



**HEARING, EXAMINATION AND APPOINTMENT
OF COUNSEL NOTICE AND ORDER
(INVOLUNTARY TREATMENT-SUBSTANCE USE DISORDER)**

Case No. _____
Court _____ District _____
County _____
Division _____

IN THE INTEREST OF:

RESPONDENT _____

A Verified Petition for Involuntary Treatment for a Substance Use Disorder has been filed with the Court. The Court has reviewed the allegations therein and has examined the Petitioner under oath. The Court **finds** that there is **probable cause** to believe the Respondent should be ordered to undergo treatment;

IT IS HEREBY ORDERED that:

1. The above-styled matter is scheduled for a **hearing** before this Court on _____, 2_____, at the hour of _____ a.m. p.m. to determine whether the Respondent should be ordered to treatment for a substance use disorder; and
2. The Respondent shall be **examined** no later than twenty-four (24) hours before said hearing date by both _____, a Licensed Physician, and _____, a Qualified Health Professional, each of whom shall file a certification of their findings to the Court within twenty-four (24) hours of the examinations.
3. The **Petitioner** or other authorized person as identified on the Guarantee of Payment (AOC Form 700A) shall pay all costs of the examinations and payment shall be made (or payment arrangements shall be secured with the provider) prior to the scheduled examinations; and
4. The Court does hereby **appoint counsel**, the Hon. _____ to represent the Respondent in the above-styled action.

_____, 2_____
Date

Judge's Signature

Judge's Name (please print)

Address & Telephone Number of Respondent's Counsel:

() _____

_____, 2_____
Date

_____, Clerk

By: _____, D.C.