

IN THE SUPREME COURT FOR THE STATE OF ALASKA

ITMO the Hospitalization of H.R.

)
) Supreme Court No. S-15793
)
)

Trial Court Case No. 3AN 14-02936PR

APPEAL FROM THE SUPERIOR COURT
THIRD JUDICIAL DISTRICT AT ANCHORAGE
THE HONORABLE PAUL E. OLSEN, PRESIDING
(JAMES T. STANLEY, MASTER)

EXCERPT OF RECORD
VOLUME 1 OF 1

James B. Gottstein (7811100)
Law Project for Psychiatric Rights, Inc.
406 G Street, Suite 206
Anchorage, Alaska
(907) 274-7686



Attorney for Appellant, H.R.

Filed in the Supreme Court of
the State of Alaska, this 3
day of March, 2015

Marilyn May, Clerk

By: Beth A. Keeborte

Deputy Clerk

**Excerpt of Record
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ITMHO H.R. S-15793**

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IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT ANCHORAGE

2014 DEC -5 PM 1:12

In the Matter of the Necessity
for the Hospitalization of:)
)
)
)
H [REDACTED] R [REDACTED])
Respondent.)
Date of Birth: Unknown)
_____)

CLERK TRIAL COURTS

BY _____
DEPUTY CLERK

Case No. 3AN-14-2936 PR

PETITION FOR ORDER AUTHORIZING
HOSPITALIZATION FOR EVALUATION

Petitioner, Robert Schmidt
Seacliff Condominium Association, asks the court to enter an order granting this
Petition for Order Authorizing Hospitalization 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 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 checked="" type="checkbox"/> Other Interested Person <u>Neighbors</u> |

"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):
5400 West Dimond Boulevard, Unit E18

Respondent arrived on (date): Lived there for years at _____ am pm.

4. **(MANDATORY)**

Respondent has a guardian Yes No Unknown

Respondent is a minor Yes No Unknown

Guardian or parent contact information is as follows:

Name: _____ Relationship: _____

Address for service: _____

Phone: _____ Fax: _____

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.)

This is Not a Court Order

6. Other pending court cases involving the respondent include (list case description and case number): 3AN-1 [REDACTED] CI (Protective Order), 3AN-1 [REDACTED] CI (Protective Order)
3AN-1 [REDACTED] CR (violate protective order) 3AN-1 [REDACTED] CR (same)

7. For the following reasons, I believe that the respondent is mentally ill:
Years of confrontation, threats, aberrant and widely swinging behavior suggesting drug use, routinely video recording interactions with others, taking pictures inside people's houses, inability to have normal social interactions, lying wait to confront neighbors.

Specific mental illness: Unknown

"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:
Threats to neighbors and board members, inability to control dog, strong suspicion of drug use, respondent is a medical doctor and believed to be a threat to her patients, herself, and her neighbors. She routinely yells at and uses threatening body language with neighbors, frequently seeming to want to provoke a fight. Owns German Shepherd and is unable to control it (previous dog killed another dog), horrible odors coming from unit.

"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:

| <i>Name</i> | <i>Address</i> | <i>Phone</i> |
|-------------------------------|-----------------------|---------------------|
| <u>Bill & Lisa Colson</u> | <u>5400 W. Dimond</u> | <u>907-248-5904</u> |
| <u>Hank Graper</u> | <u>5400 W. Dimond</u> | <u>907-748-4464</u> |
| <u>Chris Salerno</u> | <u>5400 W. Dimond</u> | <u>907-243-7969</u> |
| <u>Gary Jackson</u> | <u>5400 W. Dimond</u> | <u>907-243-0837</u> |

This is Not a Court Order

10. **Healthcare professionals must complete this section:**

- a. The respondent has has not been medically cleared for transportation.
- b. The petitioner confirmed that the following facility or facilities have the capacity within the next 24 hours to accept the respondent:
- | | |
|---|--|
| <input type="checkbox"/> Alaska Psychiatric Institute | <input type="checkbox"/> PeaceHealth Ketchikan Medical Center |
| <input type="checkbox"/> Bartlett Regional Hospital | <input type="checkbox"/> Yukon-Kuskokwim Delta Regional Hospital |
| <input type="checkbox"/> Fairbanks Memorial Hospital | <input type="checkbox"/> |
- c. The following transportation service is available to deliver the respondent to the facility within 24 hours(s): _____

