AOC-JV-24

Doc. Code: OGH

Rev. 11-11 Page 1 of 1

Commonwealth of Kentucky Court of Justice www.kycourts.gov



## ORDER GRANTING EMERGENCY **HOSPITALIZATION AND EVALUATION**

| Case No  | D          |          |
|----------|------------|----------|
| Court    | ☐ District | ☐ Family |
| County   |            |          |
| Division |            |          |

| KRS 645.120                       | (JUVENILE ME  | (JUVENILE MENTAL HEALTH)  |   |  |
|-----------------------------------|---|---------------------------|---|--|
| IN THE INTEREST OF                |   |                           | , a child                                 |  |
| Birthday                          | Sex   | Race                      | SSN                                       |  |
|                                   |   |                           |   |  |
|                                   | ORI   | DER                       |   |  |
| Pursuant to a Petition            | for Emergency Hospitalization                                       | filed on                  | ,   |  |
| by                                | ,   | IT IS HEREBY ORDE         | <b>ERED</b> that the above named child be |  |
|                                   |   |                           |   |  |
|                                   | d by the court for this purpose.                                    |                           | least one (1) of whom is an Authorized    |  |
| Staff Physician of the designa    |   | saith Professionals, at i | least one (1) of whom is an Authorized    |  |
| ,                                 | ·   | ld, as a result of menta  | al illness, appears to need immediate     |  |
| •                                 |   | n, diagnosis, and trea    | tment, and shall, if he/she deems it      |  |
| appropriate, file a Certification |   | <b>.</b>                  |   |  |
|                                   | zation shall not exceed seven<br>I before the seven (7) days ex     |                           | of weekends and holidays, <b>unless a</b> |  |
| •                                 |   |                           | ospitalization, he/she shall release the  |  |
| · · ·                             | cising custodial control or super<br>r referrals he/she deems appro | • •                       | having custody of the child and make      |  |
| Whatever recommendations o        | r referrate rie/erie deerite appre                                  | priate.                   |   |  |
| Date                              |   | Judge                     |   |  |
|                                   | * * * * * *   | * * * * *                 |   |  |
|                                   |   |                           |   |  |
| A copy of this Order was sent     | to the Hospital or Facility name                                    | ed herein, to the Cabin   | et for Health and Family Services and     |  |
| to the above named child on _     |   | ,                         |   |  |
|                                   |   |                           |   |  |
| Title                             |   | Signature                 |   |  |
|                                   |   |                           |   |  |

## **NOTICE**

In accordance with KRS 645.130, any child who is Involuntarily Hospitalized has the following rights:

- 1. To be able to talk with or hear from his/her parents unless the circumstances described in KRS 645.130 (2) exist.
- 2. To talk with an attorney if he/she so desires.
- 3. To consult with a court designated worker who can be contacted at

Phone Number