



ORDER FOR EXAMINATION

Case No. _____

Court _____ District _____

County _____

Division _____

COMMONWEALTH OF KENTUCKY

PETITIONER

VS.

RESPONDENT

Address: _____

On _____, 2 _____, a Petition was filed alleging that Respondent is unable to provide for his/her physical health and safety and/or to manage his/her property effectively.

It is hereby **ORDERED** that Respondent be examined by an interdisciplinary evaluation team and the report(s) of the interdisciplinary evaluation be filed with the Court. The interdisciplinary evaluation team shall be comprised of the following individuals:

1. A licensed physician, an advanced practice registered nurse, or a physician assistant QMHP QIDP;

Name: _____

Address: _____

2. A licensed or certified psychologist under KRS Chapter 319 QMHP QIDP; and

Name: _____

Address: _____

3. A licensed or certified social worker or an employee of the Cabinet for Health and Family Services who has at least one year of investigative experience and has completed training in conducting decisional capacity assessments.

Name: _____

Address: _____

The interdisciplinary evaluation team is appointed to examine Respondent to determine his/her ability to care for his/her physical health and safety and/or manage his/her property effectively, and report the findings of the team or individual team members, including:

- a. A description of the nature and extent of Respondent's disabilities, if any;
- b. Current evaluations of Respondent's social, intellectual, physical, and educational condition, adaptive behavior, and social skills. Such evaluations may be based on prior evaluations *not more than three months old*, except that evaluations of Respondent's intellectual condition may be based on individual intelligence test scores *not more than one year old*;
- c. An opinion as to whether guardianship or conservatorship is needed;
- d. If guardianship or conservatorship is needed, a recommendation as to the necessary scope of such appointment, specifying the areas in which Respondent is unable to provide for his/her physical health and safety and/or manage his/her property effectively, what assistance is needed, and the anticipated duration of the need for such appointment. In making such recommendation, state whether alternatives to guardianship are available;
- e. A list of social, educational, medical, and rehabilitative services currently being utilized by Respondent, if any;
- f. A recommendation(s) and reason(s) as to the most appropriate treatment or rehabilitation plan and living arrangement for Respondent;
- g. An opinion as to whether attending a hearing on this matter would subject Respondent to serious risk of harm and, if so, the reason(s) why;
- h. A list of all medications Respondent receives, the dosage, and the impact of same on his/her mental and physical condition and behavior; and
- i. Any dissenting opinions or other comments.

_____, 2 _____
Date

Judge's Signature

Please print or type the name of the Judge