AOC-702A

Summons Type: IT

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Commonwealth of Kentucky Court of Justice www.courts.ky.gov



SUMMONS INVOLUNTARY TREATMENT

Case No.	
Court	District
County	
Division	

KRS Chapter 222; CR 4.01; 4.02	(Substance Use Disorder)	DIVISION		
N THE INTEREST OF:)			
)			
RESPONDEN				
	,			
)			
ADDRESS				
	* * * * * * * * * * *			
The Commonwealth of Kentuc	ky to the above-named Respondent:			
You are hereby notified that the petition is attached.	a legal action has been filed in which you	are the Respor	ndent. A co	opy of
You are further notified by t	he appropriate block(s) checked below to:			
☐ appear on	2	П	am 🗍	nm at
арреаг оп	, 2			
	(Location)			to be
examined by	, a qualified he	alth professional	l.	
☐ appear on	(Date) , 2,	🗆	a.m. 🚨	p.m. at
		(Time)		
evernined by	(Location), a qualified he			
examined by	, a quaimed ne (Name)	aitii professional		
At your request a Professiona	al retained by you shall be permitted to witness	s and participate	in your exa	amination.
□ appear on		□	a.m. 🚨	p.m. at
	(Date)	(Time)		for a
hearing in this matter.	(Location)			10. 4
The Court has appointed counsel t	o represent you in this action, namely the Hon			,
	and telephone			
	•			
FAILURE TO COMPLY WITH	THIS SUMMONS MAY BE PUNISHABLE	AS CONTEMP	T OF COL	JRT
	0			Ol I-
Date	, 2			, Clerk
	_			
	Ву:			, D.C.
	PROOF OF SERVICE			
Executed by delivering a c	opy of the summons and petition to the above	named Respond	ent.	
	. 2			
Date				
	Olynature			
	Title			