



Commonwealth of Kentucky  
Court of Justice www.courts.ky.gov  
KRS 202A.0811; 202A.0815; 202A.0829

**FINDINGS OF PROBABLE CAUSE AND ORDER SETTING  
EXAMINATION, APPOINTING COUNSEL, AND SETTING HEARING  
(COURT-ORDERED ASSISTED OUTPATIENT TREATMENT)**

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

IN THE INTEREST OF: \_\_\_\_\_ )  
\_\_\_\_\_ )  
Respondent \_\_\_\_\_ )

\* \* \* \* \*

Note: Implementation of Tim's law is contingent upon adequate funding by any unit of state or local government or divisions thereof, special purpose governmental entity, or any other entity able to utilize funds for the purposes set forth in KRS 202A.0811 to 202A.0831. Funding may be provided through the appropriation of federal, state, or local resources or from donations, grants, gifts, or pledges from private resources.

Funding for Tim's Law actions in this County has been provided by or through \_\_\_\_\_ (Name of Funding Source)

**FINDINGS**

A verified petition for court-ordered assisted outpatient treatment having been filed, the Court having reviewed the allegations therein and having examined the petitioner under oath, the Court FINDS that:  **there is** OR  **there is not** probable cause to believe that the Respondent is in need of court-ordered assisted outpatient treatment.

**ORDERS**

- The Court having found there is no probable cause, these proceedings are hereby DISMISSED. (Doc Code: ODAOT)
- The Court having found there is probable cause, and the criteria for court-ordered assisted outpatient treatment having been met, IT IS HEREBY ORDERED (Doc Code: OPCAOT) that: (check one)

The Respondent be examined at \_\_\_\_\_ Hospital/Psychiatric Facility, without unnecessary delay by \_\_\_\_\_, a Qualified Mental Health Professional. Following said examination, the Qualified Mental Health Professional shall file a certification with this Court, AOC-737.1, immediately if possible, but in any event no later than close of business on the next day following the date of examination (excluding weekends and holidays).

HEARING set for \_\_\_\_\_, 2\_\_\_\_\_ at \_\_\_\_\_,  a.m.  p.m., (within **six (6) days** from the date of this Order, excluding weekends and holidays) at \_\_\_\_\_ (Location)

\_\_\_\_\_ to determine whether the Respondent should be ordered to receive assisted outpatient treatment.

\*\*\*This date is contingent on service of summons and date examination is administered, **and may be subject to change.**

**OR**

- The Court has already received the certified findings of an examination that was conducted by a Qualified Mental Health Professional within five (5) days prior to the filing of the petition.

HEARING set for \_\_\_\_\_, 2\_\_\_\_\_ at \_\_\_\_\_,  a.m.  p.m., which is within **six (6) days** from the date of Respondent's examination, excluding weekends and holidays, at \_\_\_\_\_ (Location)

\_\_\_\_\_ to determine whether the Respondent should be ordered to receive assisted outpatient treatment.

\_\_\_\_\_, an Attorney of this Court is hereby APPOINTED TO REPRESENT  
the Respondent.

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

\_\_\_\_\_  
Judge

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

\_\_\_\_\_

Attorney's Address:

\_\_\_\_\_  
\_\_\_\_\_

Attorney's Telephone No: \_\_\_\_\_

Copy Distribution:

**If Respondent Dismissed:**

Petitioner

Respondent/Respondent's Attorney

**If Respondent Not Dismissed:**

Petitioner

Respondent/Respondent's Attorney

Hospital/Facility

Peace Officer

**Note:** Attach to hospital's/facility's copy a copy of the completed Verified Petition and a blank AOC Form 737.1,  
Examination Certification of QMHP.