Summons Type: HD AOC-706 Rev. 1-13 Page 1 of 1

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



HOSPITALIZATION/DISABILITY

Case No	
Court	District
County	

KRS 202A, 202B & 387	Summons	
IN THE INTEREST OF:)))	
RESPONDENT		
ADDRESS)	
The Commonwealth of Kentucky	to the above-named Respondent:	
You are hereby notified that a petition is attached.	a legal action has been filed in which you	are the respondent. A copy of the
You are further notified by the	e appropriate block(s) checked below to:	
appear on(Date	e) , 2,	☐ a.m. ☐ p.m. at
	(Location)	to be
	alified to assess your mental or physical v	-
	, 2, (
examined by professionals qua	(Location) alified to assess your mental or physical v	well-being.
At your request a Professional	retained by you shall be permitted to witne	ss and participate in your examination.
☐ appear on	. 2	☐ a.m. ☐ p.m. at
(Dat	, 2, (e)	Time) for a
hearing in this matter.	(Location)	101 a
- Duty	, 2	Clerk
Date		
	Ву:	D.C.
Executed by delivering a copy	PROOF OF SERVICE of the summons and petition to the abo	ve named Respondent.
	, 2	
Date		Signature
		Title