



Commonwealth of Kentucky
Court of Justice www.kycourts.gov
KRS 202A.0811, .0815, .0829

FINDINGS OF PROBABLE CAUSE AND ORDER SETTING
EVALUATION, APPOINTING COUNSEL, AND SETTING HEARING
(COURT-ORDERED ASSISTED OUTPATIENT TREATMENT)

Case No. _____
Court _____ District
County _____
Division _____

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

* * * * *

Note: Implementation of Tim's Law is contingent upon adequate funding by any unit of state or local government or divisions thereof, special purpose governmental entity, or any other entity able to utilize funds for the purposes set forth in KRS 202A.0811 to 202A.0831. Funding may be provided through the appropriation of federal, state, or local resources or from donations, grants, gifts, or pledges from private resources.

Funding for Tim's Law actions in this County has been provided by or through _____
(Name of Funding Source)

FINDINGS

A verified petition for court-ordered assisted outpatient treatment having been filed, the Court having reviewed the allegations therein and having examined the petitioner under oath, the Court FINDS that: there is OR there is not probable cause to believe that the Respondent is in need of court-ordered assisted outpatient treatment.

ORDERS

The Court having found there is no probable cause, these proceedings are hereby DISMISSED. (Doc Code: ODAOT)
 The Court having found there is probable cause, and the criteria for court-ordered assisted outpatient treatment having been met, IT IS HEREBY ORDERED (Doc Code: OPCAOT) that: (check one)

The Respondent be evaluated at _____ Hospital/Psychiatric Facility, without unnecessary delay by _____, a Qualified Mental Health Professional. Following said evaluation, the Qualified Mental Health Professional shall file a certification with this Court, AOC-737.1, immediately if possible, but in any event within 72 hours from receipt of this Order (excluding weekends and holidays).

HEARING set for _____, 2_____ at _____, a.m. p.m., (within **six days** from the date of the filing of the petition, excluding weekends and holidays) at _____

_____ to determine whether the Respondent should be ordered to receive assisted outpatient treatment.

***This date is contingent on service of summons and date evaluation is administered, **and may be subject to change.**

OR

The Court has already received the certified findings of an evaluation that was conducted by a Qualified Mental Health Professional within five days prior to the filing of the petition.

HEARING set for _____, 2_____ at _____, a.m. p.m., which is within **six days** from the date of the filing of the petition, excluding weekends and holidays, at

_____ to determine whether the Respondent should be ordered to receive assisted outpatient treatment.

_____, an Attorney of this Court is hereby APPOINTED TO REPRESENT
the Respondent.

_____, 2_____
Date

Judge

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

Attorney's Address:

Attorney's Telephone No: _____

Copy Distribution:

If Respondent Dismissed:

Petitioner

Respondent/Respondent's Attorney

If Respondent Not Dismissed:

Petitioner

Respondent/Respondent's Attorney

Hospital/Facility

Peace Officer

Note: Attach to hospital's/facility's copy a copy of the completed Verified Petition and a blank AOC-737.1, Evaluation Certification of QMHP.