



**FINDINGS OF PROBABLE CAUSE
AND ORDER**

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

IN THE INTEREST OF: _____)
_____)
_____)
_____)
RESPONDENT _____)

* * * * *

A Preliminary Hearing was held on _____, _____; the Respondent
 was or was not present and being represented by counsel, the Honorable _____
and the Commonwealth being represented by its Attorney.

FINDINGS

FROM THE EVIDENCE, it appears to this Court that:

THEREFORE, the Court finds that: there is not **OR** there is probable cause to believe that the Respondent is a person with a mental illness or an intellectual disability who presents a danger or a threat of danger to self, family or others as a result of this mental illness or an intellectual disability and that the Respondent can reasonably benefit from treatment with hospitalization/admittance being the least restrictive alternative mode of treatment presently available.

ORDER

- The Court having found there is no probable cause, these proceedings are hereby DISMISSED and Respondent shall be released from holding.
- The Court having found there is probable cause, and the criteria for involuntary hospitalization/admission having been met; IT IS HEREBY ORDERED that:
 - Venue for all subsequent proceedings, including the final hearing, is transferred to _____ District Court, the county where the Respondent is hospitalized/admitted. Respondent shall be held at _____ Hospital/Facility located at _____, Kentucky, and shall be transported by the Sheriff or other peace officer of this county to said location.
 - On the Court's own motion or the motion of _____, venue for all subsequent proceedings, including the final hearing, is retained by this Court.

(AOC FORM 726, ORDER SETTING FINAL HEARING, must be completed and attached if venue is retained. Neither Respondent nor Respondent's Attorney may waive the final hearing.)

(Continued)

Due to the Respondent being charged with the crime(s) of _____

now pending in _____ County, IT IS FURTHER ORDERED that upon notification
by the aforesaid facility, the Sheriff or other peace officer of this county shall return the Respondent
to _____ Jail to answer said charges.

Date

Judge

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

Copy Distribution:

If Respondent Dismissed:

- Respondent/Respondent's Attorney
- Peace Officer
- Hospital/Facility
- Legal Guardian,
- Spouse, Parent(s), Nearest Relative or Friend (if known)

If Respondent Not Dismissed:

- Respondent's Attorney
- Peace Officer - 4 copies for: respondent, officer's file and return, and hospital/facility

Note: Attach to hospital's/facility's copy a copy of the completed petition, completed examination order, and certifications completed by the examining professionals (QMHP and QIDP). If the proceeding is one under 202B, also attach a copy of the current physical examination documenting no serious medical, if it is in the record.