



**ORDER APPOINTING COUNSEL,
SETTING PRELIMINARY HEARING,
AND SETTING EXAMINATION**

Case No. _____
Court _____
County _____
Division _____

IN THE INTEREST OF: _____
Respondent

A petition having been filed in the above-styled action, it is HEREBY ORDERED as follows:

1. A preliminary hearing to determine if there is probable cause to believe Respondent should be involuntarily hospitalized shall be set for _____, at _____ ☐ a.m. ☐ p.m. (no more than six days from the date of Respondent's hospitalization or examination, excluding weekends and holidays) at the following location: _____.
2. Hon. _____ is appointed to represent Respondent.
3. _____, M.D., a Kentucky Licensed Physician, and _____, (check one) ☐ a Kentucky Licensed Physician ☐ other Qualified Mental Health Professional (QMHP), are appointed to examine Respondent at _____ Hospital/Facility and report their findings to this Court within 24 hours of the date of examination, excluding weekends and holidays.
4. Respondent is presently: (check one)
☐ hospitalized at _____, the above-noted Hospital/Facility pursuant to the provisions of KRS Chapter 202A.
☐ located at _____, a (check one) ☐ Hospital/Facility ☐ Other (specify) _____.
5. Respondent may be detained by the above-named Hospital/Facility for purposes of the examinations.
6. Respondent may be admitted to the above-named Hospital or be hospitalized further if the above-named Physician is an Authorized Staff Physician at the Hospital and believes Respondent should be hospitalized and meets the criteria for involuntary hospitalization pursuant to KRS Chapter 202A. If admitted, the Hospital shall notify this Court of Respondent's admission.
7. ☐ Respondent is not presently hospitalized pursuant to KRS Chapter 202A, and the Sheriff or other Peace Officer of this county shall transport Respondent to _____ Hospital/Facility to be examined without unnecessary delay.
8. ☐ Motion having been made, the Hospital shall give notice to the Court and the County Attorney if the Hospital plans to discharge Respondent before the preliminary hearing.

Date

Judge's Signature

Attorney's Address: _____

Please print or type name of Judge in the space provided below:

Attorney's Phone No.: _____

Copy Distribution: Petitioner; Respondent/Respondent's Attorney; County Attorney; Legal Guardian, Spouse, Parent(s), Nearest Relative or Friend; Peace Officer (5 copies - Respondent, Officer's File & Return, Hospital one each for appointed Physician/QMHP, with blank AOC-720A attached) OR Hospital (2 copies - one each for appointed Physician/QMHP, with blank AOC-720A attached)

Print Form

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