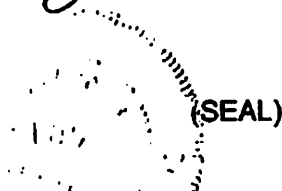
December 2, 2014
Date

[Signature]
Petitioner's Signature
Robert Schmidt ABA # 9909048
Print Name of Petitioner
701 W, 8th Ste. 1200 Anchorage, AK 99516
Petitioner's Address
Phone: 907-276-5152 Fax: 907-276-8433

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) December 2, 2014.



[Signature]
Clerk of Court, Notary Public or other person
authorized to administer oaths.
My commission expires: 9/1/2015

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.

I certify that on 12-5-14
Copies of this form were sent to:

Clerk: AG, PD, API

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)]

This is Not a Court Order

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT ANCHORAGE

In the Matter of the Necessity
for the Hospitalization of:

H [REDACTED] F [REDACTED]
Respondent.
Date of Birth: UNKNOWN

Case No. 3AN-14-02936PR

**ORDER AUTHORIZING
HOSPITALIZATION FOR EVALUATION**

Petitioner, ROBERT SCHMIDT (ATTY AT LAW), filed a *Petition for Order Authorizing Hospitalization for Evaluation* under AS 47.30.700. The court considered the following:

- Allegations in the petition.
- Testimony on record at courtroom/media # 203 Beg. log # 1400 hrs
date 12-5-2014 by the petitioner other persons _____
- Medical records from a healthcare facility or mental health professional reporting on the respondent's current mental and physical condition.
- Screening investigation report previously ordered by the court.
- Other five witnesses with personal knowledge of the respondent over approximately 8 years.

LOCATION OF RESPONDENT

- The respondent is currently being detained at _____
The respondent was detained on (date) _____ at (time) _____ am pm.
-or-
- The respondent's current whereabouts are believed to be
5400 W DIMOND BLVD UNIT E18, ANCHORAGE AK

FINDINGS

1. The court finds there is probable cause to believe the respondent is mentally ill based on:
based upon the observations of five witnesses with direct, personal, and close-up
interaction with respondent. Using the broad definition of mental illness (AS 47.30.915)
respondent is mentally impaired to an extent that she cannot control her actions and
statements. Her mental condition has worsened dramatically over an 8 year period and
she needs evaluation and treatment. Respondent is forthwith admitted to API for
evaluation, screening, stabilization, treatment, and appropriate medication.

2. As a result of the mentally ill condition, the court finds the respondent is:

Likely to cause serious harm to himself or herself because

Likely to cause serious harm to others because
respondent cannot control her actions and cannot control her large dog which has
placed fellow condominium dwellers in fear. To the extent that respondent is
paranoid, she acts aggressively toward others.

Gravely disabled because

ORDER

It is ordered that the *Petition for Order Authorizing Hospitalization for Evaluation* is **GRANTED**.
It is also **ORDERED** that:

1. The Department of Health and Social Services or its designee, or AST/APD
shall arrange for immediate delivery of the respondent to the following evaluation facility
for examination and evaluation of the respondent's mental and physical condition:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Alaska Psychiatric Institute | <input type="checkbox"/> PeaceHealth Ketchikan Medical Center |
| <input type="checkbox"/> Bartlett Regional Hospital | <input type="checkbox"/> Yukon-Kuskokwim Delta Reg. Hospital |
| <input type="checkbox"/> Fairbanks Memorial Hospital | <input type="checkbox"/> Other _____ |

[AS 47.30.700; AS 47.30.710; AS 47.30.870; and AS 47.30.915(5)]

2. Respondent has a guardian Yes No Unknown
Respondent is a minor Yes No Unknown

Guardian or parent contact information is as follows:

