



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

IN THE INTEREST OF: _____)
 _____)
 Respondent _____)
 _____)
 Residence _____)
 _____)
 Current Location _____)

**VERIFIED PETITION
 FOR
 INVOLUNTARY HOSPITALIZATION
 (Mental Illness)
 OR
 INVOLUNTARY ADMISSION
 (Intellectual Disability)**

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

1. PETITIONER, _____, states that he/she is:
 (Please print)
 a reputable resident of _____ County, Kentucky, at _____
 _____, _____, and is associated with the
 _____, _____
 Respondent as _____, **OR**
 _____ (Relationship)
 a Qualified Mental Health Professional a Qualified Intellectual Disabilities Professional located at
 _____, Kentucky, and is associated with Respondent as _____,
 employed at _____,
 _____ (Hospital/Facility, etc.) _____ (Phone No.)

2. PETITIONER states that Respondent: has been hospitalized in a hospital or a forensic psychiatric facility for a period of 30 days within the preceding six months under the provisions of KRS 202A or 504 (if 360 day proceeding) is a person with a mental illness is a person with an intellectual disability, and that he/she presents a danger or threat of danger to self, family or others if not immediately restrained.

3. PETITIONER further states that the name, address, and residences of persons related to Respondent are:
 (If unknown, so state)
 Parents or guardian: _____
 Spouse: _____
 Person having custody: _____
 Near relative: _____
 Other: _____

4. 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 or assessment completed in a reasonable time prior to the filing of this Petition that documents a Full 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) involuntary admission and that Respondent be admitted for an indeterminate period, to be reviewed within five years of entry of this admission order.

_____, _____
Date

Signature of Petitioner

* * * * *

SUBSCRIBED AND SWORN TO before me this _____ day of _____, _____.
_____ Name/Title
_____ County, Kentucky