



**ORDER
72 HOUR HOSPITALIZATION
(SUBSTANCE USE DISORDER)**

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

IN THE INTEREST OF:

RESPONDENT _____

Residence: _____

Current Location: _____

WHEREAS, the Respondent has been examined by _____, a Qualified Health Professional as defined in KRS 222.005, who has certified that the Respondent **does meet** the criteria **OR** **does not meet** the criteria for involuntary hospitalization, and the Court being otherwise sufficiently advised,

THE COURT FINDS THAT:

By clear and convincing evidence, the Respondent presents an imminent threat of danger to self, family, or others as a result of a substance use disorder, **AND HEREBY ORDERS** that the Respondent be hospitalized for a period not to exceed seventy-two (72) hours, excluding weekends and holidays, at _____ (hospital) in _____, Kentucky, and that the Sheriff or other peace officer of this County deliver the Respondent to the above-named facility within forty-eight (48) hours.

OR

The evidence does not establish by clear and convincing evidence that the Respondent presents an imminent threat of danger to self, family, or others as a result of a substance use disorder, **AND HEREBY ORDERS** that the Petition against the Respondent be **DISMISSED**, and the Respondent released from holding.

IT IS FURTHER ORDERED THAT, if determined by the facility to be consistent with the treatment plan of the individual released, the Sheriff or other peace officer of this County shall pick up the Respondent seventy-two (72) hours from the time of admission (unless the Respondent is further held under applicable provisions of KRS Chapter 222) and return him/her to residence or current location.

Due to the Respondent's being charged with the crime(s) of _____ now pending in _____ County, IT IS FURTHER ORDERED that upon notification by the above-named facility, the Sheriff or other peace officer of this County shall return the Respondent to _____ Jail to answer said charges.

_____, 2_____
Date

Judge's Signature

Judge's Name (*please print*)

(TO BE COMPLETED BY HOSPITAL)

Date _____, 2_____ and time of admission: _____

Date _____, 2_____ and time of pick-up (unless otherwise notified): _____

Distribution:

Court File

Respondent

Respondent's Attorney

Peace Officer – 3 copies (Peace Officer's File, Peace Officer's Return, Hospital).

NOTE: The copy to the Hospital must have attached to it a copy of the completed Certification of the QHP (AOC 703A).