



**VERIFIED PETITION FOR
INVOLUNTARY ADMISSION**

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 Intellectual Disabilities Professional (QIDP), 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.

2. Petitioner states that Respondent is a person with an intellectual disability and submits with this Petition documentation establishing that Respondent has an intellectual disability, INCLUDING the findings of a psychological examination or assessment completed in a reasonable time prior to the filing of this Petition that documents a Full Scale IQ in the moderate to severe range of an intellectual disability. KRS 202B.100(4)(f)
- ☐ Examination/assessment attached.

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 states that Respondent presents a danger or threat of danger to self, family, or others if not admitted to an IFC/ID and the following facts support this belief: *(state reasons)*

5. Petitioner requests that Respondent be examined and evaluated to determine if he/she meets the criteria for involuntary admission and that Respondent be admitted for an indeterminate period, to be reviewed within five years of entry of the admission order.

Petitioner's Signature: _____ Phone No.: _____

Name *(Printed)*: _____

Address: _____

Email: _____

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 : _____.

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