

NORTHERN KENTUCKY

GUIDE TO ADULT MENTAL HEALTH HOSPITALIZATIONS UNDER KRS 202A

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ACKNOWLEDGEMENTS:

This manual grew out of an effort by the Northern Kentucky district judges, county attorneys, county sheriffs, St. Elizabeth, SUN Behavioral Health, Northkey, Eastern State Hospital and others to address the 202A process in Northern Kentucky.

This manual was compiled by Kenton County Attorney Stacy Tapke with assistance from many others, but particular thanks to the following individuals:

Hon. Jordan Turner, Boone County Attorney

Hon. Jerod Metz, Assistant Boone County Attorney

Hon. Steven Dasenbrock, Chief Assistant Campbell County Attorney

Hon. Erin Sizemore, Campbell District Court Judge

Stacy Meyers, SUN Behavioral Health

HOW TO USE THIS GUIDE:

This guide is designed to assist parties to the involuntary hospitalization process with the procedures in Northern Kentucky, particularly Boone, Campbell and Kenton Counties. The guide is just that – a guide only and parties are responsible for reviewing the law for any updates. Please check with each individual jurisdiction for additional rules or procedures that may apply. Note that procedures for involuntary hospitalization may vary throughout Kentucky as different regions use different hospital systems.

This guide deals with adult mental health hospitalizations only. It does not go over the processes for 202B, 202C or AOT “Tim’s Law” petitions.

For the most up to date AOC forms or district court clerk procedures, please see the Kentucky Administrative Office of the Courts website.

Please check the Kentucky legislative page for any statutory updates.

For changes or updates to this guide please email Stacy Tapke at stapke@kentoncoatty.com

GENERAL OVERVIEW

The pathway to a mental health hospitalization for a person over the age of 18 may occur as follows:

- 1) **VOLUNTARY ADMISSION – KRS 202A.021**;
- 2) **WARRANTLESS ARREST – KRS 202A.041**: a warrantless arrest by a peace officer who reasonably believes someone is suffering from mental illness and presents harm to themselves/others;
- 3) **HOSPITALIZATION BY COURT ORDER - KRS 202A.028**: often initiated after a person is presented to the hospital by law enforcement under warrantless arrest;
- 4) **EMERGENCY ADMISSION A/K/A “PHYSICIAN HOLD” – KRS 202.031**: Initiated by an authorized staff physician or health care provider which involves admitting a mentally-ill individual already present in a hospital into psychiatric care; or
- 5) **PETITION FOR 30 OR 360 DAY INVOLUNTARY HOSPITALIZATION** initiated when a qualified mental health professional, at county or commonwealth attorney, spouse, relative, friend, guardian, or other interested person files a petition (AOC Form 710) and, upon a finding that probable cause exists to order involuntary hospitalization the sheriff transfers the respondent to be evaluated.

JURISDICTION

KRS 202A.014: All proceedings for the involuntary hospitalization of mentally ill persons shall be initiated at in the District Court of the county where the person to be hospitalized resides or in which he may be at the time of filing.

DUTY OF THE COUNTY ATTORNEY

KRS 202A.016: In all proceedings under 202A, it shall be the duty of the county attorney to assist the petitioner and represent the interest of the Commonwealth and to assist the court in its inquiry by the presentation of evidence.

CRITERIA FOR INVOLUNTARY HOSPITALIZATION

KRS 202A.026: No person shall be involuntarily hospitalized unless such person is a mentally ill person:

- (1) Who presents a danger or threat of danger to self, family or others as a result of the mental illness;
- (2) Who can reasonably benefit from treatment; and
- (3) For whom hospitalization is the least restrictive alternative mode of treatment presently available.

CONFIDENTIALITY

202A.091 All involuntary hospitalization proceedings and records are confidential.

