

AOC-737.6 Motion Type: MAOT  
Rev. 5-18  
Page 1 of 2  
Commonwealth of Kentucky  
Court of Justice www.courts.ky.gov  
KRS 202A.0825



**MOTION TO STAY, VACATE, OR MODIFY  
ORDER  
(COURT-ORDERED ASSISTED OUTPATIENT TREATMENT)**

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

IN THE INTEREST OF:

\_\_\_\_\_  
Respondent

\* \* \* \* \*

Comes the Respondent in the above-styled action and requests the Court to:

1.  Stay  Vacate  Modify the Judgment and Order for Court-Ordered Assisted Outpatient Treatment entered on \_\_\_\_\_, 2\_\_\_\_\_, as follows: \_\_\_\_\_  
Date

2. Respondent's Address: \_\_\_\_\_, \_\_\_\_\_  
Address City State County

3. Name and address of the outpatient provider agency where Respondent is receiving court-ordered assisted outpatient treatment:

\_\_\_\_\_  
Name  
\_\_\_\_\_  
Address City State County

4. Facts and reasons supporting this request:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHEREFORE, the Respondent requests that this Court conduct a hearing in this matter.

\_\_\_\_\_, 2\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Respondent

To be completed if Respondent is represented by counsel:

\_\_\_\_\_  
Name of Attorney (please print)

\_\_\_\_\_  
Signature of Attorney

\_\_\_\_\_  
Address of Attorney

( ) \_\_\_\_\_  
Phone Number

**HEARING**

Hearing scheduled for \_\_\_\_\_, 2\_\_\_\_ at \_\_\_\_\_  a.m.  p.m. at \_\_\_\_\_  
(Date) (Time)  
\_\_\_\_\_  
(Location)

A copy of this Motion was mailed this date to the Respondent, the Respondent's attorney of record, the Petitioner of record (see AOC-737), the county attorney, and outpatient provider agency.

\_\_\_\_\_ Clerk  
Date

By: \_\_\_\_\_ D.C.