



**JUDGMENT AND ORDER FOR 60 DAYS OR
 180 DAYS HOSPITALIZATION**

Case No. _____
Court _____
County _____
Division _____

IN THE INTEREST OF _____, a child

Sex	Race	Date of Birth	Height	Weight	Eyes	Hair	Social Security #	Drivers License #	State

* * * * *

WHEREAS, a Petition has been filed requesting a 60 Days Involuntary Hospitalization or 180 Days Recertification Proceeding and the case has been submitted to the Court with the above-named child being represented by counsel _____, from the Department of Public Advocacy; and
(Name)

1. A hearing was held where:

If this was a 60 Days Involuntary Hospitalization hearing,

- The child was present throughout the hearing; **OR**
- The child and his/her counsel waived this right to be present; **OR**
- On motion of an interested party, the Court determined the child's presence at all or part of the hearing is likely to have a harmful effect on the child's physical or mental health.

If this was a 180 Days Recertification hearing,

- The child was present throughout the hearing; **OR**
- The child was not present as the Court determined that the child's presence at all or part of the hearing is likely to have a harmful effect on the child's physical or mental health.

AND

The Court has heard evidence from two Qualified Mental Health Professionals, at least one of whom is an Authorized Staff Physician, that established by clear and convincing evidence that the criteria for Involuntary Hospitalization specified by KRS 645.090 are present; the factual findings regarding that criteria being as follows:

A. The child is mentally ill or has symptoms of mental illness in that _____

B. The child is dangerous to himself/herself or others in that _____

C. The child can benefit from treatment available only at a hospital in that _____

D. No less restrictive alternative is available which will be effective in treating the child in that _____

E. In addition, if this is a Petition for Recertification pursuant to KRS 645.110, the Court has considered the child's prior treatment, the ability of the hospital to provide appropriate treatment, and the likelihood of future improvement through treatment, in evaluating the criteria specified in A through D.

2. A Hearing **was not held** as the child did not contest the Petition for Involuntary Hospitalization.

* * * * *

IT IS HEREBY ORDERED that the child be Involuntarily Hospitalized for treatment at _____
_____ Hospital or Facility located at _____
_____ or another Hospital/Facility designated by the Cabinet for
Health Services for a period not to exceed 60 days or 180 days.

Date

Judge

A copy of this Order and the Petition upon which it was based has been mailed or delivered to the herein
named Hospital/Facility and to the Cabinet for Health Services this day.

Date

Signature

Title

* * * * *

NOTICE

In accordance with KRS 645.130, any child who is Involuntarily Hospitalized has the following rights:

1. To be able to talk with or hear from his/her parents unless the circumstances described in KRS 645.130(2) exist.
2. To talk with his/her attorney: _____
Name Phone Number
3. To talk with a court designated worker who can be contacted at _____
Phone Number

- Distribution: Counsel of Record
 Named Hospital/Facility
 Cabinet for Health and Family Services