IMPORTANT DEFINITIONS:

For a full list please see KRS 202A.011

(2) **"Danger" or "threat of danger to self, family, or others"** means substantial physical harm or threat of substantial physical harm upon self, family, or others, including actions which deprive self, family, or others of the basic means of survival including provision for reasonable shelter, food, or clothing;

(9) **"Mentally ill person"** means a person with substantially impaired capacity to use self-control, judgment, or discretion in the conduct of the person's affairs and social relations, associated with maladaptive behavior or recognized emotional symptoms where impaired capacity, maladaptive behavior, or emotional symptoms can be related to physiological, psychological, or social factors;

(11) **"Petitioner"** means a person who institutes a proceeding under this chapter;

(12) **"Qualified mental health professional"** see the whole statute in the back of the manual

(13) **"Residence"** means legal residence as determined by applicable principles governing conflicts of law;

(14) **"Respondent"** means a person alleged in a hearing under this chapter to be a mentally ill person or an individual with an intellectual disability; and

WARRANTLESS ARREST PROCESS:

KRS 202A.041



Any peace officer with **REASONABLE** grounds to believe person is 1) **MENTALLY ILL**; and 2) presents a **DANGER** or **THREAT OF DANGER** to **SELF, FAMILY**, or **OTHERS** *if not restrained* may take the individual into custody and transport without unnecessary delay to a hospital or psychiatric facility designated by the Cabinet for an evaluation. Officer shall provide **WRITTEN DOCUMENTATION** describing the behavior which caused the person to be taken into custody.



The qualified mental health professional evaluates the individual.

- 1) If **QMHP does not find** the individual meets criteria the individual is released and transported back to their home county by appropriate transportation set out in KRS 202A.101, OR, if the person does not meet criteria and the officer has probable cause to believe the person committed a criminal offense, the peace officer may swear out a warrant.
- 2) If QMHP finds person **DOES MEET** criteria, appropriate proceedings under 202A shall be initiated.
- 3) The person may be held pending certification by a QMHP for a period not to exceed 18 hours.



After the respondent has been evaluated for a period not to exceed 18 hours, a QMHP will either release the respondent or **file** an **AOC Form 712** (Certification of Qualified Mental Health Professional) for a 72 hour hospitalization. An AOC Form 710 does not need to be filed with the AOC 712.

The Clerk will take the completed AOC Form 712 and a AOC Form 713 (Order Granting/Denying 72 hour hospitalization) to a district judge. If the judge finds that the person **MEETS CRITERIA** they may order the respondent hospitalized for a period not to exceed 72 hours, excluding weekends and holidays.

**Alternatively, upon arrival at a hospital or psychiatric facility, an authorized staff physician may order the respondent hospitalized for up to 72 hours. (KRS 202A.031)*

LAW ENFORCEMENT FLOW CHART

KRS 202A.041

Does law enforcement have probable cause to believe that the person is mentally ill and presents a danger or threat of danger to self, family, or others?

YES

NO

May transport to hospital & complete CIT form.

No. If conduct is criminal, may proceed as normal.

Hospital/QMHP evaluates – does individual meet criteria for involuntary hospitalization? (Note: hospital has up to 18 hours to evaluate).

YES

NO

Hospital will file AOC 712 & if judge approves will issue AOC 713 ordering 72-hour hold. OR an authorized physician may order a 72-hour hold

RELEASE – OR - if officer has PC to believe a criminal offense occurred, may swear out warrant and arrest.

INVOLUNTARY HOSPITALIZATION FOR 60 OR 360 DAY HOLDS BY INTERESTED PARTIES*

KRS 202A.051

PETITION FILED BY FAMILY/FRIENDS/INTERESTED PARTIES:

STEP ONE: The petition may be obtained from the appropriate County Attorney's Office, where it must be completed before it is filed with the Circuit Court Clerk's Office.

STEP TWO: Upon receipt of a petition, the District Court Judge will review the petition to determine whether to issue a mental health warrant. If so, the court will order law enforcement (typically the county sheriff) to serve the warrant on the respondent and will transport the respondent to a behavioral health hospital (most likely SUN) for evaluation and a seventy-two (72) hour hold.

STEP THREE: Sun Behavioral Health will perform two (2) evaluations of respondent, and a preliminary hearing will be scheduled for the appropriate county's involuntary hospitalization docket unless one or both of the evaluations indicate that further treatment is not necessary, then respondent will be released from treatment and the proceedings will be dismissed.

STEP FOUR: If both evaluations indicate further treatment is necessary, the County Attorney's Office will present the evaluations to the District Court Judge at the scheduled court hearing, and the Judge will determine if probable cause exists to refer the respondent for treatment longer than 72 hours.

