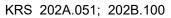
AOC-710 Doc. Rev. 6-24

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Commonwealth of Kentucky
Court of Justice www.kycourts.gov





Case No.	
Court	District
County	
Division	

	Respondent Residence					VERIFIED PETITION FOR INVOLUNTARY HOSPITALIZATION (Mental Illness)			TION
						OR INVOLUNTARY ADMISSION (Intellectual Disability)			
		Current Loc	cation)	(11 111	3,	
Sex	Race	Date of Birth	Height	Weight	Eyes	Hair	Social Security #	Drivers License #	State
I. PE	TITIONE	R,		·····				states that he/she	is:
_				(Plea	se print))			
Ц	a reputa	ble resident of			 	Cou	nty, Kentucky, at	(Address)	
							Phone No.)	and is associated v	vith the
						/[21		
						(1	Phone No.)		
Re	spondent	as	Polationshir	2)	,	OR	Phone No.)		
		as(OR			
						OR	Intellectual Disabilit		
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_	PETITIONER believes that Respondent is □ a person with a mental illness □ a person with an intellectual disability because: (state reasons)
5.	PETITIONER states the following facts to indicate belief that Respondent is a danger or threat of danger to
	self, family or others because: (state reasons)
6.	Intellectual Disability proceedings only: Petitioner must attach to this Petition documentation establishing that Respondent has an intellectual disability, INCLUDING the findings of a psychological examination of assessment completed in a reasonable time prior to the filing of this Petition that documents a Ful Scale IQ in the moderate to severe range of an intellectual disability. KRS 202B.100(4)(f).
7.	PETITIONER requests that Respondent be detained for examination, evaluation, and hospitalization, admittance if he/she meets the criteria for:
	a) □ involuntary hospitalization and that Respondent be hospitalized for □ 60 Days or □ 360 Days; or
	b) \Box involuntary admission and that Respondent be admitted for an indeterminate period, to be reviewed within five years of entry of this admission order.
Dat	se Signature of Petitioner
	* * * * * * * * *
SU	BSCRIBED AND SWORN TO before me this day of,,

Attach copy of Petition to copy of each Warrant; Summons; or Order Appointing Counsel, Setting Preliminary Hearing and Appointing Physician/QMHP/QIDP.

Name/Title

County, Kentucky