



**ORDER ON MOTION FOR
CERTIFICATION REVIEW HEARING**

Case No. _____
Court _____
County _____
Division _____

IN THE INTEREST OF: _____
Respondent

The County Attorney having filed a Motion for a Certification Review Hearing; notice from the Qualified Mental Health Professional (QMHP) ☐ was ☐ was not received certifying 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; the Court having reviewed the certification by the QMHP; and the Court having considered whether Respondent has been subject to prior proceedings under KRS Chapter 202A and whether Respondent is exhibiting an escalation of dangerous behavior;

THEREFORE, the motion is HEREBY ORDERED: (*check one*)

☐ DENIED. Release of Respondent is hereby authorized. (**Doc. Code: DRR**)

☐ GRANTED. A Certification Review Hearing shall be held on _____ (within 48 hours, excluding weekends and holidays), at _____ ☐ am ☐ pm at the following location: _____.

Respondent shall be: (*check one*)

☐ Released with the following conditions until the Certification Review Hearing: _____
_____.

(Doc. Code: RCCR)

OR

☐ Hospitalized at _____ Hospital/Facility until the Certification Review Hearing.
(*check if applicable*) ☐ TO THE SHERIFF OR OTHER PEACE OFFICER OF _____
COUNTY, KENTUCKY: You are hereby ordered to transport the above-named Respondent to
_____ Hospital/Facility, located at _____, Kentucky.

(Doc. Code: HCCR)

☐ IT IS FURTHER ORDERED, Hon. _____ shall be appointed to represent Respondent at the aforementioned Certification Review Hearing.

Date

Judge's Signature

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

Distribution: Petitioner
Hospital / Facility

Respondent
Peace Officer

Respondent's Attorney

County Attorney

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