



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

IN THE INTEREST OF: _____)
_____)
_____)
_____)
Respondent

**EXAMINATION ORDER AND EXAMINATION
CERTIFICATIONS FOR INVOLUNTARY
HOSPITALIZATION (Chapter 202A) OR
INVOLUNTARY ADMISSION (Chapter 202B)**

(Check the appropriate block)

- 60 Day Involuntary Hospitalization
KRS Chapter 202A
- 360 Day Involuntary Hospitalization
KRS Chapter 202A (If this is a 360 day proceeding, it has been certified to this Court that the patient has been hospitalized in a hospital or a forensic psychiatric facility for a period of 30 days within the preceding six months under provisions of KRS 202A or 504.)
- Involuntary Admission
KRS Chapter 202B

* * * * *

ORDER

(202A): IT IS FURTHER ORDERED THAT _____, M.D., a Kentucky Licensed Physician, and _____, a Kentucky Licensed Physician, or other Qualified Mental Health Professional (QMHP), are appointed to examine the Respondent at _____ (**"Hospital" or other Facility**), and report their findings to this Court within twenty-four (24) hours of the date of examination (excluding weekends and holidays).

OR

(202B): IT IS FURTHER ORDERED THAT _____, a Qualified Intellectual Disabilities Professional (QIDP), employed at _____, and _____, a Kentucky Licensed Psychiatrist, Psychologist, or Physician with special training and experience in serving individuals with an intellectual disability, employed at _____, are appointed to examine the Respondent at _____ (**"Hospital" or other Facility**), and report their findings to this Court within twenty-four (24) hours of the date of examination (excluding weekends and holidays), and that _____, an Attorney of this Court, is appointed to represent the Respondent. If the above-named Physician is an Authorized Staff Physician of a Hospital, he/she may admit the Respondent to that Hospital pending a Preliminary Hearing if he/she believes that the Respondent should be hospitalized, and further, that Respondent meets the criteria for involuntary hospitalization pursuant to provisions of KRS 202A or KRS 202B. In this case, the Authorized Staff Physician shall notify this Court of the Respondent's admission to said Hospital. The Hospital is authorized to further hold Respondent, who is presently being held under the provisions of 202A or 202B, for purposes of examination by the above-named Physician and/or other QMHP/QIDP pending the preliminary hearing until released by the above-named Physician or until further order of Court, whichever occurs first.

_____, 2_____
Date

Judge

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

CERTIFICATION

Note: (202A Proceedings) The Certifications attached must be completed by two “Qualified Mental Health Professionals”. At least one certification must be completed by a physician.

“Qualified Mental Health Professional” under KRS 202A (mental illness) means:

- a. A **physician** licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the performance of official duties.
- b. A **psychiatrist** licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the practice of official duties, who is certified or eligible to apply for certification by the American Board of Psychiatry and Neurology, Inc.
- c. A **psychologist** with the health service provider designation, a **psychological practitioner**, a **certified psychologist**, or a **psychological associate**, licensed under the provisions of KRS Chapter 319.
- d. A **licensed registered nurse** with a master’s degree in psychiatric nursing from an accredited institution and two (2) years of clinical experience with mentally ill persons; or a licensed registered nurse, with a bachelor’s degree in nursing from an accredited institution, who is certified as a psychiatric and mental health nurse by the American Nurses Association and who has three (3) years of inpatient or outpatient clinical experience in psychiatric nursing and is currently employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital or a private agency or company engaged in provision of mental health services or a regional community program for mental health and individuals with an intellectual disability.
- e. A **licensed clinical social worker** licensed under provisions of KRS 335.100, or a **certified social worker** licensed under the provisions of KRS 335.080 with three (3) years of inpatient or outpatient clinical experience in psychiatric social work and currently employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital or a private agency or company engaged in the provision of mental health services or a regional community program for mental health and individuals with an intellectual disability.
- f. A **marriage and family therapist** licensed under the provisions of KRS 335.300 to 335.399 with three (3) years of inpatient or outpatient clinical experience in psychiatric mental health practice and currently employed by a hospital or forensic facility licensed by the Commonwealth, a psychiatric unit of a general hospital, a private agency or company engaged in providing mental health services, or a regional community program for mental health and individuals with an intellectual disability.
- g. A **professional counselor** credentialed under the provisions of KRS Chapter 335.500 to 335.599 with three (3) years of inpatient or outpatient clinical experience in psychiatric mental health practice and currently employed by a hospital or forensic facility licensed by the Commonwealth, a psychiatric unit of a general hospital, a private agency or company engaged in providing mental health services, or a regional community program for mental health and individuals with an intellectual disability.
- h. A **physician assistant** licensed under KRS 311.840 to 311.862, who meets one (1) of the following requirements:
 1. Provides documentation that he or she has completed a psychiatric residency program for physician assistants;
 2. Has completed at least one thousand (1,000) hours of clinical experience under a supervising physician, as defined by KRS 311.840, who is a psychiatrist and is certified or eligible for certification by the American Board of Psychiatry and Neurology, Inc.;
 3. Holds a master’s degree from a physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant or its predecessor or successor agencies, is practicing under a supervising physician as defined by KRS 311.840, and:
 - a. Has two (2) years of clinical experience in the assessment, evaluation, and treatment of mental disorders; or
 - b. Has been employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital or a private agency or company engaged in the provision of mental health services or a regional community program for mental health and individuals with an intellectual disability for at least two (2) years; or
 4. Holds a bachelor’s degree, possesses a current physician assistant certificate issued by the board prior to July 15, 2002, is practicing under a supervising physician as defined by KRS 311.840, and:
 - a. Has three (3) years of clinical experience in the assessment, evaluation, and treatment of mental disorders; or
 - b. Has been employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital or a private agency or company engaged in the provision of mental health services or a regional community program for mental health and individuals with an intellectual disability for at least three (3) years.