STEP FIVE: If a Judge finds that probable cause exists, the respondent will be referred to Eastern State Hospital in Fayette County, Kentucky, and the originating county's jurisdiction ends. If the Court finds no probable cause exists to involuntarily hospitalize longer than 72 hours, the proceedings will be dismissed, and the respondent will be released from treatment.

STEP SIX: For individuals transported to Eastern State Hospital, Fayette County has a final hearing to determine the period of hospitalization.

* A petition for involuntary hospitalization may be filed by a qualified medical professional, police officer, jail staff, County or Commonwealth's Attorney, spouse, **relative, friend, guardian, or other interested person** in the county where the person to be hospitalized (known as the respondent) lives or is present at the time of filing.

**60/360 DAY PETITION FOR INVOLUNTARY HOSPITALIZATION
FILED BY INTERESTED PARTY (NOT FILED BY QMHP)
KRS 202A.051**

Does the interested party have reasonable grounds to believe that the person is *mentally ill* and presents an *immediate* danger or threat of danger to self, family, or others?

YES

NO

Go to the County Attorney's Office to fill out the AOC 710.

Discuss mental health alternatives/provide informational materials.

Take the completed & signed Petition for Involuntary Hospitalization, Form AOC 710, to the Clerk's Office. Does the judge believe the person meets the criteria for involuntary hospitalization?

YES

NO

Judge issues Order AOC Form 711, Examination Order and Transport Order.

Petition is denied. The person will not be held.

Sheriff transports individual to hospital.

Doctor evaluates respondent and orders a 72-hour* hold OR QMHP evaluate and files AOC Form 712 & Judge reviews - does it meet criteria? (*excluding weekends and holidays)

YES

NO

Issues AOC Form 713 ordering 72-hour hold.

Case is dismissed.

If further hospitalization is required, hospital will file petition & preliminary hearing will be held – see county specific docket dates/times.

INVOLUNTARY HOSPITALIZATION FOR 30 OR 60 DAY HOLDS BY QMHP

PETITIONS FILED BY QMHP:

STEP ONE: Petitions generated by Sun Behavioral will be submitted to the Circuit Court Clerk's Office via email by the date designated by the appropriate county clerk.

STEP TWO: Sun Behavioral Health will perform two evaluations of respondent, and a preliminary hearing will be scheduled to be held in District Court within six (6) days.

STEP THREE: Sun Behavioral Health will perform two evaluations of respondent, and a preliminary hearing will be scheduled for the appropriate county's involuntary hospitalization docket unless one or both of the evaluations indicate that further treatment is not necessary, then respondent will be released from treatment and the proceedings will be dismissed.

STEP FOUR: If both evaluations indicate further treatment is necessary, the County Attorney's Office will present the evaluations to the District Court Judge at the scheduled court hearing, and the Judge will determine if probable cause exists to refer the respondent for treatment longer than 72 hours.

STEP FIVE: If a Judge finds that probable cause exists, the respondent will be referred to Eastern State Hospital in Fayette County, Kentucky, and the originating county's jurisdiction ends. If the Court finds no probable cause exists to involuntarily hospitalize longer than 72 hours, the proceedings will be dismissed, and the respondent will be released from treatment.

STEP SIX: For individuals transported to Eastern State Hospital, Fayette County has a final hearing to determine the period of hospitalization.

FREQUENTLY ASKED QUESTIONS

1. What is the Purpose of an Involuntary Petition (a/k/a “202A” or “Mental Inquest Warrant” MIW)?

To compel a psychiatric evaluation of the respondent where he or she refuses mental health treatment.

2. Who can file a petition?

Spouses, family members, friends, law enforcement. A person who files the 202A involuntary petition is called the “petitioner.”

3. Who is the “respondent”?

The person who is believed by the petitioner or medical professionals to be in need of involuntary hospitalization. Per KRS 202A.012 the process applies to those 18 years and above.

4. Are there any filing fees?

No.

5. What if I want to file on a minor?

KRS 202A.021 addresses the hospitalization of minors and that process is not included in these materials.

