



**COURT-ORDERED ASSISTED
OUTPATIENT TREATMENT SUMMONS**

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

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

The Commonwealth of Kentucky to the above-named Respondent:

You are hereby notified that a legal action has been filed in which you are the Respondent. A copy of the petition is attached.

You are further notified by the appropriate block(s) checked below to:

appear on _____, 2_____, _____ a.m. p.m. at _____ to be
(Date) (Time) (Location)

evaluated by a Qualified Mental Health Professional to determine whether you meet the criteria for court-ordered assisted outpatient treatment. At your request a professional **retained by you** or a peer support specialist or other person in a support relationship with you shall be permitted to accompany, witness, and/or participate in your evaluation.

appear on _____, 2_____, _____ a.m. p.m. at _____ for a hearing
(Date) (Time) (Location)

in this matter.

_____, 2_____ Clerk
Date

By: _____ D.C.

PROOF OF SERVICE

Executed by delivering a copy of the Summons and Petition to the above-named Respondent.

_____, 2_____ Date

Signature

Title