AOC-701A

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Commonwealth of Kentucky

Court of Justice www.courts.ky.gov

KRS 222.433



HEARING, EXAMINATION AND APPOINTMENT OF COUNSEL NOTICE AND ORDER (INVOLUNTARY TREATMENT-SUBSTANCE USE DISORDER)

Case No.	
Court	District
County	
Division	

IN THE INTEREST OF: RESPONDENT A Verified Petition for Involuntary Treatment for a Substance Use Disorder has been filed with the Court. The Court has reviewed the allegations therein and has examined the Petitioner under oath. The Court finds that there is probable cause to believe the Respondent should be ordered to undergo treatment; IT IS HEREBY ORDERED that: 1. The above-styled matter is scheduled for a **hearing** before this Court on _______, 2 ______, at the hour of _____ a.m. \square p.m. to determine whether the Respondent should be ordered to treatment for a substance use disorder; and 2. The Respondent shall be **examined** no later than twenty-four (24) hours before said hearing date by both , a Licensed Physician, and _____ Qualified Health Professional, each of whom shall file a certification of their findings to the Court within twenty-four (24) hours of the examinations. 3. The Petitioner or other authorized person as identified on the Guarantee of Payment (AOC Form 700A) shall pay all costs of the examinations and payment shall be made (or payment arrangements shall be secured with the provider) prior to the scheduled examinations; and 4. The Court does hereby **appoint counsel**, the Hon. ______ to represent the Respondent in the above-styled action. Judge's Signature Date Judge's Name (please print) Address & Telephone Number of Respondent's Counsel: _____, Clerk , 2 Date _, D.C.

Distribution: Petitioner; Respondent; Respondent's Attorney; Qualified Health Professionals (Attach a copy of the completed AOC Form 700A, Verified Petition for Involuntary Treatment and a blank AOC Form 703A, Certification of QHP); Respondent's Legal Guardian, Spouse, Parent(s), Nearest Relative, Friend (if applicable).