6. What is the criteria for an involuntary hospitalization under 202A?

Must be a *mentally ill* person who:

- (1) Who presents a danger or threat of danger to self, family or others as a result of the mental illness;
- (2) Who can reasonably benefit from treatment; and
- (3) For whom hospitalization is the least restrictive alternative mode of treatment presently available.

7. What are common examples of behavior that meets the necessary criteria?

Common mental health diagnosis necessitating a 202A are schizophrenia, bi-polar, depression. Typical behaviors might be threatening suicide, hallucinations, delusions, threatening family members, not eating/sleeping/bathing, not taking prescribed medications.

Danger to self: obvious physical self-harm or threats of self-harm; not eating; significant isolation; mutism/refusal to communicate; behavioral symptoms that affect ability to meet basic needs (food, clothing, shelter) independently; behaviors that make them particularly at-risk or vulnerable to harm from others

Danger to others: physically aggressive acts directed toward or others or objects; verbally or physically acting out in a sexual manner; threats of harm to others; curing or other inappropriate behaviors that put them at risk for others; disrobing; any inappropriate behaviors involving bodily waste/fluids (i.e. smearing feces on wall; inability to clean up after oneself)

8. *What is the difference between an Involuntary Petition for alcohol/drug (Casey's Law) and a 202A?*

You must look at the underlying reason for the behavior. If the person is using heroin, meth, alcohol, etc., they may possibly have a dual diagnosis or have an untreated mental illness. However, THE main contributing factor would be the drug abuse, and the person would be more appropriate for a Casey's Law (ordered into a drug rehabilitation center) than a 202A where the person would be treated at a mental health hospital.

9. *Can a law enforcement officer take someone directly to the mental health hospital, or does the officer need to file a petition with the court?*

Law enforcement can make a warrantless arrest and immediately detain if the officer believes the individual meets the criteria for an involuntary hospitalization. Officers should take the individual directly to SUN Behavioral in Erlanger, unless the individual has obvious injuries, i.e. open wounds, admits to having just swallowed several pills, etc.

10. *What is a "72 hour" hold?*

When an individual is presented to a hospital the doctor will meet with him or her to determine whether an involuntary hospitalization is required. The doctor certifies the need for the involuntary admission, and the person must be released within seventy-two hours (excluding weekends and holidays) unless the doctor believes further treatment is required. If further treatment is needed, a preliminary hearing must be held within six days to determine if there is probable cause to be involuntarily hospitalized. The County Attorney assists the Court in presenting evidence during the preliminary hearing.

11. *Where do I get a petition, and what do I need to know?*

The County Attorney can assist you with filing out the petition. You will need to know the respondent's date of birth, residence, mental health diagnosis, if known, and why you think he or she is a danger to himself or others.

Boone County Attorney: 2970 Union Square Burlington KY 41005

Campbell County Attorney: 330 York Street, 3rd Floor, Newport, KY 41071

Kenton County Attorney: 1840 Simon Kenton Way Suite 4200 Covington, KY 41011

12. *Where do I file a 202A petition?*

The petition can be filed with the circuit court clerk in the county where the ***respondent lives or is currently located.***

Boone County Courthouse: 6025 Rogers Lane Burlington, KY 41005

Campbell County Courthouse: 330 York Street Newport, KY 41071

Kenton County Courthouse: 230 Madison Avenue, Third Floor (Probate), Covington, KY 41011

13. *I filed a petition on my spouse/child/parent/friend. What happens next?*

If accepted, the Court will order the Sheriff to transport the individual from his/her location to the behavioral health unit. Once at the hospital, medical staff will determine whether the individual should be placed on a 72-hour hold.

14. *When and where are 202A petitions heard?*

Boone County – Thursdays at 11:30 pm, 6025 Rogers Lane Burlington, KY 41005

Campbell County – Wednesdays at 9:30 am, 330 York Street Newport, KY 41071

Kenton County – Wednesday, 8:30 am, 230 Madison Avenue Covington KY 41011

Be sure to double check your paperwork for the date, time, and specific location (i.e. courtroom) for your case.

15. *What happens at the preliminary hearing?*

A brief hearing will be held, either in person or via zoom, depending on the individual court's preference. There must be two certifications from at least 2 qualified mental health professionals. Both certifications must "match", i.e. support the need for involuntary hospitalization. Otherwise the proceeding must be terminated and the individual released.

