



JUDGMENT AND ORDER
(60/360 DAY INVOLUNTARY
SUBSTANCE USE DISORDER TREATMENT)

Case No. _____
Court _____ District _____
County _____
Division _____

IN THE INTEREST OF: _____, RESPONDENT

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

WHEREAS, a Verified Petition requesting Involuntary Treatment for a Substance Use Disorder having been filed with the Court; Respondent having been examined by two Qualified Health Professionals and their findings certified and filed with the Court; a hearing having been held wherein Respondent appeared before this Court and was represented by counsel; and the Court having considered all the evidence and being otherwise sufficiently advised,

THE COURT HEREBY FINDS THE EVIDENCE ESTABLISHED BEYOND A REASONABLE DOUBT THAT RESPONDENT:

- Suffers from a substance use disorder; AND
- Presents an imminent threat of danger to self, family, or others as a result of a substance use disorder; or, there exists a substantial likelihood of such a threat in the near future; AND
- Can reasonably benefit from treatment.

THEREFORE, THE COURT HEREBY ORDERS RESPONDENT TO UNDERGO TREATMENT FOR A SUBSTANCE USE DISORDER

- for a period of time not to exceed **60** consecutive days; OR
- for a period of time not to exceed **360** consecutive days; OR
- _____, the period of time otherwise agreed to at the hearing.

OR

THE COURT HEREBY FINDS THE EVIDENCE DID NOT ESTABLISH BEYOND A REASONABLE DOUBT that Respondent: suffers from a substance use disorder; presents an imminent threat of danger to self, family, or others as a result of a substance use disorder, or there exists a substantial likelihood of such a threat in the near future; and can reasonably benefit from treatment.

THEREFORE, THE COURT HEREBY ORDERS that the Petition against Respondent be **DISMISSED**.

THE COURT FURTHER ORDERS THAT RESPONDENT BE TRANSPORTED BY

the Sheriff or other peace officer of _____ County, Kentucky, OR

(Individual's Name)

of _____
(Individual's Address)

TO: _____ located at
(Name of Treatment Facility)

_____, Kentucky
(Address of Treatment Facility)

on or before _____, 2_____ to undergo treatment in compliance with this Order. Failure of a Respondent to undergo treatment as ordered may result in contempt of court proceedings.

OTHER ORDERS:

THIS IS A FINAL ORDER AND THERE IS NO JUST CAUSE FOR DELAY.

_____, 2_____
Date

Judge's Signature

Judge's Name (*please print*)

Distribution: Respondent; Respondent's Attorney; Respondent's Guardian, Spouse, Parent(s), Nearest Relative or Friend (where applicable); Petitioner; Hospital/Treatment Facility; Peace Officer (2).