



**DISCHARGE REVIEW HEARING
ORDER**

Case No. _____
Court _____
County _____
Division _____

IN THE INTEREST OF: _____
Respondent

A Discharge Review Hearing having been held on _____; and the Court, being otherwise sufficiently advised, HEREBY FINDS: (*check one*)

☐ 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 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:

☐ The Petition for Involuntary Hospitalization is DENIED, and the final hearing scheduled in this matter is cancelled.
(*Check one, A.-D.*)

A. ☐ Respondent shall receive court-ordered assisted outpatient treatment pursuant to 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: DRAOT)

B. ☐ Respondent shall 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 shall also comply with the following conditions necessary to ensure compliance: _____

_____.

(Doc. Code: DRCOT)

C. ☐ 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: DRRRC)

D. ☐ Respondent shall be discharged pursuant to the hospital's discharge plan. ☐ These proceedings are DISMISSED.

(Doc. Code: DRRD)

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 / Facility	Outpatient Provider	BHDID (if outpatient treatment ordered)	

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