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Commonwealth of Kentucky
Court of Justice www.kycourts.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)*

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

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 Respondent are: (if unknown, so state)

Parents or guardian: ____

Spouse: ____

Person having custody of Respondent: ____

Near relative: ____

Other: ____

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

____

____

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____

____

____

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

____
____
____
____

5. PETITIONER requests that 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 60 consecutive days; or

❑ involuntary treatment for not more than 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.

Petitioner or other authorized person (spouse, relative, friend, or guardian) must guarantee all costs for treatment. Page 3, "Guarantee of Payment," must be completed and notarized.

GUARANTEE OF PAYMENT

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