

AOC-700A Doc. Code: PIHAD  
Rev. 6-19  
Page 1 of 3  
Commonwealth of Kentucky  
Court of Justice [www.courts.ky.gov](http://www.courts.ky.gov)  
KRS 222.432



**VERIFIED PETITION  
FOR 60/360 DAY INVOLUNTARY TREATMENT  
(SUBSTANCE USE DISORDER)**

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

IN THE INTEREST OF: \_\_\_\_\_  
Respondent's Name *(please print)*

RESPONDENT'S RESIDENCE ADDRESS: *(please print)*

Phone Number: \_\_\_\_\_

CURRENT LOCATION: *(if different)*

Phone Number: \_\_\_\_\_

1. PETITIONER, \_\_\_\_\_  
Petitioner's Name *(please print)*

PETITIONER'S ADDRESS: *(please print)*

Phone Number: \_\_\_\_\_

states that he/she is:  Spouse;  Relative;  Friend; or  Guardian, of the above-named Respondent.

2. PETITIONER further states that the name, address, and residence of persons related to the Respondent are:  
*(if unknown, so state)*

Parents or guardian: \_\_\_\_\_

Spouse: \_\_\_\_\_

Person having custody of Respondent: \_\_\_\_\_

Near relative: \_\_\_\_\_

Other: \_\_\_\_\_

3. PETITIONER believes that the Respondent is a person suffering from a substance use disorder because:  
*(state facts to support belief)*

4. PETITIONER also believes that the Respondent presents a danger or threat of danger to self, family or others because: (state facts to support belief)

5. PETITIONER requests that the Respondent be detained for examination, evaluation and hospitalization/admittance to a treatment facility if he/she meets the criteria for:

- involuntary treatment for not more than sixty (60) consecutive days; or
- involuntary treatment for not more than three hundred and sixty (360) consecutive days.

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

\_\_\_\_\_  
Signature of Petitioner

\_\_\_\_\_  
Name of Petitioner (*please print*)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 2_____	
My Commission Expires: _____	_____ Notary/Clerk
	By: _____, D.C.

**GUARANTEE OF PAYMENT**

Pursuant to KRS 222.432(4)(f), either the Petitioner or other authorized person (spouse, relative, friend, or guardian) shall guarantee any and all costs for treatment of the Respondent for a substance use disorder, as may be hereinafter ordered by the Court. The GUARANTEE below shall be completed by either the Petitioner or other authorized person.

By my signature below, I do hereby assume responsibility for and GUARANTEE PAYMENT FOR ALL COSTS incurred on behalf of the Respondent for all substance use disorder treatment, including, but not limited to, initial examination and transportation costs, as hereinafter ordered by the Court.

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

\_\_\_\_\_  
Name (please print)

\_\_\_\_\_  
Relationship to Respondent  
(Petitioner, or Spouse, Relative, Friend, Guardian)

\_\_\_\_\_  
Signature

**Billing Address:**

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 2_____	
My Commission Expires: _____	_____ Notary/Clerk
	By: _____, D.C.

**Attach copy of Verified Petition to each copy of Warrant, Summons, and Hearing, Examination and Appointment of Counsel Notice and Order.**

Distribution: Respondent; Petitioner; Respondent's Legal Guardian, Spouse, Parent(s), Near Relative or Friend (if applicable).

AOC-034 Doc. Code: PIDMD  
Rev. 6-19  
Page 1 of 1



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

Commonwealth of Kentucky  
Court of Justice [www.courts.ky.gov](http://www.courts.ky.gov)

**PERSONAL IDENTIFIER DATA SHEET**  
**(Mental Health/Disability/Incompetency)**

\*\*\*\*For use in actions brought or proceedings conducted pursuant to KRS Chapters 202A (Involuntary hospitalization of the mentally ill); 202B (Involuntary intellectual disability admission); 222.430 et seq. (Involuntary treatment for a substance use disorder); 387.500 et seq. (Guardianship and conservatorship for disabled persons); 504 (Responsibility, incompetency/insanity/mental illness); and, 645 (Involuntary hospitalization of the mentally ill child).

