



**PETITION TO SET HEARING TO DETERMINE
INVOLUNTARY PARTICIPATION OF
TREATMENT OF HOSPITALIZED PERSON**

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

IN THE INTEREST OF:

Name: _____

Address: _____

1. COMES PETITIONER, (*name*) _____, and states he/she is a:
 Qualified Mental Health Professional
 Qualified Intellectual Disabilities Professional
employed at _____ located at
_____ Street, _____ City, Kentucky.
2. PETITIONER states he/she believes Respondent, a current patient/resident at said Hospital/Facility, should be ordered to accept treatment as prescribed by his/her Treating Physician.
3. PETITIONER states Respondent has refused to accept or participate in a Treatment Program individualized for his/her needs.
4. PETITIONER states a Review Committee met with Respondent and his/her Counsel other Representative, (*name*) _____, and concluded Respondent's prescribed Treatment Plan was appropriate; necessary to protect himself/herself or others from harm; the proposed treatment is the least restrictive alternative mode of treatment presently available; and the treatment prescribed would reasonably benefit him/her.
5. PETITIONER further states Respondent has had the gains and risks of the proposed Treatment Plan explained to him/her, and his/her Counsel or other Representative.
6. THEREFORE, Petitioner prays a de novo Determination Hearing be set within seven (7) days to determine if Respondent should be ordered to participate in his/her prescribed Treatment Plan.

_____, _____
Date

Signature of Petitioner

SUBSCRIBED and SWORN to before me this _____ day of _____, 2____.

My Commission expires: _____.

County, Kentucky

Notary Public