



**ORDER SETTING FOR HEARING
(HOSPITALIZATION/DISABILITY)**

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

COMMONWEALTH OF KENTUCKY
VS.

PETITIONER

RESPONDENT

* * * * *

The above-styled action is ORDERED set for hearing in the _____ District Court on
_____, 2_____ at _____ a.m. p.m.

_____, 2_____
Date

Judge

Please print or type name of Judge in the space
provided below:

An attested copy of this order was mailed this date to the Respondent, the attorney for Respondent, the county attorney
and all persons named in the petition unless waived.

_____, 2_____
Date

_____, Circuit Clerk

By: _____, D.C.