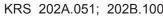
AOC-710 Doc. Code: PIH Rev. 4-23 PIA Page 1 of 2

Commonwealth of Kentucky Court of Justice www.kycourts.gov





Case No. _ Court District County Division

KRS	S 202A.051; 202B.100			
IN T	HE INTEREST OF:)		
	Respondent) 	Verified Petition For Involuntary Hospitalization (Mental Illness) Or Involuntary Admission (Intellectual Disability)	
1.	Residence)))		
	Current Location	,		
	Social Security Number / Date of Birth			
	(Please print)			
	□ a reputable resident of	County, Kentuck	y, at(Address)	
	, and is associa (Phone No.)		, and is associated with the	
	Respondent as(Relationship)	·		
	□ a Qualified Mental Health Professional □ a Qualified Intellectual Disabilities Professional located at			
	, Kentucky, and is associated with the Respondent as,			
	employed at		,	
	employed at(Hospital/Fa	acility, etc.)	(Phone No.)	
2.	PETITIONER states that the Respondent: \Box has been hospitalized in a hospital or a forensic psychiatric			
	facility for a period of 30 days within the prece	eding six (6) months und	er the provisions of KRS 202A or	
	504 (if 360 day proceeding) \Box is a person	with a mental illness	is a person with an intellectual	
	disability, and that he/she presents a danger or restrained.	threat of danger to self,	family or others if not immediately	
3.	PETITIONER further states that the name, address, and residences of persons related to the Respondent are: (If unknown, so state)			
	Parents or guardian:			
	Spouse:			
	Person having custody:			
	Near relative:			
	Other:			

AOC Rev. Page			
4.	PETITIONER believes that the Respondent is \square a person with a mental illness \square a person with an intellectual disability because: (state reasons)		
5.	PETITIONER states the following facts to indicate belief that Respondent is a danger or threat of danger to		
	self, family or others because: (state reasons)		
6.	Intellectual Disability proceedings only: Petitioner must attach to this Petition documentation establishing that the Respondent has an intellectual disability, INCLUDING the findings of a psychological examination or assessment completed in a reasonable time prior to the filing of this Petition that documents a Full Scale IQ in the moderate to severe range of an intellectual disability. KRS 202B.100(4)(f).		
7.	PETITIONER requests that the Respondent be detained for examination, evaluation and hospitalization/admittance if he/she meets the criteria for:		
	 a) □ involuntary hospitalization and that Respondent be hospitalized for □ 60 Days or □ 360 Days; or b) □ involuntary admission and that Respondent be admitted for an indeterminate period, to be reviewed within five (5) years of entry of this admission order. 		
Dat	e Signature of Petitioner		
	* * * * * * * * *		
SUI	BSCRIBED AND SWORN TO before me this day of,,		
	Name/Title		

Attach copy of Petition to copy of each Warrant; Summons; or Order Appointing Counsel, Setting Preliminary Hearing and Appointing Physician/QMHP/QIDP.

County, Kentucky