



**COURT-ORDERED ASSISTED
OUTPATIENT TREATMENT SUMMONS**

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

IN THE INTEREST OF: _____)
_____)
RESPONDENT _____)
_____)
_____)
ADDRESS _____)

The Commonwealth of Kentucky to the above-named Respondent:

You are hereby notified that a legal action has been filed in which you are the Respondent. A copy of the petition is attached.

You are further notified by the appropriate block(s) checked below to:

appear on _____, 2_____, _____ a.m. p.m. at _____
(Date) (Time) (Location) to be

examined by a Qualified Mental Health Professional to determine whether you meet the criteria for court-ordered assisted outpatient treatment. At your request a professional **retained by you** or a peer support specialist or other person in a support relationship with you shall be permitted to accompany, witness, and/or participate in your examination.

appear on _____, 2_____, _____ a.m. p.m. at _____
(Date) (Time) (Location) for a hearing

in this matter.

_____, 2_____ Clerk
Date

By: _____ D.C.

PROOF OF SERVICE

Executed by delivering a copy of the Summons and Petition to the above named Respondent.

_____, 2_____ Date

Signature

Title