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| AOC-735 Doc. Code: PHDIT Rev. 2-02 Page 1 of 1 Commonwealth of Kentucky Court of Justice |  PETITION TO SET HEARING TO DETERMINE INVOLUNTARY PARTICIPATION OF TREATMENT OF A HOSPITALIZED PERSON | Case No. _____ Court _____ District _____ County _____ |
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IN THE INTEREST OF:

Name:

Address:

1. COMES PETITIONER, (*name*) _____,
and states he/she is a:
[] Qualified Mental Health Professional; OR
[] Qualified Mental Retardation Professional
employed at _____
_____ located at _____, 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 his/her 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 me on _____, 2____. My Commission expires:
_____, 2____.

Notary Public

County, Kentucky