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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

|  |  |  |  |
| --- | --- | --- | --- |
| [ ]  | 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

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| 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. |