

CASEY LAW PETITION CHECKLIST

AFTER leaving the Washington County Attorney's Office, you will need to **IMMEDIATELY**:

Contact a Physician to schedule an evaluation. (THIS HAS TO BE DOCTOR, NOT A NURSE PRACTITIONER)

Contact Qualified Health Professional or Communicare, (502) 348-9206 to schedule an evaluation. (Brian Anthony w/ 180 Counseling Services LLC (502) 349-3147, will go to the jail if incarcerated)

Contact a Drug/Alcohol Abuse Center, check availability of bed/space and if the facility will take your insurance. As the petitioner **YOU WILL BE RESPONSIBLE** for paying for the treatment.

Once the Petition for Casey Law is filed with at the Court you will receive a call from the County Attorney's Office scheduling the first Court Hearing with the Judge.

1st hearing- Testimony from the Petitioner (Respondent doesn't have to be there) Petitioner needs to have the evaluations dates for the Judge. Practitioner

2nd hearing- Petitioner has to have both evaluation reports completed, and have the name and address of the facility where the Respondent will be transported.

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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
(ALCOHOL/DRUG ABUSE)

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

IN THE INTEREST OF: _____
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 alcohol and/or other drug abuse 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 _____, _____.

Name/Title

County, Kentucky

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 alcohol and other drug abuse, 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 alcohol and other drug abuse 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 on this _____ day of _____, 2_____.

My Commission expires: _____

Name/Title or Notary Public

County, Kentucky

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).



HEARING, EXAMINATION AND APPOINTMENT
OF COUNSEL NOTICE AND ORDER
(INVOLUNTARY TREATMENT-SUBSTANCE USE DISORDER)

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

IN THE INTEREST OF:

RESPONDENT _____

A Verified Petition for Involuntary Treatment for a Substance Use Disorder has been filed with the Court. The Court has reviewed the allegations therein and has examined the Petitioner under oath. The Court **finds** that there is **probable cause** to believe the Respondent should be ordered to undergo treatment;

IT IS HEREBY ORDERED that:

1. The above-styled matter is scheduled for a **hearing** before this Court on _____, 2 _____, at the hour of _____ a.m. p.m. to determine whether the Respondent should be ordered to treatment for a substance use disorder; and
2. The Respondent shall be **examined** no later than twenty-four (24) hours before said hearing date by both _____, a Licensed Physician, and _____, a Qualified Health Professional, each of whom shall file a certification of their findings to the Court within twenty-four (24) hours of the examinations.
3. The **Petitioner** or other authorized person as identified on the Guarantee of Payment (AOC Form 700A) shall pay all costs of the examinations and payment shall be made (or payment arrangements shall be secured with the provider) prior to the scheduled examinations; and
4. The Court does hereby **appoint counsel**, the Hon. _____ to represent the Respondent in the above-styled action.

_____, 2 _____
Date

Judge's Signature

Judge's Name (please print)

Address & Telephone Number of Respondent's Counsel:

() _____

_____, 2 _____
Date

_____, Clerk

By: _____, D.C.



CERTIFICATION OF QUALIFIED
HEALTH PROFESSIONAL
INVOLUNTARY TREATMENT (ALCOHOL/DRUG ABUSE)

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

IN THE INTEREST OF:

RESPONDENT _____

1. Comes the Affiant, _____, and states that he/she is a Qualified Health Professional as defined in KRS Chapter 222, and he/she is,

- A Qualified Mental Health Professional as defined in KRS 202A.011; and/or
- An Alcohol and Drug Counselor certified under KRS Chapter 309; and/or
- A Physician, licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the performance of official duties.

2. Affiant further states that he/she examined the above-named Respondent and based on that examination, in his/her professional opinion, the Respondent

- A. **does** **does not** suffer from alcohol and/or other drug abuse; and
- B. **does** **does not** present an imminent threat of danger to self, family or others as a result of alcohol and other drug abuse; **or there**
 does **does not** exist a substantial likelihood of such a threat in the near future; and
- C. **can** **cannot** reasonably benefit from treatment.

