



**MENTAL HEALTH
TRANSPORTATION ORDER**

Case No. _____
Court District Family
County _____
Division _____

IN THE INTEREST OF _____, a child

TO ALL PEACE OFFICERS IN THE COMMONWEALTH OF KENTUCKY: you are ordered to transport:

Child's Name

Address

Present Location

A mental health petition has been filed regarding the above named child and:

- It has been found that the child is mentally ill or has symptoms of mental illness and is dangerous to himself/herself or others, requiring hospitalization.
- The child is in need of emergency hospitalization for evaluation and treatment.

Deliver the above-named child to:

(Hospital or Facility)

Date

Judge

EXECUTION

Executed by delivering the child to:

Date

Signature/Title