TO THE PETITIONER IN A MENTAL HEALTH OR DISABILITY PROCEEDING

TO THE DEFENDANT OR HIS/HER ATTORNEY IN A CHAPTER 504 PROCEEDING

**The Court requires that you provide the following information about the Respondent/Defendant in this case:**

RESPONDENT/DEFENDANT: *Please Print*   
First Middle Last

Also known as: \_\_\_\_\_

Street address: \_\_\_\_\_

Mailing address: \_\_\_\_\_

Respondent's/Defendant's Identifiers:

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

I understand that the information requested herein is intended to be entered into the official court record of this matter, and that its accuracy is of the utmost importance. The information I have provided above is true and accurate to the best of my knowledge and belief.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name



**CERTIFICATION OF QUALIFIED  
HEALTH PROFESSIONAL  
(INVOLUNTARY TREATMENT-SUBSTANCE USE DISORDER)**

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

IN THE INTEREST OF:

RESPONDENT \_\_\_\_\_

1. Comes the Affiant, \_\_\_\_\_, and states that he/she is a Qualified Health Professional as defined in KRS Chapter 222, and he/she is,

- A Qualified Mental Health Professional as defined in KRS 202A.011; and/or
- An Alcohol and Drug Counselor certified under KRS Chapter 309; and/or
- A Physician, licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the performance of official duties.

2. Affiant further states that he/she examined the above-named Respondent and based on that examination, in his/her professional opinion, the Respondent

- A.  **does**  **does not** suffer from a substance use disorder; and
- B.  **does**  **does not** present an imminent threat of danger to self, family or others as a result of a substance use disorder; **or there**  
 **does**  **does not** exist a substantial likelihood of such a threat in the near future; and
- C.  **can**  **cannot** reasonably benefit from treatment.

3. The facts that support Affiant's belief that Respondent does suffer from a substance use disorder:

4. The facts that support Affiant's belief that Respondent presents an imminent threat of danger to self, family or others as a result of a substance use disorder or that there exists a substantial likelihood of such a threat in the near future:

5. Diagnostic impressions:

6. Other factors contributing to need for treatment:

7. Goal of treatment and recommendation for treatment:

8. Date examination was performed: \_\_\_\_\_, 2\_\_\_\_\_

Further, Affiant sayeth naught.

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

\_\_\_\_\_  
Signature of QHP

\_\_\_\_\_  
Name of QHP *(please print)*

\_\_\_\_\_  
Title of QHP *(please print)*

\_\_\_\_\_  
Name of Treatment Facility of QHP *(please print)*

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
County, Kentucky

**NOTE:** The Respondent shall be examined no later than twenty-four (24) hours before the hearing date by two (2) Qualified Health Professionals, at least one (1) of whom is a physician. A separate Certification of Qualified Health Professional (AOC-703A) must be filed with the Court by each of the two (2) Qualified Health Professionals named in the Hearing, Examination and Appointment of Counsel Notice and Order (AOC-701A). The Qualified Health Professionals shall certify their findings to the Court within twenty-four (24) hours of the examination. See page 3 for more information on Qualified Health Professionals.

**Petitioner is responsible for all costs of the examination.**

## CERTIFICATION

**Note: If for 72-hour involuntary treatment, Certification is to be completed and filed by ONE "Qualified Health Professional." If for 60/360 day involuntary treatment, Certification is to be completed and filed by each of TWO "Qualified Health Professionals," one of whom must be a licensed physician.**

**Criteria for each professional are listed below**

**"Qualified health professional"** has the same meaning as qualified mental health professional in KRS 202A.011, except that it also includes an alcohol and drug counselor certified under KRS Chapter 309.

