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|  | ALASKA DEPARTMENT OF CORRECTIONS |

# Involuntary Medication Hearing Summary 807.16F DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Offender Information

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

## Hearing Findings

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| --- | --- | --- | --- |
|  | Mental illness present |  | Not mentally ill |
|  | Imminent risk of harm to self |  | Imminent risk of harm to others |
|  | Gravely disabled |  | Does not meet criteria for involuntary medications |

## Summary of Evidence

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## Conclusion

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## Involuntary Medication

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| --- | --- | --- | --- | --- |
| Was involuntary medication recommended? |  | Yes |  | No |
| If yes, what was recommended? | | | | |

**You have the right to appeal this decision to the Medical Advisory Committee within 48 hours of receiving this Involuntary Medication Hearing Summary. To appeal, use the form *Notice to Appeal Involuntary Medication form 807.16G* and your advisor to assist you.**

## Signatures

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