16. *Who attends the preliminary hearing?*

If the certifications both indicate that further treatment is necessary, the County Attorney will present the evaluations and any necessary evidence, including testimony by the petitioner. The respondent will be present at the hearing and will be represented by court-appointed counsel, usually an attorney with the Department for Public Advocacy (DPA).

17. *If I filed the petition do I need to attend the preliminary hearing?*

Yes. Petitioners must be present.

18. What happens after the preliminary hearing?

If the court finds that probable cause exists, the Sheriff transports the individual down to Eastern State Hospital, a state-run mental health facility. The Sheriff will transport the individuals ordered for further treatment at the conclusion of the respective docket. Jurisdiction is then transferred to Fayette County where Eastern State Hospital is located. A final hearing will be held within 21 days, and the hearing is handled by the Fayette County Attorney's Office. If the court finds probable cause does not exist, the proceedings will be dismissed and the respondent will be released from treatment.

19. Does the person have to go to Eastern State? Why can't he or she stay at SUN Behavioral?

Once the probable cause hearing takes place, the Judge can only send the individual to Eastern State. SUN Behavioral has not been certified by CHFS to keep patients past the temporary hold period for involuntary patients.

20. Why won't anyone at the hospital speak to me about my spouse/child/parent/friend?

Unless the respondent authorizes the hospital to speak with you, the hospital will not provide information under HIPPA. However, remember that why they can't talk you about your loved one, there is no prohibition on you giving them information.

21. Why didn't the hospital keep my spouse/child/parent/friend?

Under the law once the medical provider determines that the respondent no longer meets the criteria for the involuntary hospitalization, the person must be released.

21. Will this cause my spouse/child/parent/friend to have a criminal record?

No. Proceedings under the KRS 202A statutes are confidential and the public is unable to see or obtain copies of the information.

FORMS

**COMMONWEALTH OF KENTUCKY
KENTUCKY CRISIS INTERVENTION REPORT**

ADMINISTRATIVE	AGENCY ORI / NAME 0590500 KENTON COUNTY POLICE DEPT.				AGENCY INCIDENT # 25-0000000		SECONDARY REPORT ID		
	PRIMARY BADGE/ID # 108		PRIMARY OFFICER NAME Bush, Curtis			BEAT OR POST		CIT TRAINED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
	SECONDARY BADGE/ID #		SECONDARY OFFICER NAME			BEAT OR POST		CIT TRAINED? <input type="checkbox"/> YES <input type="checkbox"/> NO	
	INCIDENT DATE 01/28/2025 00:00		DAY OF WEEK Tuesday	TIME ARRIVED	TIME CLEARED	JUVENILE CONSUMER? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	ALCOHOL / DRUG INVOLVED? <input type="checkbox"/> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> UNK		JC-3 FILED? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
INCIDENT LOCATION 11777 MADISON PIKE					JC-3 INCIDENT NUMBER		Video? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		
COMPLAINANT	CONTACT PERSON / COMPLAINANT: (LAST, FIRST, MIDDLE)				COMPLAINANT ADDRESS INFORMATION				
	RELATIONSHIP			CONTACT PHONE					
CONSUMER	CONSUMER NAME: (LAST, FIRST, MIDDLE) SAMPLE, SAMPLE S.				CONSUMER ADDRESS INFORMATION UNKNOWN				
	PHONE		SSN		RACE UNKNOWN				
	GENDER UNKNOWN	<input type="checkbox"/> DOB UNKNOWN	DATE OF BIRTH 1/1/1901	MILITARY VET? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO	HOMELESS? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO				
	MEDICATIONS				DIAGNOSES				
					OTHER MENTAL ILLNESS - DESCRIPTION				
					DEVELOPMENTAL OTHER DISORDER DESCRIPTION				
	OTHER MEDICATION				MEDICAL HISTORY				
	MEDS TAKEN AS PRESCRIBED?								
	DISPOSITION	DISPOSITION (Summarize 'PATIENT STABILIZED' and 'OTHER' in NARRATIVE)							
INVOLUNTARY HOSPITALIZATION									
CHARGES? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO		PENDING CRIMINAL CHARGES				CITATIONS			

