



**ORDER GRANTING/DENYING
72 HOUR HOSPITALIZATION**

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

IN THE INTEREST OF:

RESPONDENT: _____

Residence: _____

Current Location: _____

The Respondent has been examined by _____, (Name)
a Qualified Mental Health Professional pursuant to KRS 202A.028, who has certified that the Respondent **did not meet** the
criteria or **did meet** the criteria for involuntary hospitalization.

IT IS ORDERED that,

- these proceedings be dismissed and the Respondent released from holding; OR
- the Respondent be hospitalized for a period not to exceed seventy-two (72) hours, excluding weekends and holidays, at _____ in _____, Kentucky and that the Sheriff or other peace officer of this county deliver the Respondent to the above-named hospital within forty-eight (48) hours.

IT IS FURTHER ORDERED that, if determined by the hospital to be consistent with the treatment plan of the individual released, the Sheriff or other peace officer of this county shall pick up the Respondent seventy-two (72) hours from the time of admission (unless further held under KRS 202A) and return him/her to residence or current location.

Due to the Respondent being charged with the crime(s) of _____
_____ now pending in _____

County, IT IS FURTHER ORDERED that upon notification by the above-named hospital, the Sheriff or other peace officer of this county shall return the Respondent to _____ Jail to answer said charges.

_____, 2_____
Date

Judge's Signature

Please print or type name of Judge in the space provided below:

(TO BE COMPLETED BY HOSPITAL)

Date and time of admission: _____

Date and time of pick up (unless otherwise notified): _____

Copy Distribution:

Court File; Respondent; Respondent's Attorney; Peace Officer - 3 copies (Peace Officer's File, Peace Officer's Return, Hospital); and Cabinet for Human Resources.

Note: The copy to the Hospital must have attached to it a copy of the completed verified Petition for Involuntary Hospitalization (AOC-710), unless hospitalization takes place pursuant to KRS 202A.041, and a copy of the completed Certification of QMHP (AOC-712).