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

# Involuntary Medication Hearing Minutes 807.16E DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Prisoner Information

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

## Prisoner Participation

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | Attended hearing | [ ]  | Refused to attend |
| [ ]  | Not present due to: (check box to right) | [ ] [ ] [ ] [ ] [ ]  | Safety or security reasonsSo disruptive unable to proceed with hearingIrrelevance or redundancyPossible reprisalsOther reasons related to faculty security and order |
| [ ]  | Removed from hearing (check box to right) |

## Prisoner Notification

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Exclusionary Criteria:** | [ ]  | Yes | [ ]  | No |
| **Hearing Rights:** | [ ]  | Yes | [ ]  | No |
| **Comments:** |  |

## Participant Information (Include Name and Title)

|  |  |
| --- | --- |
| **Chair/Designee:** |  |
| **Committee Members:** |  |
| **Advisor:** |  |
| **Witnesses:** |  |
| **Other Attendees:** |  |
| **Security Staff:** |  |
| **Note Taker:** |  |

## Information/Witness Exclusions

|  |
| --- |
| **If any information was withheld from the offender due to it being considered harmful to their health please document:** |
| **If any witnesses were excluded, please document witnesses name and reason for exclusion:** |

## Summary of Evidence

|  |
| --- |
| **Include witness testimony and documentation of any imposed limitations:** |

## Discussion of Mental Illness

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| **Is mental illness present:** | [ ]  | Yes | [ ]  | No |
| **If present, describe:** |
| **If present, is the mental illness related to:** |
| [ ]  | Imminent risk of harm to self | [ ]  | Imminent risk of harm to others |
| [ ]  | Gravely disabled | [ ]  | Unrelated to risk of harm self/others, grave disability |

## Conclusions

|  |
| --- |
| **Include final recommendations and document any dissention in the vote for involuntary medications:** |

## Signatures

|  |  |  |
| --- | --- | --- |
| **Title** | **Signature** | **Date** |
| **Note Taker** |  | Click here to enter a date. |
| **Chair/Designee**  |  | Click here to enter a date. |