



**VERIFIED PETITION
FOR INVOLUNTARY TREATMENT
(ALCOHOL/DRUG ABUSE)**

Case No. _____
Court _____ District _____
County _____

IN THE INTEREST OF:

RESPONDENT _____

RESPONDENT'S RESIDENCE ADDRESS _____

Current Location (if different)

1. PETITIONER, _____

(Petitioner's Name-Please print)

(Petitioner's Address-Please print)

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: _____

Near relative: _____

Other: _____

3. PETITIONER believes that the Respondent is a person suffering from alcohol and 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.

6. **By signing this Verified Petition, the Petitioner does hereby assume responsibility for and does 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. The BILLING ADDRESS is the Petitioner's address as contained in this Verified Petition.**

Date

Signature of Petitioner

Name of Petitioner (please print)

SUBSCRIBED AND SWORN TO before me this ____ day of _____, 2 ____.
_____ Name/Title
_____ County, Kentucky

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