| | | |
|---|---|---|
| AOC-735<br>Rev. 7-02<br>Page 1 of 1<br>Doc. Code: PHDIT<br>01/9/2007 11:49 am<br>Ver. 1.01<br>Commonwealth of Kentucky<br>Court of Justice *www.kycourts.net*<br>KRS 202A.196; 202B | **PETITION TO SET HEARING TO DETERMINE INVOLUNTARY PARTICIPATION OF TREATMENT OF HOSPITALIZED PERSON** | Case No. _____<br>Court District<br>County _____ |

IN THE INTEREST OF:

*Name:* _____

*Address:* _____

_____

_____

1. COMES PETITIONER, *(name)* _____,
   and states he/she is a:
   ☐ Qualified Mental Health Professional
   ☐ Qualified Mental Retardation Professional
   employed at _____
   located at _____ Street, _____ City
   _____, Kentucky.

2. PETITIONER states he/she believes Respondent, a current patient/resident at said Hospital/Facility, should be ordered to accept treatment as prescribed by his/her Treating Physician.

3. PETITIONER states Respondent has refused to accept or participate in a Treatment Program individualized for his/her needs.

4. PETITIONER states a Review Committee met with Respondent and his/her ☐ Counsel ☐ other Representative, *(Name)* _____,
   and concluded Respondent's prescribed Treatment Plan was appropriate; necessary to protect himself/herself or others from harm; the proposed treatment is the least restrictive alternative mode of treatment presently available; and the treatment prescribed would reasonably benefit him/her.

5. PETITIONER further states Respondent has had the gains and risks of the proposed Treatment Plan explained to him/her, and his/her ☐ Counsel or ☐ other Representative.

6. THEREFORE, Petitioner prays a *de novo* Determination Hearing be set within seven (7) days to determine if Respondent should be ordered to participate in his/her prescribed Treatment Plan.

Date: _____, 2_____.

_____
Signature of Petitioner

Subscribed and sworn to before me this _____ day of _____, 2_____. My Commission expires: _____, 2_____.

_____
Notary Public

_____
County, Kentucky

Print

Reset Form