

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT Anchorage

In the Matter of the Necessity
for the Hospitalization of:

D. G.
Respondent.
Date of Birth: 01/20/1988

Case No. 3AN-13-454PR

**PETITION FOR INVOLUNTARY
COMMITMENT FOR EVALUATION**

Petitioner, Connie Chevalier, asks the court to enter an order granting this
Petition for Involuntary Commitment for Evaluation, and states as follows:

1. I read the warning notice on page 3 of this petition.

2. I am a (check all that apply):

- | | |
|---|--|
| <input type="checkbox"/> Psychiatrist | <input type="checkbox"/> Counselor |
| <input type="checkbox"/> Physician | <input type="checkbox"/> Psychologist or Psychological Associate |
| <input checked="" type="checkbox"/> Psych. RN, MS | <input type="checkbox"/> Other Mental Health Professional |
| <input type="checkbox"/> Therapist | <input type="checkbox"/> Family Member _____ |
| <input type="checkbox"/> Social Worker | <input type="checkbox"/> Other Interested Person _____ |

"Mental health professional" means a psychiatrist or physician licensed by the State Medical Board to practice in this state or employed by the federal government; a clinical psychologist licensed by the state Board of Psychologist and Psychological Associate Examiners; a psychological associate trained in clinical psychology and licensed by the Board of Psychologist and Psychological Associate Examiners; a registered nurse with a master's degree in psychiatric nursing, licensed by the State Board of Nursing; a marital & family therapist licensed by the Board of Marital and Family Therapy; a professional counselor licensed by the Board of Professional Counselors; a clinical social worker licensed by the Board of Social Work Examiners; and a person who (A) has a master's degree in the field of mental health; (B) has at least 12 months of post-masters working experience in the field of mental illness; and (C) is working under the supervision of a type of licensee listed in this paragraph.

3. Respondent is currently located at (for example, home, hospital, assisted living facility):
Providence Emergency Department

Respondent arrived on (date) 02/26/2013 at 0900 am pm.

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

Name(s): _____
Address: _____
Phone: _____

5. A completed MC-105, *Notice of Emergency Detention and Application for Evaluation*
 is attached is not attached. (The MC-105 may only be signed by a peace officer,
psychiatrist, doctor, or clinical psychologist. See AS 47.30.705.)

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6. Other pending court cases involving the respondent include (list case description and case number): Unknown

7. For the following reasons, I believe that the respondent is mentally ill:
The patient has a history of mental illness during childhood, with multiple hospitalizations and diagnoses

Specific mental illness: Mood disorder, NOS; R/O Mood d.o. due to TBI with depressive

"Mental illness" means an organic, mental, or emotional impairment that has substantial adverse effects on a person's ability to exercise conscious control of their actions or ability to perceive reality or to reason or understand; mental retardation, epilepsy, drug addiction, and alcoholism do not per se constitute mental illness, although persons suffering from these conditions may also be suffering from mental illness. (AS 47.30.915)

8. For the following reasons, I believe that as a result of that mental illness, the respondent is gravely disabled or likely to cause serious harm to himself/herself or others:

The patient has verbalized suicidal ideation multiple times since December, with escalation in frequency of suicidal threat over the past 2 days. He made a noose of a belt yesterday, threatening suicide, made a written will, and today threatened suicide in front of both his parents, reaching for a knife. He threatened violence toward his father yesterday as well as several times in the recent past, purporting to "punch him until he is bloody." He sent many texts to his mother yesterday with content related to wishing he were dead, saying goodbye to his dog, and dying at home in bed. He has suffered a traumatic brain injury, is under significant stress with attempts to get help in the military. He refuses mental health intervention, has no insight into his mood problem and requires involuntary hospitalization for his safety.

"Gravely disabled" means a condition in which a person as a result of mental illness (A) is in danger of physical harm arising from such complete neglect of basic needs for food, clothing, shelter, or personal safety as to render serious accident, illness, or death highly probable if care by another is not taken (AS 47.30.915(7)(A)); or (B) will, if not treated, suffer or continue to suffer severe and abnormal mental, emotional, or physical distress, and this distress is associated with significant impairment of judgment, reason, or behavior causing a substantial deterioration of the person's previous ability to function independently. [AS 47.30.915(7)(B)] Note: In *Wetherhorn v. Alaska Psychiatric Institute*, 156 P.3d 371 (Alaska 2007), the Alaska Supreme Court "concluded that AS 47.30.915(7)(B) is constitutional if construed to require a level of incapacity so substantial that the respondent is not 'capable of surviving safely in freedom.'"

"Likely to cause serious harm" means a person who (A) poses a substantial risk of bodily harm to that person's self, as manifested by recent behavior causing, attempting, or threatening that harm; (B) poses a substantial risk of harm to others as manifested by recent behavior causing, attempting, or threatening harm, and is likely in the near future to cause physical injury, physical abuse, or substantial property damage to another person; or (C) manifests a current intent to carry out plans of serious harm to that person's self or another.

9. Persons who have personal knowledge of the above facts are:

Name	Address	Phone
<u>Dr. Silbaugh, 212-3111</u>	<u>PAMC Emergency Department</u>	<u>212-3111</u>
<u>Officer Hostetter, APD</u>		<u>729-7808</u>

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10. For healthcare professionals only:

- The following facility or facilities currently have capacity to accept persons committed for emergency examination and evaluation:
API
- The following transport service is available to deliver the respondent to the facility:
WEKA

02/26/2013
Date

Connie Chevalier

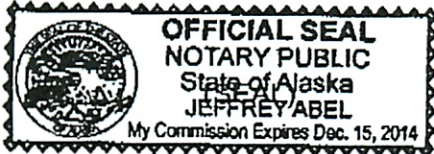
Petitioner's Signature
Connie Chevalier
Print Name of Petitioner
PAMC Psychiatric Emergency Department
Petitioner's Address
Phone: 907-212-2800 Fax: 907-212-2807

I certify that on FEB 26 2013
copies of this form were sent to: AG PD API
CLERK: BIRDIE JONES

Verification or Certification

Verification. [Sign in front of a notary or court clerk. If no notary or court clerk is available, or you do not have ID required by a notary or other official, sign the certification section below.] Petitioner says on oath or affirms that petitioner has read this petition and believes that all statements made in the petition are true.

Subscribed and sworn to or affirmed before me at Anchorage, Alaska on (date) 2/26/13



[Signature]
Clerk of Court, Notary Public or other person authorized to administer oaths.
My commission expires: 12/15/14

Certification. [Complete this certificate if no notary or other official is available, or if you do not have the required identification.] Petitioner certifies that all information in this petition is true, and a notary public or other official empowered to administer oaths is not available to administer an oath, or petitioner does not have the ID required by a notary or other official.

Petitioner's Signature

Warning Notice

A person acting in good faith upon either actual knowledge or reliable information who applies for evaluation or treatment of another person under AS 47.30.700-47.30.915 is not subject to civil or criminal liability. [AS 47.30.815(a)]

A person who willfully initiates an involuntary commitment procedure under AS 47.30.700 without having good cause to believe that the other person is suffering from a mental illness and as a result is gravely disabled or likely to cause serious harm to self or others, is guilty of a felony. [AS 47.30.815(c)]

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