

AOC-715B Doc. Code: OAC
Rev. 10-26
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Commonwealth of Kentucky
Court of Justice www.kycourts.gov

KRS 202B.025; 202B.100; 202B.120;
202B.130; 202B.150; 202B.210



**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 _____
is appointed to represent Respondent who is located at _____,
Kentucky, a (*check one*) ☐ Hospital/Facility ☐ Other (Specify) _____. A Preliminary Hearing
shall be set for _____, at _____ ☐ a.m. ☐ p.m. (within 15 days from the date of filing of the petition,
excluding weekends and holidays) at the following location, _____, to
determine whether Respondent should be involuntarily admitted.

IT IS FURTHER ORDERED that _____, a Qualified Intellectual Disabilities Professional
(QIDP), employed at _____, and _____, a Kentucky
Licensed ☐ Psychiatrist ☐ Psychologist ☐ Physician with special training and experience in serving individuals with an
intellectual disability, employed at _____, are appointed to examine Respondent at
_____ (Hospital or other Facility), and report their findings to this Court within 24 hours
of the date of examination (excluding weekends and holidays). If the above-named Physician is an Authorized Staff
Physician of an IFC/ID, he/she may admit Respondent to that IFC/ID pending a preliminary hearing if he/she believes
that Respondent should be admitted, and further, that Respondent meets the criteria for involuntary admission pursuant
to provisions of KRS 202B. In this case, the Authorized Staff Physician shall notify this Court of Respondent's admission.
The facility is authorized to further detain Respondent, who is presently being detained under the provisions of 202B, for
purposes of examination by the above-named Physician and/or other QIDP pending the preliminary hearing until released
by the above-named Physician or until further court order, whichever occurs first.

Date

Judge's Signature

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

Attorney's Address:

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/Facility one each for appointed Physician/QIDP, with
blank AOC-720B attached) OR Hospital/Facility (2 copies - one each for appointed Physician/QIDP, with blank AOC-720B attached)

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