

Mental Health Review Committee
Hearing Notice

Facility: _____

Prisoner's Name and OTIS Number: _____

On _____ at _____ o'clock, the Mental Health Review Committee shall conduct a hearing to give you the opportunity to contest the administration of psychotropic medication without your consent.

Dr. _____ has diagnosed you as _____
Name *Diagnosis*

And ordered that involuntary psychotropic is necessary _____

Rationale

You have the right to appear at this hearing unless your attendance would likely post a substantial risk of serious harm to you or a threat to the safety of others. _____

Has been appointed to assist you, meet with you prior to the hearing, and appear at the hearing whether or not you appear.

Prisoner's Signature

_____ Prisoner Refusal to sign

Serving Employee's Printed Name

Serving Employee's Signature

Date Served

Time Served

STATE OF ALASKA

DEPARTMENT OF CORRECTIONS

The prisoner is to detach this page from page one (1) and submit it to the Mental Health Review Committee in advance of the hearing.

I, _____, OTIS Number, _____ request
Name
that the following witnesses be interviewed by the Mental Health Review Committee at the hearing
on _____.
Date

1. Name of Witness: _____
Question: _____
2. Name of Witness: _____
Question: _____
3. Name of Witness: _____
Question: _____
4. Name of Witness: _____
Question: _____

Distribution: Medical File
 Mental Health File
 Mental Health Review Committee
 Prisoner
 Staff Assistant
 Treating Psychiatrist