Name(s) _____ Relationship _____
Address for service _____
Phone _____ Fax _____

3. The respondent shall be notified immediately, orally and in writing, of the rights contained
in the *Notice of Rights* (court form MC-405, available from the court clerk or online at
<http://courts.alaska.gov/forms/mc-405.pdf>). Minor respondent's parent or guardian and
adult respondent's guardian shall also be notified of the rights in the *Notice of Rights*.
These notifications and a copy of this order shall be given by:

- The person or entity currently detaining the respondent
- Local police _____
- Alaska State Troopers _____
- The petitioner
- Other: API UPON ARRIVAL

4. The evaluation facility shall accept this order and the respondent for an evaluation period not to exceed 72 hours. Within 24 hours after arrival at the facility, the respondent shall be examined and evaluated as to mental and physical condition by a mental health professional and by a physician. [AS 47.30.710(a); AS 47.30.715]
5. The evaluation facility shall timely file a *Notice of Respondent's Arrival at Evaluation Facility* (court form MC-400) with the court and Public Defender Agency upon arrival of the respondent at the facility. Court form MC-400 is available from the court clerk or online at <http://courts.alaska.gov/forms/mc-400.pdf>. If the respondent arrives at the facility between the hours of 9:00 a.m. and 3:00 p.m., notice is timely if filed no later than 3:30 p.m. on the same business day. If the respondent arrives at the facility between the hours of 3:00 p.m. and 9:00 a.m., or at any time during the weekend or on a holiday, notice is timely if filed no later than 9:30 a.m. on the first business day following the respondent's arrival. Notice shall be by fax to the numbers designated on the MC-400 form.
6. If the respondent cannot be delivered to the designated evaluation facility within 24 hours of this order, the Department of Health and Social Services through its attorney shall file a **status report** with this court describing:
 - Respondent's current location;
 - Reason(s) for the delay in transporting the respondent;
 - Steps taken by the Department to ensure that continued detention of the respondent at the current location is necessary and no less restrictive alternatives are available;
 - Whether an alternative evaluation facility is now being proposed; and
 - Whether another means of evaluation can be used (such as telemedicine).Filing shall take place within the 24 hour period to the court that issued this order, and an updated status report shall be filed every 24 hours until the respondent is delivered to the designated evaluation facility. A copy of each status report shall be served on the Public Defender Agency, the respondent, the guardian and guardian ad litem of any respondent, and the parent of any minor respondent.
7. The examination and evaluation shall be completed within 72 hours of respondent's arrival at the evaluation facility. [AS 47.30.715] A petition for a 30-day commitment shall be filed or the respondent shall be released from the evaluation facility before the end of the 72-hour evaluation period (unless respondent requests voluntary admission for treatment).
8. If at any time before or during the 72-hour evaluation period, a mental health professional determines that the respondent does not meet the standards for hospitalization in AS 47.30.700, the respondent shall be released, and the parties and court shall be notified of the release using court form MC-412 (if before transport) or form MC-410 (if after arrival at facility). These forms are available from the court clerk or online at <http://www.courts.alaska.gov/forms.htm#mc>.
9. The Public Defender Agency is appointed counsel for the respondent in this proceeding. Counsel is authorized access to medical, psychiatric or psychological records maintained on the respondent at the evaluation facility.
10. This order will be deemed vacated without further court action in seven days if not yet served on the respondent by a peace officer or vacated earlier by the court.
11. _____

Superior Court Judge

This matter was considered directly by the undersigned superior court judge. The *Petition for Order Authorizing Hospitalization for Evaluation* is GRANTED.

Date and Time

Superior Court Judge

Type or Print Name

Superior Court Master

The Master recommends that the *Petition for Order Authorizing Hospitalization for Evaluation* be GRANTED.

12-5-2014 @ 1550 hrs

Date and Time

Superior Court Master
JAMES T. STANLEY

Type or Print Name

Review by Superior Court Judge

The Master's recommendation is APPROVED.

