



**PETITION TO SET HEARING TO DETERMINE
INVOLUNTARY PARTICIPATION IN TREATMENT
(COURT-ORDERED ASSISTED OUTPATIENT TREATMENT)**

Case No. _____
Court _____
County _____
Division _____

IN THE INTEREST OF:

Name: _____

Address: _____

1. COMES PETITIONER, _____, and states he/she is a Qualified Mental Health Professional employed at _____ located at _____, Kentucky.
2. PETITIONER states he/she believes Respondent, a current patient/resident at said Facility, should be ordered to accept treatment as prescribed by his/her Treating Physician.
3. PETITIONER states Respondent has refused to accept or participate in a Treatment Plan individualized for his/her needs.
4. PETITIONER states a Review Committee met with Respondent and his/her ☐ Counsel ☐ other Representative, _____, and concluded Respondent's prescribed Treatment Plan is appropriate; is necessary to protect himself/herself or others from harm; is the least restrictive alternative mode of treatment presently available; and the treatment prescribed would reasonably benefit him/her.
5. PETITIONER further states Respondent has had the gains and risks of the proposed Treatment Plan explained to him/her and his/her ☐ Counsel ☐ other Representative.
6. THEREFORE, Petitioner prays a de novo Determination Hearing be set within seven days, to determine if Respondent should be ordered to participate in his/her prescribed Treatment Plan.

Date

Signature of Petitioner

Subscribed and sworn to before me by _____ on _____ in the county
(name) (month/day/year)
of _____,
(county) (state).

Name/Title

For Notaries: My commission expires: _____. My notary ID number is : _____.

CERTIFICATE OF SERVICE

The undersigned does hereby certify that he/she has served a true and accurate copy of the foregoing petition via _____ on Respondent's counsel or other representative, _____,
at _____, on this date: _____.

Signature of Petitioner

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