Note: (202B Proceedings) The Certifications attached must be completed by two professionals, one of whom must be a “Qualified Intellectual Disabilities Professional”, and the other of whom must be a licensed psychiatrist, psychologist, or physician with special training and experience in serving individuals with an intellectual disability.

“Qualified Intellectual Disabilities Professional” under KRS 202B (intellectual disability) means:

- a. A **physician** licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the performance of official duties.
- b. A **psychologist** with the health service provider designation, a **psychological practitioner**, a **certified psychologist**, or a **psychological associate** licensed under the provisions of KRS Chapter 319.
- c. A **licensed registered nurse** with a master’s degree in psychiatric nursing from an accredited institution and two (2) years of clinical experience of which one (1) year is with individuals with an intellectual disability; or a licensed registered nurse, with a bachelor’s degree in nursing from an accredited institution, who has three (3) years of inpatient or outpatient clinical experience of which one (1) year is in the field of individuals with an intellectual disability and is currently employed by a ICF/ID licensed by the cabinet, a hospital, a regional community program for mental health or individuals with an intellectual disability, or a private agency or company engaged in the provision of services to individuals with an intellectual disability.
- d. A **licensed clinical social worker** licensed under the provisions of KRS 335.100, or a **certified social worker** licensed under the provisions of KRS 335.080 with two (2) years of inpatient or outpatient clinical experience in social work of which one (1) year shall be in the field of individuals with an intellectual disability and is currently employed by an ICF/ID licensed by the cabinet, a hospital, a regional community program for mental health or individuals with an intellectual disability, or a private agency or company engaged in the provision of services to individuals with an intellectual disability.
- e. A **marriage and family therapist** licensed under the provisions of KRS 335.300 to 335.399 with three (3) years of inpatient or outpatient clinical experience in psychiatric mental health practice and currently employed by a hospital or forensic facility licensed by the Commonwealth, a psychiatric unit of a general hospital, a private agency or company engaged in providing mental health services, or a regional community program for mental health or individuals with an intellectual disability.
- f. A **professional counselor** credentialed under the provisions of KRS 335.500 to 335.599 with three (3) years of inpatient or outpatient clinical experience in psychiatric mental health practice and currently employed by a hospital or forensic facility licensed by the Commonwealth, a psychiatric unit of a general hospital, a private agency or company engaged in providing mental health services, or a regional community program for mental health or individuals with an intellectual disability.

Number 1 Certification

AFFIANT states that he/she has examined the Respondent, _____
and in his/her opinion, Respondent is or is not:

Mentally Ill or An individual with an intellectual disability, and presents a danger or threat of danger to self, family or others; Respondent can reasonably benefit from this treatment; and hospitalization is the least restrictive alternative mode of treatment presently available.

1. What facts support your belief that the Respondent is a danger or threat of danger to self, family or others if not hospitalized?

2. What facts support your belief that hospitalization is the least restrictive alternative mode of treatment presently available?

3. Diagnostic Impression:

a. _____
b. _____

4. Date Examination Performed:

_____, 2_____

_____, 2_____
Date

(Signature/Title)

* * * * *

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 2_____.

My commission expires: _____

Notary Public

County, Kentucky

Number 2 Certification

AFFIANT states that he/she has examined the Respondent, _____
and in his/her opinion, Respondent is or is not:

Mentally Ill or An individual with an intellectual disability, and presents a danger or threat of danger to self, family or others; Respondent can reasonably benefit from this treatment; and hospitalization is the least restrictive alternative mode of treatment presently available.

1. What facts support your belief that the Respondent is a danger or threat of danger to self, family or others if not hospitalized?

2. What facts support your belief that hospitalization is the least restrictive alternative mode of treatment presently available?

3. Diagnostic Impression:

a. _____
b. _____

4. Date Examination Performed:

_____, 2_____

_____, 2_____
Date

(Signature/Title)

* * * * *

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 2_____.

My commission expires: _____

Notary Public

County, Kentucky