



**VERIFIED PETITION FOR
 INVOLUNTARY HOSPITALIZATION**

Case No. _____
 Court _____ Juvenile
 County _____
 Division _____

IN THE INTEREST OF _____)
 _____, a child)
 Child's Address _____)
 _____)
 _____)
 Child's Present Location _____)
 _____)
 _____)
 _____)

THIS PETITION IS FOR THE FOLLOWING:
(Please check appropriate block)

- Emergency Hospitalization
 (See Sections I, and III below)
- 60 Days Involuntary Hospitalization
 (See Sections I, and II below)
- 180 Days Recertification Procedure
 (See Sections I, and II below - If this is a 180 days recertification procedure, this petition must be filed before the original 60 day hospitalization period expires)

Sex	Race	Date of Birth	Height	Weight	Eyes	Hair	Social Security #	Drivers License #	State

SECTION I

1. **PETITIONER** _____, states that he/she is:
 - a resident of _____ County, Kentucky, at _____
(Usual Address)
 - _____;
(Present Location) _____, and has the following relationship with the child: _____; OR
 - a **QUALIFIED MENTAL HEALTH PROFESSIONAL** located at _____, Kentucky, and is associated with the child as _____, employed at _____.
(Hospital/Facility, etc.)

2. **PETITIONER** states that the **name and address** of the child's parents, legal guardian, or other person exercising custodial control or supervision; spouse, if any; and the person presently having custody of the child, are as follows:
(complete all that apply)
 Parent or guardian _____
 Spouse _____
 Other person having custody _____

SECTION II

1. **PETITIONER** states the following facts to indicate belief that the child is in need of either 60 or 180 days involuntary hospitalization:

a. **Petitioner** believes the child is mentally ill and is dangerous to himself/herself or others in that _____

b. **Petitioner** believes the child can benefit from treatment available only at a hospital and that no less restrictive alternative is available which will be effective in treating the child in that _____

PETITIONER requests that the child be detained for hospitalization. If the child wishes to contest this Petition for initial 60 Days Hospitalization or 180 Days Recertification, a certification hearing shall be held within seven days, exclusive of weekends and holidays, of the filing of the child's wishes. If this is a Petition for Emergency Hospitalization, a 60 Days Hospitalization Petition must be filed within seven days of the child's emergency hospitalization.

SECTION III

1. **PETITIONER** states the following facts to indicate belief that the child, as a result of mental illness, requires immediate emergency hospitalization for observation, diagnosis, and treatment _____

PETITIONER requests that an order be entered authorizing a peace officer to transport the child to a designated hospital or mental health facility for evaluation for emergency hospitalization with two qualified mental health professionals.

Date

Signature of Petitioner

NOTARIZATION

SUBSCRIBED AND SWORN TO before me this _____ day of _____, _____.

Name/Title

County, Kentucky

CERTIFICATION

This is to certify that, in accordance with KRS 645.220, notice that this Petition was filed and was immediately given to the child's parents or other person exercising custodial control or supervision, including the state if applicable, on this _____ day of _____, 2_____, by (**check one**): **phone** **mail** **hand-delivery**, along with notice of the following:

1. The name, address, and telephone number of the hospital or facility to which the child is being sent and the administrator's name, as well as hospital policy concerning visitation and communication;
2. That the parent or other person exercising custodial control or supervision has a right to participate in these proceedings and in the child's treatment; and
3. That the parent or other person exercising custodial control or supervision has a right to seek the child's discharge by filing with the hospital a notice to withdraw the child or filing a Petition to discharge with the Court in accordance with KRS 645.230.

Name/Title