



**JUDGMENT AND ORDER FOR ☐ 60 DAYS OR  
☐ 180 DAYS HOSPITALIZATION**

Case No. \_\_\_\_\_  
Court \_\_\_\_\_  
County \_\_\_\_\_  
Division \_\_\_\_\_

IN THE INTEREST OF \_\_\_\_\_, a child

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

\* \* \* \* \*

WHEREAS, a Petition has been filed requesting a ☐ 60 Days Involuntary Hospitalization or ☐ 180 Days Recertification Proceeding and the case has been submitted to the Court with the above-named child being represented by counsel \_\_\_\_\_, from the Department of Public Advocacy; and  
(Name)

1. ☐ A hearing was held where:

If this was a 60 Days Involuntary Hospitalization hearing,

- ☐ The child was present throughout the hearing; **OR**  
☐ The child and his/her counsel waived this right to be present; **OR**  
☐ On motion of an interested party, the Court determined the child's presence at all or part of the hearing is likely to have a harmful effect on the child's physical or mental health.

If this was a 180 Days Recertification hearing,

- ☐ The child was present throughout the hearing; **OR**  
☐ The child was not present as the Court determined that the child's presence at all or part of the hearing is likely to have a harmful effect on the child's physical or mental health.

AND

The Court has heard evidence from two Qualified Mental Health Professionals, at least one of whom is an Authorized Staff Physician, that established by clear and convincing evidence that the criteria for Involuntary Hospitalization specified by KRS 645.090 are present; the factual findings regarding that criteria being as follows:

- A. The child is mentally ill or has symptoms of mental illness in that \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- B. The child is dangerous to himself/herself or others in that \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- C. The child can benefit from treatment available only at a hospital in that \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- D. No less restrictive alternative is available which will be effective in treating the child in that \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_
- E. In addition, if this is a Petition for Recertification pursuant to KRS 645.110, the Court has considered the child's prior treatment, the ability of the hospital to provide appropriate treatment, and the likelihood of future improvement through treatment, in evaluating the criteria specified in A through D.

2. ☐ A Hearing **was not held** as the child did not contest the Petition for Involuntary Hospitalization.

Case No. \_\_\_\_\_

\* \* \* \* \*

IT IS HEREBY ORDERED that the child be Involuntarily Hospitalized for treatment at \_\_\_\_\_  
\_\_\_\_\_ Hospital or Facility located at \_\_\_\_\_  
\_\_\_\_\_ or another Hospital/Facility designated by the Cabinet for  
Health Services for a period not to exceed ☐ 60 days or ☐ 180 days.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

A copy of this Order and the Petition upon which it was based has been mailed or delivered to the herein  
named Hospital/Facility and to the Cabinet for Health Services this day.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

\* \* \* \* \*

### 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 his/her attorney: \_\_\_\_\_  
Name Phone Number
3. To talk with a court designated worker who can be contacted at \_\_\_\_\_  
Phone Number

Distribution: ☐ Counsel of Record  
☐ Named Hospital/Facility  
☐ Cabinet for Health and Family Services