

AOC-734
Rev. 10-26
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Commonwealth of Kentucky
Court of Justice www.kycourts.gov
KRS 202A.0805



**ORDER ON MOTION FOR
ADDITIONAL REVIEW HEARING
(PRIOR INCOMPETENT DEFENDANT)**

Case No. _____
Court _____
County _____
Division _____

IN THE INTEREST OF: _____
Respondent

Having reviewed the motion for an additional review hearing filed by ☐ the Commonwealth's/County Attorney
☐ Respondent ☐ _____ Hospital/Facility (via counsel) on _____,
the Court HEREBY FINDS (*check one*) ☐ there is ☐ there is NOT probable cause to believe that a material change in
circumstances has occurred and that Respondent no longer meets the criteria for involuntary hospitalization under KRS
202A.026; therefore, the motion is HEREBY ORDERED: (*check one*)

☐ DENIED. (Doc. Code: OARHD)

OR

☐ GRANTED. An additional review hearing shall be held on _____, at _____ ☐ a.m. ☐ p.m.
(within 14 days of the filing of the motion) at the following location: _____.
Respondent shall be examined by the treating Qualified Mental Health Professional (QMHP), and following the examination,
the QMHP shall file a certification with this Court. (Doc. Code: OARHG)

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 / QMHP

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