|  |  |
| --- | --- |
|  | ALASKA DEPARTMENT OF CORRECTIONS |

# Involuntary Medication Hearing Notice Form 807.16D DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Prisoner Information

|  |  |  |  |
| --- | --- | --- | --- |
| **Prisoner Name:** |  | **OBSCIS:** |  |

**This is to inform you that you have been scheduled to have an Involuntary Medication Hearing.**

Your rights at the Involuntary Medication Hearing:

* The right to appear at the hearing, unless your attendance being at the hearing poses a substantial risk of harm to self and/or others;
* The right to present relevant evidence including statements, documents and witnesses (write in witnesses below);
* The right to refuse to participate in the hearing;
* The right to remain silent during the hearing;
* The right to have an advisor to help you during the hearing process. Your advisor will attend the meeting whether you are at the hearing or not;
* The right to refuse involuntary medication/psychiatric care 24 hours before the hearing UNLESS receiving emergency mental health care; and
* The right to be informed of the evidence used in the hearing.

## Hearing Information

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Hearing Date and Time:** | |  | | | |
| **Serving Date and Time:** | |  | | | |
| **Offender Response:** | |  | **Will attend the hearing** |  | **Refused to attend the hearing** |
| **If Hearing Postponed New Date and Time:** | |  | | | |
| **Diagnosis:** | | | | **By:** | |
| **Reason for Referral:** | | | | | |
|  | Imminent Risk if harm to self | | |  | Imminent of harm to others |
|  | Gravely Disabled | | | | |

## Witness Information

|  |  |
| --- | --- |
| **I request the following witnesses:** | |
| **Name** | **Contact Information** |
|  |  |
|  |  |
|  |  |
|  |  |

## Signatures

|  |  |  |  |
| --- | --- | --- | --- |
| **Name** | **Signature** | **Date** | |
| **Offender** |  |  | **Refused to sign** |
| **Serving Employee** |  |  | |