(NOTE: If the Master's recommendation is NOT APPROVED, the Superior Court Judge will complete an MC-340 denial order.)

Date and Time

Superior Court Judge

Type or Print Name

Clerk's Certificates of Distribution

I certify that on 12-5-14
at 4:07 am pm, a copy of the following documents:

- this Order with master's signature
- Petition for Order Authorizing Hosp. for Eval.
- Notice of Rights (MC-405)
- Notice of Emergency Detention (MC-105)
- Order for Screening Investigation

CIU 210A
were sent to the following persons/entities:

- Petitioner
- Respondent
- Parent/Guardian of Respondent
- PDA _____
- AGO _____
- API to fax (907) 269-7262
- Bartlett Reg. to fax (907) 796-8439
- Fairbanks Mem. to fax (907) 458-5255
- PeaceHealth Med. to fax (907) 228-8333
- Y-K Delta Reg. to fax (907) 543-6099
- Title47MC@courts.state.ak.us

By Clerk SP

Clerk's Certificates of Distribution

I certify that on _____
at _____ am pm, a copy of the following documents:

- this Order w/ superior court judge's signature
- Petition for Order Authorizing Hosp. for Eval.
- Notice of Rights (MC-405)
- Notice of Emergency Detention (MC-105)
- Order for Screening Investigation

were sent to the following persons/entities:

- Petitioner
- Respondent
- Parent/Guardian of Respondent
- PDA _____
- AGO _____
- API by fax to (907) 269-7262
- Bartlett Reg. to fax (907) 796-8439
- Fairbanks Mem. to fax (907) 458-5255
- PeaceHealth Med. to fax (907) 228-8333
- Y-K Delta Reg. to fax (907) 543-6099
- Title47MC@courts.state.ak.us

By Clerk _____

7:47:46 Monday, December 08, 2014

FROM T-X4J5 ON 12/05/14 AT 20:45:09

ATTN: ANCH AST JS
FROM: APD DISPATCH

THE FOLLOWING SUBJECT WAS TAKEN INTO CUSTODY BY APD OFC NELSON 61036 AND
REMANDED TO API ON 12/5/2014

H [REDACTED] R [REDACTED] [REDACTED] . APSIN: 6909673

3AN-14-2936PR LOCATE FOR EXPARTE MENTAL PICKUP

PLEASE UPDATE YOUR RECORDS

THANK YOU,

C COLBRY-HAO 62638

S-15793

Exc. 8

000029

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT Anchorage

In the Matter of the Necessity
for the Hospitalization of:

H R
[Redacted Name]

Case No. 3AN-14-02936PR

NOTICE OF RESPONDENT'S
ARRIVAL AT EVALUATION FACILITY

[Instructions to Facility: Upon arrival of the respondent at your facility, you must fill out this notice and fax it to (1) the court where the MC-305 Order was issued ; and (2) the court nearest your facility; and (3) the Public Defender Agency nearest your facility. If the respondent arrives between 9:00 am and 3:00 pm, fax this notice no later than 3:30 pm on the same business day. If the respondent arrives between 3:00 pm and 9:00 am, or at any time during the weekend or on a holiday, fax this notice no later than 9:30 am on the first business day after respondent's arrival.]

