



**SHERIFF TRANSPORT AND  
EXAMINATION ORDER  
(Involuntary Treatment-Substance Use Disorder)**

Case No. \_\_\_\_\_  
Court \_\_\_\_\_ District \_\_\_\_\_  
County \_\_\_\_\_  
Division \_\_\_\_\_

IN THE INTEREST OF:

RESPONDENT \_\_\_\_\_

Residence: \_\_\_\_\_  
\_\_\_\_\_

Current Location: \_\_\_\_\_  
\_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

**WHEREAS**, a Verified Petition requesting Involuntary Treatment for a Substance Use Disorder having been filed with the Court; the Court having reviewed the allegations therein and having examined the Petitioner under oath; and it appearing to the Court that there is probable cause to believe the Respondent should be ordered to undergo treatment for a substance use disorder or there exists a substantial likelihood of such threat in the near future, and Respondent can reasonably benefit from treatment; and the Court being otherwise sufficiently advised:

**IT IS HEREBY ORDERED** that:

1. The Respondent be delivered to \_\_\_\_\_ (treatment/examination facility), without unnecessary delay, by the Sheriff or other Peace Officer of this County, to be examined by a licensed Physician and/or Qualified Health Professional.
2. Following said examination, the licensed Physician and/or Qualified Health Professional shall file a Certification of findings with this Court.
3. The transportation costs of the sheriff, other peace officer, ambulance service, or other private agency on contract with the Cabinet shall be included in the costs of treatment for a substance use disorder to be paid by the Petitioner.

\_\_\_\_\_, 2\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge's Signature

\_\_\_\_\_  
Judge's Name (please print)

Attorney's Address:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: ( \_\_\_\_\_ ) \_\_\_\_\_

**EXECUTION**

Executed by delivering the Respondent to:

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\_\_\_\_\_, 2\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature/Title

- Distribution:
- Original – Court File
  - Copy – Respondent's Attorney
  - 5 Copies – Peace Officer
    - 1 - Respondent
    - 2 - Peace Officer's file and return
    - 1 - Licensed Physician named above
    - 1 - Qualified Health Professional named above