



**JUDGMENT AND ORDER
FOR 60 DAY OR 360 DAY
INVOLUNTARY HOSPITALIZATION**

Case No. _____
Court _____
County _____
Division _____

IN THE INTEREST OF: _____
RESPONDENT

Sex	Race	Date of Birth	Height	Weight	Eyes	Hair	Social Security #	Drivers License #	State

WHEREAS, a Petition requesting hospitalization having been filed for a (*check one*) ☐ 60 Day ☐ 360 Day Involuntary Hospitalization; a Preliminary Hearing (*check one*) ☐ having been held ☐ having been waived by Respondent and Respondent's Counsel _____; Respondent having been advised of his/her rights, with assistance of Counsel, and (*check one*) ☐ a jury trial having been requested ☐ no jury trial having been requested;

THE COURT HAVING CONVENED for a hearing to determine if a judgment should be rendered in the above-styled case, and at which hearing, Respondent: (*check one*)

- ☐ was present throughout the hearing;
☐ knowingly and intelligently waived the right to be present in Court;
☐ was brought to the Court, but was found by the Court to be so disruptive that the proceeding could not continue in a reasonable manner and was therefore ordered to be removed from the Court.

AND FURTHER, the Court having received the certifications of two Qualified Mental Health Professionals (one of whom is a Kentucky Licensed Physician) and having heard the testimony of _____, and the case having been submitted to the ☐ Court ☐ Jury, and HEREBY FINDS: (*check one*)

- ☐ The evidence established beyond a reasonable doubt that Respondent should be involuntarily hospitalized because he/she is an individual with a mental illness, who presents a danger or threat of danger to self, family, or others as a result of the mental illness, and can reasonably benefit from treatment with hospitalization being the least restrictive alternative mode of treatment presently available; ☐ and Respondent has been hospitalized in a hospital or a forensic psychiatric facility for a period of 30 days within the preceding six months under the provisions of KRS Chapter 202A or 504.

OR

- ☐ The evidence did NOT establish beyond a reasonable doubt that Respondent should be involuntarily hospitalized and there is NOT clear and convincing evidence that Respondent is (1) a person 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

- ☐ The evidence did NOT establish beyond a reasonable doubt that Respondent should be involuntarily hospitalized but there is clear and convincing evidence that Respondent is (1) a person 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 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, IT IS HEREBY ORDERED: (*check one*)

☐ Respondent shall be hospitalized and ordered to accept treatment at _____ Hospital/
Facility, located at _____, Kentucky, for a period not to exceed (*check one*) ☐ 60
consecutive days (**Doc. Code: OGIH**) ☐ 360 consecutive days (**Doc. Code: OGIHT**) from the date of this order.
Further, Respondent shall comply with all conditions of the hospital's discharge plan.

OR

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

OR

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

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 shall also comply with the following conditions necessary to ensure compliance:

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

OR

☐ 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: JOC**)

(*Check if applicable*) ☐ The Court FURTHER ORDERS:

☐ 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.

☐ 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 expiration of this order.

THIS IS A FINAL ORDER AND THERE IS NO JUST REASON FOR DELAY.

Date

Judge's Signature

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

COPY DISTRIBUTION: Respondent/Respondent's Attorney County Attorney Hospital/Facility
Respondent's Parent(s)/Legal Guardian, Spouse, Nearest Relative or Friend
Peace Officer (2) Cabinet for Health and Family Services
Outpatient Provider and BHDID (if outpatient treatment ordered)

Print Form

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