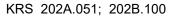
AOC-710 Doc. C Rev. 6-24

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Commonwealth of Kentucky
Court of Justice www.kycourts.gov





Case No.

Court

District

County

Division

Respondent						VERIFIED PETITION FOR INVOLUNTARY HOSPITALIZATION (Mental Illness) OR INVOLUNTARY ADMISSION (Intellectual Disability)										
											Current Location					
Sex	Race	Date of Birth	Height	Weight	Eyes	Hair	Social Security #	Drivers License #	State							
. PE	TITIONE	₹,					<b>,</b>	states that he/she	is:							
					se print,											
ш	a reputal	ble resident of				Cou	nty, Kentucky, at	(Address)								
	, (Phone No.)															
						(F	Phone No.)									
Re	spondent	as(	Pelationshi	2)	,	OR										
				•		Qualified	Intellectual Disabilit	ies Professional loc	ated at							
_	a Qualin	ca Mental rica	11 1 10103	Sioriai	<b>-</b> a \	guaiiiicu	menecidal Disabilit	ics i folossional loo	alca al							
			_, Kentud	ky, and is	s assoc	iated wit	h Respondent as _		:							
em	inloved a	t														
Om	ipioyed a	<u> </u>		(Hospita		etc.)		(Phone No.)	······································							
	PETITIONER states that Respondent:   has been hospitalized in a hospital or a forensic psychiatric facility  for a forensic psychiatric facility  for a forensic psychiatric facility															
	for a period of 30 days within the preceding six months under the provisions of KRS 202A or 504 (if 360															
•	day proceeding) $\Box$ is a person with a mental illness $\Box$ is a person with an intellectual disability and that he/she presents a danger or threat of danger to self, family or others if not immediately restrained															
and	d that he	/she presents a	danger o	or threat o	of dange	er to self	, family or others if	not immediately res	strained							
	PETITIONER further states that the name, address, and residences of persons related to Respondent are:															
. PE	TITIONEF	R further states	that the n	iairio, aaai		(If unknown, so state)										
(If	unknown	, so state)						·	are:							
(If	unknown	, so state)						·	are: 							
(If Pai	unknown rents or (	, so state) guardian:						·	are: 							
(If Pai Spo	unknown rents or ( ouse:	, so state) guardian:						·								
(If Par Spo Per	unknown rents or ( ouse: rson havi	, so state) guardian: ng custody:						·								

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_	PETITIONER believes that Respondent is □ a person with a mental illness □ a person with an intellectual disability because: (state reasons)							
E	DETITIONED states the following facts to indicate helief that Despendent is a danger or threat of danger to							
5.	PETITIONER states the following facts to indicate belief that Respondent is a danger or threat of danger to self, family or others because: (state reasons)							
6.	Intellectual Disability proceedings only: Petitioner must attach to this Petition documentation establishing that Respondent has an intellectual disability, INCLUDING the findings of a psychological examination or assessment completed in a reasonable time prior to the filing of this Petition that documents a Ful Scale IQ in the moderate to severe range of an intellectual disability. KRS 202B.100(4)(f).							
7.	PETITIONER requests that Respondent be detained for examination, evaluation, and hospitalization, admittance if he/she meets the criteria for:							
	a) □ involuntary hospitalization and that Respondent be hospitalized for □ 60 Days or □ 360 Days; or							
	b) $\Box$ involuntary admission and that Respondent be admitted for an indeterminate period, to be reviewed within five years of entry of this admission order.							
 Dat	Signature of Petitioner							
	* * * * * * * *							
SUI	BSCRIBED AND SWORN TO before me this day of,,							

Attach copy of Petition to copy of each Warrant; Summons; or Order Appointing Counsel, Setting Preliminary Hearing and Appointing Physician/QMHP/QIDP.

Name/Title

County, Kentucky