



IMMINENT THREAT REVIEW

Case No. _____
Court _____
County _____
Division _____

IN THE INTEREST OF: _____
Respondent

The Court having reviewed the County Attorney's ex parte Motion for a Certification Review Hearing; and the review having indicated that Respondent ☐ does ☐ does NOT present an imminent threat of danger to self, family, or others; it is HEREBY ORDERED: (*check one*)

☐ The motion is DENIED. (**Doc. Code: ITRD**)

OR

☐ The Qualified Mental Health Professional (QMHP) evaluating Respondent shall immediately notify the Court if the QMHP has certified that Respondent (1) is an individual with a mental illness; (2) presents a danger or threat of danger to self, family, or others as a result of the mental illness; and (3) does NOT meet all the criteria for involuntary hospitalization under KRS 202A.026. (**Doc. Code: ITRA**)

Date

Judge's Signature

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

Distribution: Petitioner Respondent Respondent's Attorney County Attorney
 Hospital / QMHP

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