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|  | ALASKA DEPARTMENT OF CORRECTIONS |

# Notice to Appeal Involuntary Medication 807.16G DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Prisoner Information

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

The above offender is appealing the Involuntary Medication Hearing decision

**to administer involuntary psychotropic medications**

## Instructions

* Notice to Appeal Involuntary Medication must be completed within 48 hours after receiving the Involuntary Medication Hearing Summary.
* Your advisor can help you fill out this form, including gathering documentation and digital recording of hearing.
* This completed form goes to the Medical Advisory Committee (MAC).
* MAC will meet within five working days of receiving this form and review the decision.
* You will receive written notice of the MAC decision.

## Hearing Findings

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| --- | --- |
| Involuntary Medication Hearing date:  | Appeal due date: |
| [ ]  | Mental illness present | [ ]  | Gravely disabled |
| [ ]  | Imminent risk of harm to self | [ ]  | Imminent risk of harm to others |

## Involuntary Medication

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## Prisoner’s Appeal Statement

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## Supporting Documentation

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| List supporting documents included with this form: |

## Signatures

|  |  |  |
| --- | --- | --- |
| **Name** | **Signature** | **Date** |
| **Offender**  |  | Click here to enter a date. |
| **Advisor**  |  | Click here to enter a date. |