



**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 ☐ there is NOT probable cause to believe that Respondent is a person with an intellectual disability who presents a danger or a threat of danger to self, family, or others as a result of this intellectual disability and that Respondent can reasonably benefit from treatment with admittance being the least restrictive alternative mode of treatment presently available.

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

- ☐ A final hearing shall be scheduled within 20 days of the date of the preliminary hearing to determine if Respondent should be involuntarily admitted. Pending the final hearing, Respondent shall be: (*check one*)
- ☐ held at _____ Hospital/Facility, located at _____,
so long as he/she continues to meet the criteria for involuntary admission under KRS 202B.040.
- ☐ held at his/her residence, located at _____.
- ☐ held at the following emergency placement designated as such by the regional MHID program,
located at _____.
- ☐ released by agreement of the parties for the purpose of community-based outpatient treatment which
shall be rendered at _____.

(*Check if applicable*) ☐ Respondent shall be transported by the Sheriff or other Peace Office 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 admitted.

(Doc. Code: OTV)

OR

☐ The Petition for Involuntary Admission is DENIED, and these proceedings are DISMISSED. ☐ Respondent shall be released.

(Doc. Code: ODIS)

(Check if applicable) ☐ IT IS FURTHER ORDERED, 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 facility) to answer said charges.

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; Peace Officer; Hospital/Facility; Legal Guardian, Spouse, Parent(s), Nearest Relative or Friend (if known)

If Respondent Not Dismissed: Respondent's Attorney; Peace Officer (4 copies - Respondent, Officer's File & Return, and Hospital/Facility)

Note: Attach to Hospital/Facility copy a copy of the completed petition, completed examination order, and certifications completed by the examining QIDPs. Also attach a copy of the current physical examination documenting no serious medical, if it is in the record.

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