1. TO CLERK OF COURT:

- | | | |
|---|---|---|
| <input checked="" type="checkbox"/> Anchorage at 264-0698 | <input type="checkbox"/> Galena at 658-1546 | <input type="checkbox"/> Nome at 443-2192 |
| <input type="checkbox"/> Angoon at 788-3108 | <input type="checkbox"/> Glennallen at 822-3601 | <input type="checkbox"/> Palmer at 746-4151 |
| <input type="checkbox"/> Aniak at 675-4278 | <input type="checkbox"/> Haines at 766-3148 | <input type="checkbox"/> Petersburg at 772-3018 |
| <input type="checkbox"/> Barrow at 852-4804 | <input type="checkbox"/> Homer at 235-4257 | <input type="checkbox"/> St. Mary's at 438-2819 |
| <input type="checkbox"/> Bethel at 543-4419 | <input type="checkbox"/> Hoonah at 945-3637 | <input type="checkbox"/> Seward at 224-7192 |
| <input type="checkbox"/> Chevak at 858-7230 | <input type="checkbox"/> Juneau at 463-3788 | <input type="checkbox"/> Sitka at 747-6690 |
| <input type="checkbox"/> Cordova at 424-7581 | <input type="checkbox"/> Kake at 785-3152 | <input type="checkbox"/> Skagway at 983-3801 |
| <input type="checkbox"/> Craig at 826-3904 | <input type="checkbox"/> Kenai at 283-8535 | <input type="checkbox"/> Tok at 883-4367 |
| <input type="checkbox"/> Delta Junc. at 895-4204 | <input type="checkbox"/> Ketchikan at 225-7849 | <input type="checkbox"/> Unalakleet at 624-3118 |
| <input type="checkbox"/> Dillingham at 842-5748 | <input type="checkbox"/> Kodiak at 486-1680 | <input type="checkbox"/> Unalaska at 581-2809 |
| <input type="checkbox"/> Emmonak at 949-1535 | <input type="checkbox"/> Kotzebue at 442-3974 | <input type="checkbox"/> Valdez at 835-3764 |
| <input type="checkbox"/> Fairbanks at 452-9216 | <input type="checkbox"/> Naknek at 248-7418 | <input type="checkbox"/> Wrangell at 874-3509 |
| <input type="checkbox"/> Fort Yukon at 662-2824 | <input type="checkbox"/> Nenana at 832-5841 | <input type="checkbox"/> Yakutat at 784-3257 |

2. TO PUBLIC DEFENDER:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Anchorage at 888-2588 | <input type="checkbox"/> Ketchikan at 225-1382 |
| <input type="checkbox"/> Juneau at 465-3247 | <input type="checkbox"/> Bethel at 543-2153 |
| <input type="checkbox"/> Fairbanks at 458-6802 | |

3. PLEASE TAKE NOTICE THAT THE RESPONDENT ARRIVED AT:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Alaska Psychiatric Institute | <input type="checkbox"/> PeaceHealth Ketchikan Medical Center |
| <input type="checkbox"/> Bartlett Regional Hospital | <input type="checkbox"/> Yukon-Kuskokwim Health Corporation |
| <input type="checkbox"/> Fairbanks Memorial Hospital | <input type="checkbox"/> Other _____ |

Date and time of arrival 12/5/14 @ 0941
Date and time of this fax 12/8/14 @ 0800

12/5/14 @ 1941

REGEN,
HARI
12/05/14 03-55-30
04/29/1955

Cynthia Burrows
Signature
Cynthia Burrows, MHC L.A.S.O
Printed Name and Title

NOTICE OF RIGHTS

A petition was filed with the court alleging that you are mentally ill. The court ordered that you be held for an evaluation of your mental and physical condition by a mental health professional and a medical doctor. The evaluation will take place within 72 hours of your arrival at the evaluation facility. (The 72-hour period does not include Saturdays, Sundays, or legal holidays.) If you are not transported to the evaluation facility right away, the court will receive a status report explaining where you are, why there is a delay in transporting you, and what steps are being taken to make sure that it is necessary to keep you detained and that no less restrictive alternatives are available. The purpose of this document is to explain your rights to you.

A LAWYER HAS BEEN APPOINTED FOR YOU

A lawyer from the Public Defender Agency has been appointed to represent you. Contact the Public Defender Agency at (855) 334-2580, or at one of the numbers below:

- Anchorage (855) 334-2580 or (907) 334-2580
- Fairbanks (800) 478-1621 or (907) 458-6800
- Juneau (800) 478-4810 or (907) 486-4911
- Ketchikan (800) 478-6188 or (907) 228-8950

You may also hire your own lawyer.

COMMUNICATING WITH YOUR LAWYER AND YOUR GUARDIAN

You have the right to communicate immediately with your lawyer, your guardian (if you have one), and/or another adult of your choice at the government's expense. Your guardian will be advised of your rights. You can request that another adult of your choice be advised of your rights too.

