



**EXAMINATION CERTIFICATION FOR
INVOLUNTARY COMMITMENT**

Case No. _____
Court _____ Circuit _____
County _____
Division _____

IN THE INTEREST OF: _____)
)
)
 Respondent)

* * * * *

Comes the Affiant, _____, and states that he or she is a "Qualified Mental Health Professional" under KRS Chapter 202C (involuntary commitment). (Check appropriate box)

- A **physician** licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the performance of official duties.
- A **psychiatrist** licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the practice of official duties, who is certified or eligible to apply for certification by the American Board of Psychiatry and Neurology, Inc.
- A **psychologist** with the health service provider designation, a **psychological practitioner**, a **certified psychologist**, or a **psychological associate**, licensed under the provisions of KRS Chapter 319.
- A **licensed registered nurse** with a master's degree in psychiatric nursing from an accredited institution and two (2) years of clinical experience with mentally ill persons, or a licensed registered nurse, with a bachelor's degree in nursing from an accredited institution, who is certified as a psychiatric and mental health nurse by the American Nurses Association and who has three (3) years of inpatient or outpatient clinical experience in psychiatric nursing and is currently employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital or a private agency or company engaged in the provision of mental health services or a regional community program for mental health and individuals with an intellectual disability.
- A **licensed clinical social worker** licensed under provisions of KRS 335.100, or a **certified social worker** licensed under the provisions of KRS 335.080 with three (3) years of inpatient or outpatient clinical experience in psychiatric social work and currently employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital or a private agency or company engaged in the provision of mental health services or a regional community program for mental health and individuals with an intellectual disability.
- A **marriage and family therapist** licensed under the provisions of KRS 335.300 to 335.399 with three (3) years of inpatient or outpatient clinical experience in psychiatric mental health practice and currently employed by a hospital or forensic facility licensed by the Commonwealth, a psychiatric unit of a general hospital, a private agency or company engaged in providing mental health services, or a regional community program for mental health and individuals with an intellectual disability.
- A **professional counselor** credentialed under the provisions of KRS Chapter 335.500 to 335.599 with three (3) years of inpatient or outpatient clinical experience in psychiatric mental health practice and currently employed by a hospital or forensic facility licensed by the Commonwealth, a psychiatric unit of a general hospital, a private agency or company engaged in providing mental health services, or a regional community program for mental health and individuals with an intellectual disability.
- A **physician assistant** licensed under KRS 311.840 to 311.862, who meets one (1) of the following requirements:
 1. Provides documentation that he or she has completed a psychiatric residency program for physician assistants;
 2. Has completed at least one thousand (1,000) hours of clinical experience under a supervising physician, as defined by KRS 311.840, who is a psychiatrist and is certified or eligible for certification by the American Board of Psychiatry and Neurology, Inc.;
 3. Holds a master's degree from a physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant or its predecessor or successor agencies, is practicing under a supervising physician as defined by KRS 311.840, and:
 - a. Has two (2) years of clinical experience in the assessment, evaluation, and treatment of mental disorders; or
 - b. Has been employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital or a private agency or company engaged in the provision of mental health services or a regional community program for mental health and individuals with an intellectual disability for at least two (2) years; or
 4. Holds a bachelor's degree, possesses a current physician assistant certificate issued by the board prior to July 15, 2002, is practicing under a supervising physician as defined by KRS 311.840, and:
 - a. Has three (3) years of clinical experience in the assessment, evaluation, and treatment of mental disorders; or
 - b. Has been employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital or a private agency or company engaged in the provision of mental health services or a regional community program for mental health and individuals with an intellectual disability for at least three (3) years.

AFFIANT states that he or she has examined Respondent, _____, and in his or her opinion, Respondent: *(check one)*

does not meet the criteria for involuntary commitment under KRS Chapter 202C. *(Complete only paragraph 3.)*

OR

meets the criteria for involuntary commitment under KRS Chapter 202C, as follows: Respondent presents a danger to self or others as a result of his or her mental condition; needs care, training, or treatment in order to mitigate or prevent substantial physical harm to self or others; has demonstrated a history of criminal behavior that has endangered or caused injury to others or has a substantial history of involuntary hospitalization under KRS Chapters 202A or 202B prior to the commission of the charged offense(s); and, a less restrictive alternative mode of treatment would endanger the safety of Respondent or others. *(Complete paragraphs 1. through 3.)*

1. What facts support your belief that: *(state reason(s) and attach supporting documentation)*

- a. Respondent presents a danger to self or others as a result of his or her mental condition. _____

- b. Respondent needs care, training, or treatment in order to mitigate or prevent substantial physical harm to self or others.

- c. Respondent has demonstrated a history of criminal behavior that has endangered or caused injury to others or has a substantial history of involuntary hospitalization under KRS Chapters 202A or 202B prior to the commission of the charged offense(s).

- d. A less restrictive alternative mode of treatment would endanger the safety of Respondent or others. _____

2. Diagnostic Impression:

- a. _____
- b. _____

3. Date Examination Performed: _____.

_____, 2_____
Date

Signature/Title

Submit this form within seven (7) days, excluding weekends and holidays, prior to the hearing.

Subscribed and sworn to before me by _____ this _____ day of _____, 2_____.	
My Commission Expires: _____	_____ Notary/Clerk
	By: _____, D.C.