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

## MAC Appeal Decision 807.16H DATE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

### Prisoner Information

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

|  |
| --- |
| MAC Committee (Include Name and Title) |

|  |  |
| --- | --- |
| **MAC Chair:** |  |
| **MAC Committee members:** |  |

### Involuntary Medication Hearing Information

|  |  |  |  |
| --- | --- | --- | --- |
| Involuntary Medication Hearing date: Click here to enter a date. | | Appeal due date: Click here to enter a date. | |
|  | Mental illness present |  | Gravely disabled |
|  | Imminent risk of harm to self |  | Imminent risk of harm to others |

### MAC Decision

|  |  |  |  |
| --- | --- | --- | --- |
|  | Hearing procedures followed |  | Hearing procedures not followed |
|  | Uphold hearing decision |  | Reject hearing decision |

### MAC Comments

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| --- |
| Include relevant information for decision if hearing procedures were not followed, please identify new involuntary medication committee for a new involuntary medication hearing: |

### Signatures

|  |  |  |
| --- | --- | --- |
| Title | Signature | Date |
| MAC chair |  |  |
| Committee Member |  |  |
| Committee Member |  |  |
| Committee Member |  |  |
| Committee Member |  |  |