RELEASE

You must be released after your examination and evaluation if the legal standard for holding you involuntarily for treatment is not met.

TREATMENT AND COURT HEARING

If the mental health professional or physician recommends that you stay in a hospital for treatment, you may voluntarily accept the recommended treatment.

If you do not voluntarily accept the recommended treatment, you have the right to a court hearing. You have the right to be represented by your lawyer at the hearing. You have the right to present evidence and cross-examine witnesses who testify against you at the hearing. The court will decide if there is clear and convincing evidence that you are mentally ill and likely to cause serious harm to yourself or others or that you are gravely disabled because of your mental condition. If the court decides that you meet this legal standard, you may be detained for up to 30 days for treatment.

The court hearing will be scheduled to take place no later than 72 hours after you arrive at the evaluation facility. If you are represented by a lawyer, you may waive the requirement that this hearing be held within the 72-hour time limit. However, the hearing must be set for no more than seven days after you arrive at the evaluation facility.

MEDICATION AND TREATMENT BEFORE YOUR HEARING

You have the right to be free of the effects of medication and other treatment, as much as possible, before your court hearing.

If you have any questions concerning these rights, you should call your attorney, your guardian, or an adult friend.

| | |
|-------------------------------------|--|
| <input checked="" type="checkbox"/> | Delivered to respondent verbally and in writing by <u>C. Burrows</u> on <u>12/5/14</u> @ <u>DA</u> |
| <input type="checkbox"/> | Delivered to parent/guardian of minor respondent by _____ on _____ |

REGEN,
HART

12/05/14 03-55-50
04/29/1955

25(e); *Wetherhorn v. Alaska Psychiatric Institute*, 156 P.3d 371 (Alaska 2007).

11)(c)s
RIGHTS

AS 47.30.715; AS 47.30.725

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT ANCHORAGE

FILED
STATE OF ALASKA
THIRD DISTRICT

2014 DEC -9 AM 9:22

CLERK TRIAL COURTS

In the Matter of the Necessity)
for the Hospitalization of:)
)
R [REDACTED] H [REDACTED])
Respondent.)
_____)

Case No. 3AN-14-02936PR BY [REDACTED]
DEPUTY CLERK

NOTICE OF RELEASE

To: Superior Court at ANCHORAGE, Alaska.


Pursuant to an order entered in this case, the respondent was ordered to the following facility:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Alaska Psychiatric Institute | <input type="checkbox"/> PeaceHealth Ketchikan Medical Center |
| <input type="checkbox"/> Bartlett Regional Hospital | <input type="checkbox"/> Yukon-Kuskokwim Delta Reg. Hospital |
| <input type="checkbox"/> Fairbanks Memorial Hospital | <input type="checkbox"/> Other _____ |

Qualified personnel at the above facility determined that the respondent no longer meets the criteria for hospitalization or commitment, and discharged the respondent from the facility on (date) 12/08/14 at 1510 am pm.

A copy of this *Notice* was also sent to the public defender at (city) ANCHORAGE today.

12/09/14
Date


Signature
Ivory Rodgers, API Legal, Paralegal I
Print Name and Title
907-269-7100 ivory.rodgers@alaska.gov
Phone Number E-mail address

NOTICE TO CLERKS:
Upon the filing of this notice with the court, this case is automatically considered dismissed and the case will be closed. (*Presiding Judges' Uniform Administrative Order Establishing Procedures for Mental Commitment Cases*, effective December 7, 2012.)

