



**SUMMONS INVOLUNTARY TREATMENT
(SUBSTANCE USE DISORDER)**

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 examined by _____, a qualified health professional.

appear on _____, 2_____, _____ a.m. p.m. at _____ to be examined by _____, a qualified health professional.

At your request a Professional retained by you shall be permitted to witness and participate in your examination.

appear on _____, 2_____, _____ a.m. p.m. at _____ for a hearing in this matter.

The Court has appointed counsel to represent you in this action, namely the Hon. _____, Address _____ and telephone number _____.

FAILURE TO COMPLY WITH THIS SUMMONS MAY BE PUNISHABLE AS CONTEMPT OF COURT

_____, 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