

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

Applicant Name: _____

Applicant Title: _____

Applicant Agency: _____

1. 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:

2. 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:

3. This condition may be avoided, cured, alleviated, or made less contagious through safe and effective treatment, modifications in individual behavior, or public health intervention.
 4. 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).

5. Respondent is under age 18. Parent's or legal guardian's name and address:
Name: _____ Phone: _____

Name: _____ Street: _____

Email: _____

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

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

Name: _____ Phone: _____

Address: _____
Email: _____

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/courtdir/index.htm>.