

AOC-700A Doc. Code: PIHAD
Rev. 6-19
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Commonwealth of Kentucky
Court of Justice www.courts.ky.gov

KRS 222.432



**VERIFIED PETITION
FOR 60/360 DAY INVOLUNTARY TREATMENT
(SUBSTANCE USE DISORDER)**

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

IN THE INTEREST OF: _____

DOB: _____ Respondent's Name *(please print)*

RESPONDENT'S RESIDENCE ADDRESS: *(please print)*

Phone Number: _____

CURRENT LOCATION: (if different)

Phone Number: _____

1. PETITIONER, _____
Petitioner's Name *(please print)*

PETITIONER'S ADDRESS: *(please print)*

Phone Number: _____

states that he/she is: Spouse; Relative; Friend; or Guardian, of the above-named Respondent.

2. PETITIONER further states that the name, address, and residence of persons related to the Respondent are:
(if unknown, so state)

Parents or guardian: _____

Spouse: _____

Person having custody of Respondent: _____

Near relative: _____

Other: _____

3. PETITIONER believes that the Respondent is a person suffering from a substance use disorder because:
(state facts to support belief)

4. PETITIONER also believes that the Respondent presents a danger or threat of danger to self, family or others because: (state facts to support belief)

5. PETITIONER requests that the Respondent be detained for examination, evaluation and hospitalization/admittance to a treatment facility if he/she meets the criteria for:

involuntary treatment for not more than sixty (60) consecutive days; or

involuntary treatment for not more than three hundred and sixty (360) consecutive days.

_____, 2_____
Date

Signature of Petitioner

Name of Petitioner (*please print*)

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 2_____

My Commission Expires: _____

Notary/Clerk

By: _____, D.C.

GUARANTEE OF PAYMENT

Pursuant to KRS 222.432(4)(f), either the Petitioner or other authorized person (spouse, relative, friend, or guardian) shall guarantee any and all costs for treatment of the Respondent for a substance use disorder, as may be hereinafter ordered by the Court. The GUARANTEE below shall be completed by either the Petitioner or other authorized person.

By my signature below, I do hereby assume responsibility for and GUARANTEE PAYMENT FOR ALL COSTS incurred on behalf of the Respondent for all substance use disorder treatment, including, but not limited to, initial examination and transportation costs, as hereinafter ordered by the Court.

_____, 2_____
Date

Name (please print)

Relationship to Respondent
(Petitioner, or Spouse, Relative, Friend, Guardian)

Signature

Billing Address:

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 2_____

My Commission Expires: _____

Notary/Clerk

By: _____, D.C.

Attach copy of Verified Petition to each copy of Warrant, Summons, and Hearing, Examination and Appointment of Counsel Notice and Order.

Distribution: Respondent; Petitioner; Respondent's Legal Guardian, Spouse, Parent(s), Near Relative or Friend (if applicable).



Case No. _____

Court _____

County _____

Division _____

KRS 237.108; 18 U.S.C. § 922(g)(4),(d)(4)

NOTICE OF FIREARM PROHIBITIONS

IN RE: RESPONDENT/DEFENDANT

First

Middle

Last

Also known as: _____

Street address: _____

Mailing address: _____

Sex	Race	Date of Birth	Height	Weight	Eyes	Hair	Social Security #	Drivers License #	State

IMPORTANT NOTICE TO THE RESPONDENT DEFENDANT IN THIS CASE:

Federal law, 18 U.S.C. § 922(g)(4), makes it unlawful, provides penalties for, and **PROHIBITS** a person who has been adjudicated as mentally disabled, defective, or incompetent, or who has been committed to a mental institution, from **possessing, transporting, shipping, receiving, or purchasing any FIREARM**, including, but not limited to, a rifle, shotgun, handgun, pistol, revolver, or **AMMUNITION**.

18 U.S.C. § 922(d)(4) makes it unlawful, provides penalties for, and prohibits any person from selling, transferring, or otherwise disposing of any firearm or ammunition to any person knowing or having reasonable cause to believe that such person has been adjudicated as mentally disabled, defective, or incompetent, or has been committed to any mental institution.

On (date) _____, 2_____, this Court ordered a commitment or made a finding and/or adjudication in Case Number _____ pursuant to KRS Chapter (check one):

- 202A (Involuntary hospitalization of the mentally ill). 202B (Involuntary intellectual disability admission).
- 222.430 et seq. (Involuntary treatment for substance use disorder).
- 387.500 et seq. (Guardianship and conservatorship for disabled persons).
- 504 (check one) Incompetent to stand trial. Not guilty by reason of insanity. Guilty but mentally ill.
- 645 (Involuntary hospitalization of the mentally ill child).

KRS 237.108 requires that this Court notify you of the firearm prohibitions of 18 U.S.C. § 922(g)(4) and (d)(4) and forward your name and identifying information to the Kentucky State Police.

Pursuant to and in accordance with KRS 237.108(2), you may petition this Court for removal of the firearm prohibitions; use form AOC-032, "Petition/Motion for Removal of Firearm Prohibitions."

TO THE CIRCUIT COURT CLERK: Enter the above data into the case management system for distribution to the Kentucky State Police.

_____, 2_____
Date

Judge's Signature

Judge's Name (print)



PERSONAL IDENTIFIER DATA SHEET
(Mental Health/Disability/Incompetency)

Case No. _____
Court _____
County _____
Division _____

****For use in actions brought or proceedings conducted pursuant to KRS Chapters 202A (Involuntary hospitalization of the mentally ill); 202B (Involuntary intellectual disability admission); 222.430 et seq. (Involuntary treatment for a substance use disorder); 387.500 et seq. (Guardianship and conservatorship for disabled persons); 504 (Responsibility, incompetency/insanity/mental illness); and, 645 (Involuntary hospitalization of the mentally ill child).

TO THE PETITIONER IN A MENTAL HEALTH OR DISABILITY PROCEEDING

TO THE DEFENDANT OR HIS/HER ATTORNEY IN A CHAPTER 504 PROCEEDING

The Court requires that you provide the following information about the Respondent/Defendant in this case:

RESPONDENT/DEFENDANT: *Please Print*
First Middle Last

Also known as: _____

Street address: _____

Mailing address: _____

Respondent's/Defendant's Identifiers:

Sex	Race	Date of Birth	Height	Weight	Eyes	Hair	Social Security #	Drivers License #	State

I understand that the information requested herein is intended to be entered into the official court record of this matter, and that its accuracy is of the utmost importance. The information I have provided above is true and accurate to the best of my knowledge and belief.

_____, 2_____
Date

Signature

Printed Name