**"Qualified mental health professional" under KRS 202A.011(12) means:**

- a. A **physician** licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the performance of official duties.
- b. A **psychiatrist** licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the practice of official duties, who is certified or eligible to apply for certification by the American Board of Psychiatry and Neurology, Inc.
- c. A **psychologist** with the health service provider designation, a **psychological practitioner**, a **certified psychologist**, or a **psychological associate**, licensed under the provisions of KRS Chapter 319.
- d. A **licensed registered nurse** with a master's degree in psychiatric nursing from an accredited institution and two (2) years of clinical experience with mentally ill persons; or a licensed registered nurse, with a bachelor's degree in nursing from an accredited institution, who is certified as a psychiatric and mental health nurse by the American Nurses Association and who has three (3) years of inpatient or outpatient clinical experience in psychiatric nursing and is currently employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital or a private agency or company engaged in provision of mental health services or a regional community program for mental health and individuals with an intellectual disability.
- e. A **licensed clinical social worker** licensed under the provisions of KRS 335.100, or a certified social worker licensed under the provisions of KRS 335.080 with three (3) years of inpatient or outpatient clinical experience in psychiatric social work and currently employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital or a private agency or company engaged in the provision of mental health services or a regional community program for mental health and individuals with an intellectual disability.
- f. A **marriage and family therapist** licensed under the provisions of KRS 335.300 to 335.399 with three (3) years of inpatient or outpatient clinical experience in psychiatric mental health practice and currently employed by a hospital or forensic facility licensed by the Commonwealth, a psychiatric unit of a general hospital, a private agency or company engaged in providing mental health services, or a regional community program for mental health and individuals with an intellectual disability.
- g. A **professional counselor** credentialed under the provisions of KRS Chapter 335.500 to 335.599 with three (3) years of inpatient or outpatient clinical experience in psychiatric mental health practice and currently employed by a hospital or forensic facility licensed by the Commonwealth, a psychiatric unit of a general hospital, a private agency or company engaged in providing mental health services, or a regional community program for mental health and individuals with an intellectual disability.
- h. A **physician assistant** licensed under KRS 311.840 to 311.862, who meets one (1) of the following requirements:
  1. Provides documentation that he or she has completed a psychiatric residency program for physician assistants;
  2. Has completed at least one thousand (1,000) hours of clinical experience under a supervising physician, as defined by KRS 311.840, who is a psychiatrist and is certified or eligible for certification by the American Board of Psychiatry and Neurology, Inc.;
  3. Holds a master's degree from a physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant or its predecessor or successor agencies, is practicing under a supervising physician as defined by KRS 311.840, and:
    - a. Has two (2) years of clinical experience in the assessment, evaluation, and treatment of mental disorders; or
    - b. Has been employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital or a private agency or company engaged in the provision of mental health services or a regional community program for mental health and individuals with an intellectual disability for at least two (2) years; or
  4. Holds a bachelor's degree, possesses a current physician assistant certificate issued by the board prior to July 15, 2002, is practicing under a supervising physician as defined by KRS 311.840, and:
    - a. Has three (3) years of clinical experience in the assessment, evaluation, and treatment of mental disorders; or
    - b. Has been employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital or a private agency or company engaged in the provision of mental health services or a regional community program for mental health and individuals with an intellectual disability for at least three (3) years.

**"Certified Alcohol and Drug Counselor" under KRS 309.080 means** a person certified by the Kentucky Board of Alcohol and Drug Counselors pursuant to KRS 309.080 to 309.089.



**SUMMONS INVOLUNTARY TREATMENT  
(SUBSTANCE USE DISORDER)**

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

IN THE INTEREST OF: )  
 )  
 )  
 \_\_\_\_\_ )  
 RESPONDENT )  
 )  
 )  
 \_\_\_\_\_ )  
 ADDRESS )

\* \* \* \* \*

**The Commonwealth of Kentucky to the above-named Respondent:**

You are hereby notified that a legal action has been filed in which you are the Respondent. A copy of the petition is attached.

You are further notified by the appropriate block(s) checked below to:

appear on \_\_\_\_\_, 2\_\_\_\_\_, \_\_\_\_\_  a.m.  p.m. at \_\_\_\_\_ to be examined by \_\_\_\_\_, a qualified health professional.

appear on \_\_\_\_\_, 2\_\_\_\_\_, \_\_\_\_\_  a.m.  p.m. at \_\_\_\_\_ to be examined by \_\_\_\_\_, a qualified health professional.

At your request a Professional retained by you shall be permitted to witness and participate in your examination.

appear on \_\_\_\_\_, 2\_\_\_\_\_, \_\_\_\_\_  a.m.  p.m. at \_\_\_\_\_ for a hearing in this matter.

The Court has appointed counsel to represent you in this action, namely the Hon. \_\_\_\_\_, Address \_\_\_\_\_ and telephone number \_\_\_\_\_.

**FAILURE TO COMPLY WITH THIS SUMMONS MAY BE PUNISHABLE AS CONTEMPT OF COURT**

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

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

**PROOF OF SERVICE**

Executed by delivering a copy of the summons and petition to the above named Respondent.

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

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title