

IN THE DISTRICT/SUPERIOR COURT FOR THE STATE OF ALASKA AT _____

_____)	
_____)	
Applicant/Petitioner)	
_____)	Case No. _____ CI
_____)	
Respondent <input type="checkbox"/> Minor)	APPLICATION FOR EX PARTE ORDER FOR TESTING, EXAMINATION, OR SCREENING
_____)	[AS 18.15.375(c)-(e) or equivalent local ordinance]

Applicant Name: _____

Applicant Title: _____

Applicant Agency: _____

- I am authorized to make this application on behalf of
 - ☐ the Alaska Department of Health Services, Division of Public Health
 - ☐ the following municipality or municipal agency: _____

The local ordinance that authorizes this application is:

- A medical officer determined that Respondent has or may have been exposed to this contagious disease: _____, and determined that this condition poses a significant risk to the public health. The following facts support these determinations:

- This condition may be avoided, cured, alleviated, or made less contagious through safe and effective treatment, modifications in individual behavior, or public health intervention.

- A medical officer issued an administrative order requiring Respondent to undergo testing, examination, or screening. The administrative order was personally served on Respondent pursuant to ☐ AS 18.15.375(c)(2). ☐ _____.

- ☐ Respondent is under age 18. Parent's or legal guardian's name and address:

Name: _____ Phone: _____

Address: _____

Email: _____
- ☐ Respondent is an adult and has a legal guardian. Guardian's name and address:

Name: _____ Phone: _____

Address: _____

Email: _____

6. Respondent or Respondent's legal guardian

- ☐ objects to the administrative order of the medical officer.
☐ cannot be reached to give consent to the administrative order.
☐ lacks the capacity to consent or object to the administrative order, because:

7. Respondent is currently

- ☐ detained under an order of isolation or quarantine, and has been detained since _____ *[date and time]*.
☐ not detained. ☐ I request that the court order a peace officer to take Respondent into protective custody until a hearing is held.

8. I believe Respondent is currently located at

9. I request that the court issue an ex parte order for testing, examination, or screening Respondent for the condition listed in section 2.

I say on oath or affirm that I read this document and believe all statements made in the document are true.

Date Signature of Applicant/Petitioner

Phone: _____ After-Hours Phone: _____

Fax: _____ Email: _____

Mailing Address: _____

Subscribed and sworn to or affirmed before me at _____, Alaska
on _____.

(SEAL)

Court clerk, notary public, or other person
authorized to administer oaths.
My commission expires: _____

PLEASE NOTE: This application may **not** be filed through the Court's electronic filing system (TrueFiling). This petition may be filed by U.S. mail or in person, or by fax or HIPAA-compliant email as permitted by the local court. For specific addresses, fax numbers, and filing information, please see the court directory at <https://courts.alaska.gov/courtadir/index.htm>.