IN THE SUPERIOR COURT FOR THE STATE OF ALASKA
AT ANCHORAGE

In the Matter of the Necessity
for the Hospitalization of:

H [REDACTED] R [REDACTED]
Respondent.
Date of Birth: UNKNOWN

Case No. 3AN-14-02936PR

**ORDER AUTHORIZING
HOSPITALIZATION FOR EVALUATION**

Petitioner, ROBERT SCHMIDT (ATTY AT LAW), filed a *Petition for Order Authorizing Hospitalization for Evaluation* under AS 47.30.700. The court considered the following:

- Allegations in the petition.
- Testimony on record at courtroom/media # 203 Beg. log # 1400 hrs
date 12-5-2014 by the petitioner other persons _____
- Medical records from a healthcare facility or mental health professional reporting on the respondent's current mental and physical condition.
- Screening investigation report previously ordered by the court.
- Other five witnesses with personal knowledge of the respondent over approximately 8 years.

LOCATION OF RESPONDENT

- The respondent is currently being detained at _____
The respondent was detained on (date) _____ at (time) _____ am pm.
- or-
- The respondent's current whereabouts are believed to be
5400 W DIMOND BLVD UNIT E18, ANCHORAGE AK

FINDINGS

1. The court finds there is probable cause to believe the respondent is mentally ill based on:
based upon their observations of five witnesses with direct, personal, and close-up
interaction with respondent. Using the broad definition of mental illness (AS 47.30.915)
respondent is mentally impaired to an extent that she cannot control her actions and
statements. Her mental condition has worsened dramatically over an 8 year period and
she needs evaluation and treatment. Respondent is forthwith admitted to API for
evaluation, screening, stabilization, treatment, and appropriate medication.

2. As a result of the mentally ill condition, the court finds the respondent is:

Likely to cause serious harm to himself or herself because

Likely to cause serious harm to others because respondent cannot control her actions and cannot control her large dog which has placed fellow condominium dwellers in fear. To the extent that respondent is paranoid, she acts aggressively toward others.

Gravely disabled because

ORDER

It is ordered that the *Petition for Order Authorizing Hospitalization for Evaluation* is **GRANTED**. It is also **ORDERED** that:

1. The Department of Health and Social Services or its designee, or AST/APD shall arrange for immediate delivery of the respondent to the following evaluation facility for examination and evaluation of the respondent's mental and physical condition:

- | | |
|--|---|
| <input checked="" type="checkbox"/> Alaska Psychiatric Institute | <input type="checkbox"/> PeaceHealth Ketchikan Medical Center |
| <input type="checkbox"/> Bartlett Regional Hospital | <input type="checkbox"/> Yukon-Kuskokwim Delta Reg. Hospital |
| <input type="checkbox"/> Fairbanks Memorial Hospital | <input type="checkbox"/> Other _____ |

[AS 47.30.700; AS 47.30.710; AS 47.30.870; and AS 47.30.915(5)]

2. Respondent has a guardian Yes No Unknown
Respondent is a minor Yes No Unknown

Guardian or parent contact information is as follows:

Name(s) _____ Relationship _____
Address-for service _____
Phone _____ Fax _____

3. The respondent shall be notified immediately, orally and in writing, of the rights contained in the *Notice of Rights* (court form MC-405, available from the court clerk or online at <http://courts.alaska.gov/forms/mc-405.pdf>). Minor respondent's parent or guardian and adult respondent's guardian shall also be notified of the rights in the *Notice of Rights*. These notifications and a copy of this order shall be given by:

- The person or entity currently detaining the respondent
- Local police _____
- Alaska State Troopers _____
- The petitioner
- Other: API UPON ARRIVAL

4. The evaluation facility shall accept this order and the respondent for an evaluation period not to exceed 72 hours. Within 24 hours after arrival at the facility, the respondent shall be examined and evaluated as to mental and physical condition by a mental health professional and by a physician. [AS 47.30.710(a); AS 47.30.715]
5. The evaluation facility shall timely file a *Notice of Respondent's Arrival at Evaluation Facility* (court form MC-400) with the court and Public Defender Agency upon arrival of the respondent at the facility. Court form MC-400 is available from the court clerk or online at <http://courts.alaska.gov/forms/mc-400.pdf>. If the respondent arrives at the facility between the hours of 9:00 a.m. and 3:00 p.m., notice is timely if filed no later than 3:30 p.m. on the same business day. If the respondent arrives at the facility between the hours of 3:00 p.m. and 9:00 a.m., or at any time during the weekend or on a holiday, notice is timely if filed no later than 9:30 a.m. on the first business day following the respondent's arrival. Notice shall be by fax to the numbers designated on the MC-400 form.
6. If the respondent cannot be delivered to the designated evaluation facility within 24 hours of this order, the Department of Health and Social Services through its attorney shall file a **status report** with this court describing:
 - Respondent's current location;
 - Reason(s) for the delay in transporting the respondent;
 - Steps taken by the Department to ensure that continued detention of the respondent at the current location is necessary and no less restrictive alternatives are available;
 - Whether an alternative evaluation facility is now being proposed; and
 - Whether another means of evaluation can be used (such as telemedicine).

