



**EVALUATION CERTIFICATION
 FOR COURT-ORDERED
 ASSISTED OUTPATIENT TREATMENT**

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

IN THE INTEREST OF: _____)
 _____)
 Respondent _____)

* * * * *

Comes the Affiant, _____, and states that he or she is a "Qualified Mental Health Professional" under KRS 202A (mental illness). (Check appropriate box)

- A **physician** licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the performance of official duties.
- A **psychiatrist** licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the practice of official duties, who is certified or eligible to apply for certification by the American Board of Psychiatry and Neurology, Inc.
- A **psychologist** with the health service provider designation, a **psychological practitioner**, a **certified psychologist**, or a **psychological associate**, licensed under the provisions of KRS Chapter 319.
- A **licensed registered nurse** with a master's degree in psychiatric nursing from an accredited institution and two years of clinical experience with mentally ill persons, or a licensed registered nurse, with a bachelor's degree in nursing from an accredited institution, who is certified as a psychiatric and mental health nurse by the American Nurses Association and who has three years of inpatient or outpatient clinical experience in psychiatric nursing and is currently employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital or a private agency or company engaged in the provision of mental health services or a regional community program for mental health and individuals with an intellectual disability.
- A **licensed clinical social worker** licensed under provisions of KRS 335.100, or a **certified social worker** licensed under the provisions of KRS 335.080 with three years of inpatient or outpatient clinical experience in psychiatric social work and currently employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital or a private agency or company engaged in the provision of mental health services or a regional community program for mental health and individuals with an intellectual disability.
- A **marriage and family therapist** licensed under the provisions of KRS 335.300 to 335.399 with three years of inpatient or outpatient clinical experience in psychiatric mental health practice and currently employed by a hospital or forensic facility licensed by the Commonwealth, a psychiatric unit of a general hospital, a private agency or company engaged in providing mental health services, or a regional community program for mental health and individuals with an intellectual disability.
- A **professional counselor** credentialed under the provisions of KRS Chapter 335.500 to 335.599 with three years of inpatient or outpatient clinical experience in psychiatric mental health practice and currently employed by a hospital or forensic facility licensed by the Commonwealth, a psychiatric unit of a general hospital, a private agency or company engaged in providing mental health services, or a regional community program for mental health and individuals with an intellectual disability.
- A **physician assistant** licensed under KRS 311.840 to 311.862, who meets one of the following requirements:
 1. Provides documentation that he or she has completed a psychiatric residency program for physician assistants;
 2. Has completed at least 1,000 hours of clinical experience under a supervising physician, as defined by KRS 311.840, who is a psychiatrist and is certified or eligible for certification by the American Board of Psychiatry and Neurology, Inc.;
 3. Holds a master's degree from a physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant or its predecessor or successor agencies, is practicing under a supervising physician as defined by KRS 311.840, and:
 - a. Has two years of clinical experience in the assessment, evaluation, and treatment of mental disorders; or
 - b. Has been employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital or a private agency or company engaged in the provision of mental health services or a regional community program for mental health and individuals with an intellectual disability for at least two years; or
 4. Holds a bachelor's degree, possesses a current physician assistant certificate issued by the board prior to July 15, 2002, is practicing under a supervising physician as defined by KRS 311.840, and:
 - a. Has three years of clinical experience in the assessment, evaluation, and treatment of mental disorders; or
 - b. Has been employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital or a private agency or company engaged in the provision of mental health services or a regional community program for mental health and individuals with an intellectual disability for at least three years.

AFFIANT states that he or she has evaluated the Respondent, _____ and in his or her opinion, Respondent: *(check one)*

does not meet the criteria for court-ordered assisted outpatient treatment. *(Complete only paragraph 3)*

OR

meets the criteria for court-ordered assisted outpatient treatment, as follows: Respondent is diagnosed with a serious mental illness; has a history of repeated nonadherence with mental health treatment which has (a) at least twice in the last 48 months, been a significant factor in necessitating hospitalization or arrest of the person, or (b) within the last 24 months, resulted in an act, threat, or attempt at serious physical injury to self or others; is unlikely to adequately adhere to outpatient treatment on a voluntary basis; and is in need of court-ordered assisted outpatient treatment as the least restrictive alternative mode of treatment presently available and appropriate. *(Complete paragraphs 1 through 3)*

1. What facts support your belief that: *(state reason(s) and attach supporting documentation)*

- a. Respondent is diagnosed with a serious mental illness. _____
- b. Respondent has a history of repeated nonadherence with mental health treatment which has (a) at least twice in the last 48 months, been a significant factor in necessitating hospitalization or arrest of the person, or (b) within the last 24 months, resulted in an act, threat, or attempt at serious physical injury to self or others. _____

- c. Respondent is unlikely to adequately adhere to outpatient treatment on a voluntary basis based on: clinical observation; and identification of specific characteristics of the Respondent's clinical condition that significantly impair the Respondent's ability to make and maintain a rational and informed decision as to whether to engage in outpatient treatment voluntarily.

- d. Court-ordered assisted outpatient treatment is the least restrictive alternative mode of treatment presently available and appropriate. _____

2. Diagnostic Impression:

- a. _____
- b. _____

3. Date Evaluation Performed: _____.

_____, 2_____
Date

Signature/Title

Submit this form immediately if possible, but in any event within 72 hours from receipt of the order setting the evaluation (excluding weekends and holidays).

Reminder: If court-ordered assisted outpatient treatment is recommended, you must provide a proposed written treatment plan no later than the date of the hearing. KRS 202A.0817.

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 2_____

My Commission Expires: _____

Notary Public

County, Kentucky