

AOC-1025 Doc Code: NO
Rev. 3-20
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Commonwealth of Kentucky
Court of Justice www.kycourts.gov
KRS 212.245; 902 KAR 2:050



NOTICE

Case No. _____
Court _____
County _____
Division _____

IN RE: (check one) ISOLATION QUARANTINE MEDICAL TESTING OF _____, [Individual's Name]

TO: _____ [Individual's Name]

_____ [Address]

THE COMMONWEALTH OF KENTUCKY TO ABOVE-NAMED INDIVIDUAL:

You are hereby **NOTIFIED** that this Court has entered the attached **ORDER** for (check one)

- Isolation Quarantine Medical testing

as requested by the _____ [local health department name] pursuant to KRS 212.245(6) and 902 KAR

2:050. The petition/affidavit filed by _____ [local health department name] in support of this Order is also attached to this Notice.

You are further **NOTIFIED** that if you can show good cause why (check one)

- your continued Isolation your continued Quarantine Medical testing

is not medically necessary for the protection of others, you have the **RIGHT TO REQUEST A HEARING** on this matter and **TO BE REPRESENTED BY AN ATTORNEY**. If you cannot afford an attorney, one will be appointed for you.

TO REQUEST A HEARING, you must contact the _____ [county] Circuit Court Clerk's Office at _____ [phone number] and a telephonic hearing will be scheduled. If you cannot afford an attorney, you must tell the Clerk when requesting the hearing, and one will be appointed for you.

_____, 2_____
Date

Clerk

By: _____ D.C.

PROOF OF SERVICE

This Notice was served by delivering a true copy of the Petition/Affidavit and Order to: _____

this _____ day of _____, 2_____.

_____, 2_____
Date

Served by: _____

Title