Filing shall take place within the 24 hour period to the court that issued this order, and an updated status report shall be filed every 24 hours until the respondent is delivered to the designated evaluation facility. A copy of each status report shall be served on the Public Defender Agency, the respondent, the guardian and guardian ad litem of any respondent, and the parent of any minor respondent.
7. The examination and evaluation shall be completed within 72 hours of respondent's arrival at the evaluation facility. [AS 47.30.715] A petition for a 30-day commitment shall be filed or the respondent shall be released from the evaluation facility before the end of the 72-hour evaluation period (unless respondent requests voluntary admission for treatment).
8. If at any time before or during the 72-hour evaluation period, a mental health professional determines that the respondent does not meet the standards for hospitalization in AS 47.30.700, the respondent shall be released, and the parties and court shall be notified of the release using court form MC-412 (if before transport) or form MC-410 (if after arrival at facility). These forms are available from the court clerk or online at <http://www.courts.alaska.gov/forms.htm#mc>.
9. The Public Defender Agency is appointed counsel for the respondent in this proceeding. Counsel is authorized access to medical, psychiatric or psychological records maintained on the respondent at the evaluation facility.
10. This order will be deemed vacated without further court action in seven days if not yet served on the respondent by a peace officer or vacated earlier by the court.
11. _____

Superior Court Judge

This matter was ~~considered~~ directly by the undersigned superior court judge. The *Petition for Order Authorizing Hospitalization for Evaluation* is GRANTED.

Date and Time

Superior Court Judge

Type or Print Name

Superior Court Master

The Master recommends that the *Petition for Order Authorizing Hospitalization for Evaluation* be GRANTED.

12-5-2014 @ 1550 hrs

Date and Time

Superior Court Master
JAMES T. STANLEY

Type or Print Name

Review by Superior Court Judge

The Master's recommendation is APPROVED.

(NOTE: If the Master's recommendation is NOT APPROVED, the Superior Court Judge will complete an MC-340 denial order.)

12/9/2014 4:11 PM
Date and Time

Superior Court Judge

Type or Print Name

Clerk's Certificates of Distribution

I certify that on 12-5-14
at 4:07 am pm, a copy of the following documents:

- this Order with master's signature
- Petition for Order Authorizing Hosp. for Eval.
- Notice of Rights (MC-405)
- Notice of Emergency Detention (MC-105)
- Order for Screening Investigation

CIU 210A
were sent to the following persons/entities:

- Petitioner
- Respondent
- Parent/Guardian of Respondent
- PDA
- AGO
- API to fax (907) 269-7262
- Bartlett Reg. to fax (907) 796-8439
- Fairbanks Mem. to fax (907) 458-5255
- PeaceHealth Med. to fax (907) 228-8333
- Y-K Delta Reg. to fax (907) 543-6099
- Title47MC@courts.state.ak.us

By Clerk [Signature]

Clerk's Certificates of Distribution

I certify that on 12/11/14
at _____ am pm, a copy of the following documents:

- this Order w/ superior court judge's signature
- Petition for Order Authorizing Hosp. for Eval.
- Notice of Rights (MC-405)
- Notice of Emergency Detention (MC-105)
- Order for Screening Investigation

were sent to the following persons/entities:

- Petitioner
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- Title47MC@courts.state.ak.us

By Clerk [Signature]