



**PETITION TO SET HEARING TO DETERMINE
INVOLUNTARY PARTICIPATION IN TREATMENT
(INVOLUNTARY COMMITMENT)**

Case No. _____
Court _____ Circuit
County _____
Division _____

IN THE INTEREST OF:

Name: _____

Address: _____

1. COMES PETITIONER, (*name*) _____, and states he/she is a Qualified Mental Health Professional employed at _____ located at _____, _____, Kentucky.
Street City
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 Guardian ad Litem other Representative, (*name*) _____, and concluded Respondent's prescribed Treatment Plan is appropriate; is necessary to protect himself/herself or others from harm; and is the least restrictive alternative mode of treatment presently available.
5. PETITIONER further states Respondent has had the gains and risks of the proposed Treatment Plan explained to him/her and his/her Counsel Guardian ad Litem other Representative.
6. THEREFORE, Petitioner prays a de novo Determination Hearing be set within seven days, excluding weekends and holidays, 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 this _____ day of _____, 2_____.

My Commission expires: _____.

County, Kentucky

Notary Public