3. The facts that support Affiant's belief that Respondent does suffer from alcohol and/or other drug abuse:

4. The facts that support Affiant's belief that Respondent presents an imminent threat of danger to self, family or others as a result of alcohol and other drug abuse or that there exists a substantial likelihood of such a threat in the near future:

5. Diagnostic impressions:

6. Other factors contributing to need for treatment:

7. Goal of treatment and recommendation for treatment:

8. Date examination was performed: _____, 2_____

Further, Affiant sayeth naught.

_____, 2_____
Date

Signature of QHP

Name of QHP (Please Print)

Title of QHP (Please Print)

Name of Treatment Facility of QHP (Please Print)

Subscribed and sworn to before me on this _____ day of _____, 2_____.	
My Commission expires: _____	_____ Name/Title or Notary Public
	_____ County, Kentucky

NOTE: The respondent shall be examined no later than twenty-four (24) hours before the hearing date by two (2) Qualified Health Professionals, at least one (1) of whom is a physician. A separate Certification of Qualified Health Professional (AOC-703A) must be filed with the Court by each of the two (2) Qualified Health Professionals named in the Hearing, Examination and Appointment of Counsel Notice and Order (AOC-701A). The Qualified Health Professionals shall certify their findings to the Court within twenty-four (24) hours of the examination. See page 3 for more information on Qualified Health Professionals.

Petitioner is responsible for all costs of the examination.

CERTIFICATION

Note: If for 72-hour involuntary treatment, Certification is to be completed and filed by ONE "Qualified Health Professional."

If for 60/360 day involuntary treatment, Certification is to be completed and filed by each of TWO "Qualified Health Professionals," one of whom must be a licensed physician.

Criteria for each professional are listed below

"Qualified health professional" has the same meaning as qualified mental health professional in KRS 202A.011, except that it also includes an alcohol and drug counselor certified under KRS Chapter 309.

"Qualified mental health professional" under KRS 202A.011(12) means:

- a. A **physician** licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the performance of official duties.
- b. A **psychiatrist** licensed under the laws of Kentucky to practice medicine or osteopathy, or a medical officer of the government of the United States while engaged in the practice of official duties, who is certified or eligible to apply for certification by the American Board of Psychiatry and Neurology, Inc.
- c. A **psychologist** with the health service provider designation, a **psychological practitioner**, a **certified psychologist**, or a **psychological associate**, licensed under the provisions of KRS Chapter 319.
- d. A **licensed registered nurse** with a master's degree in psychiatric nursing from an accredited institution and two (2) years of clinical experience with mentally ill persons; or a licensed registered nurse, with a bachelor's degree in nursing from an accredited institution, who is certified as a psychiatric and mental health nurse by the American Nurses Association and who has three (3) years of inpatient or outpatient clinical experience in psychiatric nursing and is currently employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital or a private agency or company engaged in provision of mental health services or a regional program for mental health and individuals with an intellectual disability.
- e. A **licensed clinical social worker** licensed under the provisions of KRS 335.100, or a certified social worker licensed under the provisions of KRS 335.080 with three (3) years of inpatient or outpatient clinical experience in psychiatric social work and currently employed by a hospital or forensic psychiatric facility licensed by the Commonwealth or a psychiatric unit of a general hospital or a private agency or company engaged in the provision of mental health services or a regional community program for mental health and individuals with an intellectual disability.
- f. A **marriage and family therapist** licensed under the provisions of KRS 335.300 to 335.399 with three (3) years of inpatient or outpatient clinical experience in psychiatric mental health practice and currently employed by a hospital or forensic facility licensed by the Commonwealth, a psychiatric unit of a general hospital, a private agency or company engaged in providing mental health services, or a regional community program for mental health and individuals with an intellectual disability.
- g. A **professional counselor** credentialed under the provisions of KRS Chapter 335.500 to 335.599 with three (3) years of inpatient or outpatient clinical experience in psychiatric mental health practice and currently employed by a hospital or forensic facility licensed by the Commonwealth, a psychiatric unit of a general hospital, a private agency or company engaged in providing mental health services, or a regional community program for mental health and individuals with an intellectual disability.

"Certified Alcohol and Drug Abuse Counselor" under KRS 309.080 means a person certified by the Kentucky Board of Alcohol and Drug Counselors pursuant to KRS 309.080 to 309.089.