



JUDGMENT AND ORDER
FOR COURT-ORDERED ASSISTED OUTPATIENT TREATMENT

Case No. _____
Court _____ District
County _____
Division _____

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

* * * * *

WHEREAS, a Petition requesting court-ordered assisted outpatient treatment having been filed and THE COURT HAVING HELD a hearing to determine if a judgment should be rendered in the above-styled case, the Court finds as follows:

1. (check one) Respondent was present throughout the hearing **OR** Respondent was not present but appropriate attempts to elicit the Respondent's appearance were made.
2. (check if applicable) Respondent requested and was accompanied by a peer support specialist or other person in a support relationship.
3. Respondent was afforded an opportunity to present evidence, call witnesses on his or her behalf, and cross-examine adverse witnesses.
4. In accordance with KRS 202A.0817:
 - a. The Qualified Mental Health Professional who examined the Respondent pursuant to KRS 202A.0811 provided to this Court and the Respondent, at or prior to the hearing, a proposed written treatment plan for court-ordered assisted outpatient treatment; and
 - b. The Qualified Mental Health Professional provided reasonable opportunities for the Respondent to actively participate in the development of the proposed treatment plan, and if applicable, followed the Respondent's advanced directive for mental health treatment.
5. The Court has reviewed the proposed treatment plan and FINDS that, pursuant to KRS 202A.0817(3), it includes a proactive crisis plan and evidence-based practices.
6. Pursuant to KRS 202A.0819(3), the Qualified Mental Health Professional testified at the hearing in person or via electronic means in support of his or her belief that the proposed treatment is essential to the maintenance of the Respondent's health or safety.

AND FURTHER, that the case having been submitted to the Court, (check one)

- and the Court having heard the testimony of _____ **which established by clear and convincing evidence** that the Respondent meets the criteria of KRS 202A.0815, as follows: he or she has been involuntarily hospitalized pursuant to KRS 202A.051(11) at least two (2) times in the past twelve (12) months; has been diagnosed with a serious mental illness; is unlikely to adequately adhere to outpatient treatment on a voluntary basis; and is in need of court-ordered assisted outpatient treatment as the least restrictive alternative mode of treatment presently available and appropriate; **OR**
- and the Court having heard evidence **that did not establish by clear and convincing evidence** that the Respondent meets the criteria of KRS 202A.0815;

THEREFORE, IT IS ORDERED that: *(check one)*

The Respondent receive assisted outpatient treatment from _____
(outpatient provider agency recognized by the Cabinet for Health and Family Services) located at _____
_____, Kentucky, for a period not to exceed **360 days from the date of
this order**. The recommendations included in the treatment plan provided by the qualified mental health professional
pursuant to KRS 202A.0817 shall be and hereby are incorporated into this Order. The above-named Agency shall
assemble a multi-disciplinary team. The multi-disciplinary team shall regularly monitor Respondent's adherence to the
conditions and provide regular reports to the Court. Tim's Law funding is available, provided by or through
_____. **(Doc Code: OAOT)**
(Name of Funding Source)

OR

Said Petition against the Respondent be DISMISSED. **(Doc Code: ODAOT)**

THIS IS A FINAL ORDER AND THERE IS NO JUST REASON FOR DELAY.

_____, 2_____
Date

Judge

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

Note:

*Your substantial failure to comply with this Order may result in 72-hour emergency hospitalization by an authorized staff physician pursuant to KRS 202A.031.
At any time during the period of this Order, you may move the Court to stay, vacate, or modify the Order. (Use form AOC-737.6, "Motion to Stay, Vacate, or Modify Order")*

COPY DISTRIBUTION:

Outpatient Provider Agency

County Attorney

Cabinet for Health and Family Services

Respondent/Respondent's Attorney