient grounds for commitment and the application is approved.
 fail to sustain the grounds for commitment and the application is refused.

Dated this _____ day of _____, 20 ____, at _____ am. p.m.

_____ Administrator

_____ Type or Print Name

_____ Name of Public Treatment Facility