**COMMONWEALTH OF KENTUCKY
KENTUCKY CRISIS INTERVENTION REPORT**

TRANSPORT & MISC	TRANSPORTED BY					
	POLICE UNIT					
	EXPLAIN TRANSPORTED BY OTHER					
	TRANSPORTED TO		RESTRAINT TYPE	RESTRAINT APPLIED	RESTRAINT REMOVED	DURATION
	ST ELIZABETH					
NARRATIVE	USE OF FORCE	<input checked="" type="checkbox"/> NO FORCE	<input type="checkbox"/> EMPTY HAND CONTROL	<input type="checkbox"/> EMPTY HAND STRIKES	<input type="checkbox"/> BATON / ASP	
		<input type="checkbox"/> OC SPRAY	<input type="checkbox"/> LESS LETHAL (Summarize in NARRATIVE)	<input type="checkbox"/> TASER	<input type="checkbox"/> CANINE DEPLOYED	
		<input type="checkbox"/> TACTICAL DEPLOYMENT	<input type="checkbox"/> OTHER (Summarize in NARRATIVE)			
WEAPONS	<input checked="" type="checkbox"/> NO WEAPONS	<input type="checkbox"/> GUN	<input type="checkbox"/> KNIFE	<input type="checkbox"/> HANDS / FEET	<input type="checkbox"/> OTHER	
					EXPLAIN OTHER WEAPON TYPE	
INJURIES	<input type="checkbox"/> OFFICER INJURED DURING CONTACT (Explain in NARRATIVE)					
	<input type="checkbox"/> CONSUMER INJURED (Explain in NARRATIVE)					
<p>GENERAL NARRATIVE: Sample- Give detail of incident or incidents building up to custody. Staff and Dr. needs the specifics showing subject is a risk to themselves or others. Also helpful to give family members names and contact info for staff and social workers to reach out to other who may help. Also describe living conditions or other pertinent info.</p>						



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

IN THE INTEREST OF:)
)
)
 _____)
 Respondent)
)
 _____)
 Residence)
)
 _____)
 Current Location)
)
 _____)
 Social Security Number / Date of Birth)

**VERIFIED PETITION
FOR
INVOLUNTARY HOSPITALIZATION
(Mental Illness)
OR
INVOLUNTARY ADMISSION
(Intellectual Disability)**

- PETITIONER, _____, states that he/she is:
(Please print)
 a reputable resident of _____ County, Kentucky, at _____
(Address)
_____, _____, and is associated with the
(Phone No.)
Respondent as _____, **OR**
(Relationship)
 a Qualified Mental Health Professional a Qualified Intellectual Disabilities Professional located at
_____, Kentucky, and is associated with the Respondent as _____,
employed at _____,
(Hospital/Facility, etc.) (Phone No.)
- PETITIONER states that the Respondent: has been hospitalized in a hospital or a forensic psychiatric facility for a period of 30 days within the preceding six (6) months under the provisions of KRS 202A or 504 (if 360 day proceeding) is a person with a mental illness is a person with an intellectual disability, and that he/she presents a danger or threat of danger to self, family or others if not immediately restrained.
- PETITIONER further states that the name, address, and residences of persons related to the Respondent are:
(If unknown, so state)
Parents or guardian: _____
Spouse: _____
Person having custody: _____
Near relative: _____
Other: _____

4. PETITIONER believes that the Respondent is a person with a mental illness a person with an intellectual disability because: *(state reasons)*

5. PETITIONER states the following facts to indicate belief that Respondent is a danger or threat of danger to self, family or others because: *(state reasons)*

6. **Intellectual Disability proceedings only:** Petitioner must attach to this Petition documentation establishing that the Respondent has an intellectual disability, INCLUDING the findings of a psychological examination or assessment completed in a reasonable time prior to the filing of this Petition that documents a Full Scale IQ in the moderate to severe range of an intellectual disability. KRS 202B.100(4)(f).

7. PETITIONER requests that the Respondent be detained for examination, evaluation and hospitalization/ admittance if he/she meets the criteria for:

- a) involuntary hospitalization and that Respondent be hospitalized for 60 Days or 360 Days; or
- b) involuntary admission and that Respondent be admitted for an indeterminate period, to be reviewed within five (5) years of entry of this admission order.

