



**FINDINGS OF PROBABLE CAUSE
AND ORDER**

Case No. _____
Court _____
County _____
Division _____

IN THE INTEREST OF: _____
Respondent

A Preliminary Hearing having been held on _____; Respondent having been (*check one*)
☐ present ☐ not present and being represented by counsel, the Hon. _____; and
the Commonwealth being represented by its Attorney.

FROM THE EVIDENCE, it appears to this Court that:

The Court HEREBY FINDS: (*check one*)

☐ There is probable cause to believe that Respondent should be involuntarily hospitalized because he/she is an individual with a mental illness who presents a danger or a threat of danger to self, family, or others as a result of this mental illness and can reasonably benefit from treatment with hospitalization being the least restrictive alternative mode of treatment presently available.

OR

☐ There is NOT probable cause to believe that Respondent should be involuntarily hospitalized and there is NOT clear and convincing evidence that Respondent (1) is an individual with a mental illness, (2) who presents a danger or threat of danger to self, family, or others as a result of the mental illness, (3) who may reasonably benefit from court-ordered outpatient treatment or release with other reasonable conditions, and (4) for whom court-ordered outpatient treatment or release with other reasonable conditions is the least restrictive alternative mode of treatment available.

OR

☐ There is NOT probable cause to believe that Respondent should be involuntarily hospitalized but there is clear and convincing evidence that Respondent (1) is an individual with a mental illness, (2) who presents a danger or threat of danger to self, family, or others as a result of the mental illness, (3) who may reasonably benefit from court-ordered outpatient treatment or release with other reasonable conditions, and (4) for whom court-ordered outpatient treatment or release with other reasonable conditions is the least restrictive alternative mode of treatment available; and the Court FURTHER FINDS (*check one*) ☐ there is ☐ there is NOT clear and convincing evidence that Respondent meets the criteria for court-ordered assisted outpatient treatment set forth in KRS 202A.0815.

THEREFORE, the Court HEREBY ORDERS: (*check one*)

☐ A final hearing shall be scheduled within 21 days of the date of Respondent's hospitalization to determine if Respondent should continue to be involuntarily hospitalized. Pending the final hearing, Respondent shall be hospitalized at _____ Hospital/Facility, located at _____, so long as he/she continues to meet the criteria for involuntary hospitalization under KRS 202A.026.
☐ Respondent shall be transported by the Sheriff or other Peace Officer of this county.

Venue for all subsequent proceedings is: *(check one)*

☐ retained. The final hearing is set for a *(check one)* ☐ bench trial (court) ☐ jury trial (if requested) on _____, at _____ ☐ a.m. ☐ p.m., at the following location, _____.

(Doc. Code: ORV)

☐ transferred to _____ District Court, the county where Respondent is hospitalized. **(Doc. Code: OTV)**

OR

☐ The Petition for Involuntary Treatment is DENIED, and these proceedings are DISMISSED. ☐ Respondent shall be released. **(Doc. Code: ODIS)**

OR

☐ The Petition for Involuntary Treatment is DENIED, and Respondent shall: *(check one)*

☐ Receive court-ordered assisted outpatient treatment under KRS 202A.0811 to 202A.0831. A treatment plan in accordance with KRS 202A.0817 shall be developed by _____ (agency/QMHP) within 48 hours. Tim's Law funding is available, and provided by or through _____.

(Doc. Code: OPAOT)

OR

☐ Receive community-based outpatient treatment that shall not exceed 360 days. A treatment plan in accordance with KRS 202A.0801 shall be developed by _____ (agency/QMHP) within 48 hours. Respondent and shall also comply with the following conditions necessary to ensure compliance:

_____. **(Doc. Code: OPCOT)**

OR

☐ Respondent shall be released with the following conditions necessary to ensure the safety of self, family, or others and avoid readmittance to a hospital setting: _____

_____. **(Doc. Code: OPRC)**

(Check if applicable) ☐ The Court FURTHER ORDERS:

☐ Due to Respondent being charged with the crime(s) of _____ now pending in _____ County, upon notification by the aforesaid facility, the Sheriff or other Peace Officer of this county shall return Respondent to _____ (jail/detention center) to answer said charges.

☐ Motion having been made, the Hospital shall provide a copy of Respondent's discharge plan to the County Attorney no later than 72 hours prior to the planned discharge if the Hospital plans to discharge Respondent prior to the final hearing.

Date

Judge's Signature

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

Copy Distribution:

If Respondent Dismissed: Respondent/Respondent's Attorney; County Attorney; Peace Officer; Hospital/Facility; Legal Guardian, Spouse, Parent(s), Nearest Relative or Friend (if known)

If Respondent Not Dismissed: Respondent's Attorney; County Attorney; Peace Officer (4 copies - Respondent, Officer's File & Return, and Hospital/Facility); Outpatient Provider & BHDID (if outpatient treatment ordered)

Note: Attach to Hospital/Facility copy a copy of the completed petition, completed examination order, and certifications completed by the examining QMHPs.

Print Form

Reset Form