



**VERIFIED PETITION FOR
INVOLUNTARY HOSPITALIZATION**

Case No. _____
Court _____
County _____
Division _____

IN THE INTEREST OF:

Respondent

Residence

Current Location

Sex	Race	Date of Birth	Height	Weight	Eyes	Hair	Social Security #	Drivers License #	State

Comes Petitioner, _____, and states as follows:

1. Petitioner is: (*check one*)

- ☐ a Qualified Mental Health Professional (QMHP), employed at _____.
- ☐ a Peace Officer, employed at _____.
- ☐ an attorney with the ☐ County ☐ Commonwealth's Attorney's Office.
- ☐ Respondent's spouse.
- ☐ Respondent's relative (*specify relationship*) _____.
- ☐ Respondent's friend.
- ☐ Respondent's guardian.
- ☐ Other (*specify relationship*) _____.

2. Petitioner states that Respondent is an individual with a mental illness and that he/she presents a danger or threat of danger to self, family, or others if not immediately restrained, (*if 360 day proceeding*) ☐ and has been hospitalized in a hospital or a forensic psychiatric facility for a period of 30 days within the preceding six months under the provisions of KRS Chapter 202A or 504.

3. Petitioner further states that the name, address, and residences of persons related to Respondent are:
(If unknown, so state)

Parents or guardian: _____

Spouse: _____

Person having custody: _____

Near relative: _____

Other: _____

4. Petitioner believes that Respondent is an individual with a mental illness because: *(state reasons)*

5. Petitioner states the following facts to indicate belief that Respondent is a danger or threat of danger to self, family, or others because: *(state reasons)*

6. *(Check if applicable)* ☐ Petitioner states that, within the past 12 months, Respondent has been subject to an order in _____ County, Kentucky for outpatient treatment or other conditions following release from hospitalization.

7. Petitioner states they may be contacted for additional relevant information necessary to the petition at phone no. _____ and/or email _____.

8. Petitioner requests that Respondent be examined and evaluated to determine if he/she meets the criteria for involuntary hospitalization and that Respondent be hospitalized for up to ☐ 60 Days or ☐ 360 Days.

9. If requested by the county attorney, the hospital shall provide him/her notice of Respondent's discharge prior to the preliminary hearing.

Petitioner's Signature: _____

Name *(Printed)*: _____

Address: _____

Subscribed and sworn to before me by _____ on _____ in the county
(name) (month/day/year)
of _____, _____
(county) (state)

Name/Title

For Notaries: My commission expires: _____. My notary ID number is : _____.

COURT ACTION:

☐ Having examined Petitioner and the filed petition, it is hereby ORDERED the petition is DENIED because:

Date

Judge's Signature

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