



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

IN THE INTEREST OF: _____)
_____)
Respondent _____)
_____)
Residence _____)
_____)
Current Location _____)
_____)
Social Security Number/Date of Birth _____)

**VERIFIED PETITION
FOR
COURT-ORDERED
ASSISTED OUTPATIENT TREATMENT**

1. PETITIONER, _____, states that he or she is:
(Please print)
 an interested person residing in _____, _____, at _____
(County) (State) (Address)
_____, and is associated with the Respondent as
(Address) (Phone No.)
_____. OR
(Relationship)
 a Qualified Mental Health Professional located at _____, Kentucky, and is
associated with the Respondent as _____, employed at _____
(Hospital/Facility, etc.)
_____, _____.
(Hospital/Facility, etc.) (Phone No.)

2. PETITIONER states that the Respondent: has or has not been evaluated by a Qualified Mental Health Professional within the preceding five days to determine whether the Respondent meets the criteria for court-ordered assisted outpatient treatment as set out in KRS 202A.0815.

3. PETITIONER believes that the Respondent is diagnosed with a serious mental illness because: (state reasons and/or attach supporting documentation)

4. PETITIONER believes that the 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 because: (state reasons and/or attach supporting documentation)

5. PETITIONER believes that given the Respondent's history, he or she is unlikely to adequately adhere to outpatient treatment on a voluntary basis because: (state reasons and/or attach supporting documentation pursuant to KRS 202A.0815(3)) _____

6. PETITIONER believes that the Respondent is in need of court-ordered assisted outpatient treatment as the least restrictive alternative mode of treatment presently available and appropriate.

7. PETITIONER believes that the Respondent meets the above criteria, and requests that the Respondent be court-ordered to assisted outpatient treatment.

_____, 2_____
Date

Signature of Petitioner

* * * * *

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

Name/Title

County, Kentucky

Attach copy of Petition to each copy of Summons or Findings of Probable Cause And Order Setting Examination, Appointing Counsel, and Setting Hearing.