



Case No. _____
Court _____ District _____
County _____
Division _____

IN THE INTEREST OF:)
)
)
 _____)
 Respondent)
)
 _____)
 Residence)
)
 _____)
 Current Location)
)
 _____)
 Social Security Number / Date of Birth)

**VERIFIED PETITION
FOR
INVOLUNTARY HOSPITALIZATION
(Mental Illness)
OR
INVOLUNTARY ADMISSION
(Intellectual Disability)**

1. PETITIONER, _____, states that he/she is:
(Please print)
- a reputable resident of _____ County, Kentucky, at _____
(Address)
- _____, and is associated with the
(Phone No.)
- Respondent as _____, **OR**
(Relationship)
- a Qualified Mental Health Professional a Qualified Intellectual Disabilities Professional located at _____,
Kentucky, and is associated with the Respondent as _____,
employed at _____,
(Hospital/Facility, etc.) (Phone No.)
2. PETITIONER states that the Respondent: has been hospitalized in a hospital or a forensic psychiatric facility for a period of 30 days within the preceding six (6) months under the provisions of KRS 202A or 504 (if 360 day proceeding) is a person with a mental illness is a person with an intellectual disability, and that he/she presents a danger or threat of danger to self, family or others if not immediately restrained.
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: _____

4. PETITIONER believes that the Respondent is a person with a mental illness 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.

_____, _____
Date

Signature of Petitioner

* * * * *

SUBSCRIBED AND SWORN TO before me this _____ day of _____, _____.

Name/Title

County, Kentucky