



**ORDER GRANTING/DENYING
 72 HOUR HOSPITALIZATION**

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

IN THE INTEREST OF: _____, RESPONDENT

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

Residence: _____

Current Location: _____

Respondent has been examined by _____, (Name)
 a Qualified Mental Health Professional pursuant to KRS 202A.028, who has certified that Respondent **did not meet** the
 criteria or **did meet** the criteria for involuntary hospitalization.

IT IS ORDERED that,

- these proceedings be dismissed and Respondent released from holding; OR
- Respondent be hospitalized for a period not to exceed 72 hours, excluding weekends and holidays, at
 _____ in _____, Kentucky and
 that the Sheriff or other peace officer of this county deliver Respondent to the above-named hospital
 within 48 hours.

IT IS FURTHER ORDERED that, if determined by the hospital to be consistent with the treatment plan of the individual
 released, the Sheriff or other peace officer of this county shall pick up Respondent 72 hours from the time of admission
 (unless further held under KRS 202A) and return him/her to residence or current location.

- Due to Respondent being charged with the crime(s) of _____
 _____ now pending in _____

County, IT IS FURTHER ORDERED that upon notification by the above-named hospital, the Sheriff or other peace officer
 of this county shall return Respondent to _____ Jail to answer said charges.

_____, 2_____
 Date

 Judge's Signature

Please print or type name of Judge in the space provided below:

(TO BE COMPLETED BY HOSPITAL)

Date and time of admission: _____

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

Copy Distribution: Court File; Respondent; Respondent's Attorney; Peace Officer - 3 copies (Peace Officer's File, Peace
 Officer's Return, Hospital); and Cabinet for Human Resources.

Note: The copy to the Hospital must have attached to it a copy of the completed verified Petition for Involuntary
 Hospitalization (AOC-710), unless hospitalization takes place pursuant to KRS 202A.041, and a copy of the completed
 Certification of QMHP (AOC-712).