_____, _____
Date Signature of Petitioner

* * * * *

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

Name/Title

County, Kentucky

Attach copy of Petition to copy of each Warrant; Summons; or Order Appointing Counsel, Setting Preliminary Hearing and Appointing Physician/QMHP/QIDP.

AOC-711 Doc. Code: OE
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Commonwealth of Kentucky
Court of Justice www.kycourts.gov
KRS 202A.051; 202A.028



**EXAMINATION AND TRANSPORT ORDER
(FOR 72 HOUR HOSPITALIZATION)**

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

IN THE INTEREST OF:)
)
)
 Respondent)
)
 Residence)
)
 Current Location)
)
 Telephone)

A verified petition for involuntary hospitalization having been filed, the Court having reviewed the allegations therein and having examined the petitioner under oath and it appearing to the Court that there is probable cause to believe the Respondent presents a danger or a threat of danger to himself/herself, family or others and should be hospitalized;

AND the Court having no objection and no objection having been made by any party to examination of the Respondent, IT IS THEREFORE ORDERED that:

1. The Respondent be delivered to _____ Hospital/Psychiatric Facility, without unnecessary delay by the Sheriff or other Peace Officer of this county to be examined by a Qualified Mental Health Professional who is:
 - (a) A staff member of a regional community program for mental health or individuals with an intellectual disability; or
 - (b) An individual licensed to perform the examination through the use of telehealth services; or
 - (c) The psychiatrist ordered, subject to the court's discretion, to perform the required examination.
2. Following said examination, the Qualified Mental Health Professional shall file a certification with this Court.

_____, 2 _____
Date

Judge

Attorney's Address:

Please print or type name of Judge in the space provided below:

Telephone No.:

EXECUTION

Executed by delivering the Respondent to:

_____, 2 _____
Date

Signature/Title

Distribution: Original - Court File Copy - Respondent's Attorney 4 Copies - Peace Officer, Respondent, Peace Officer's file and return, Qualified Mental Health Professional (Attach to this copy the completed AOC Form 710, Verified Petition for Involuntary, Hospitalization and a blank AOC Form 712, Certification of QMHP).

Print

Reset Form

AOC-712 Doc. Code: CH
Rev. 7-18
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Commonwealth of Kentucky
Court of Justice www.courts.ky.gov

KRS 202A.028; 202A.056



**CERTIFICATION OF QUALIFIED
MENTAL HEALTH PROFESSIONAL
FOR 72 HOUR HOSPITALIZATION**

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

IN THE INTEREST OF: _____)
_____)
RESPONDENT _____)

Comes the Affiant, _____, and states that he/she is a:

1. "Qualified mental health professional" employed by a community mental health center. *(Check appropriate block.)*

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;

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.;

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;

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 the provision of mental health services or a regional community program for mental health and individuals with an intellectual disability;

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;

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, and 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;

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.

A physician assistant licensed under KRS 311.840 to 311.862, who meets one (1) of the following requirements:

1. Provides documentation that he or she has completed a psychiatric residency program for physician assistants;
2. Has completed at least one thousand (1,000) hours of clinical experience under a supervising physician, as defined by KRS 311.840, who is a psychiatrist and is certified or eligible for certification by the American Board of Psychiatry and Neurology, Inc.;
3. Holds a master's degree from a physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant or its predecessor or successor agencies, is practicing under a supervising physician as defined by KRS 311.840, and:
 - a. Has two (2) years of clinical experience in the assessment, evaluation, and treatment of mental disorders; or
 - b. Has been 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 for at least two (2) years; or
4. Holds a bachelor's degree, possesses a current physician assistant certificate issued by the board prior to July 15, 2002, is practicing under a supervising physician as defined by KRS 311.840, and:
 - a. Has three (3) years of clinical experience in the assessment, evaluation, and treatment of mental disorders; or
 - b. Has been 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 for at least three (3) years.

2. Affiant states that he/she has examined the Respondent and in his/her opinion, Respondent is is not mentally ill and presents a danger to self, family or others; Respondent can reasonably benefit from this treatment and for whom hospitalization is the least restrictive alternative mode of treatment presently available.

The facts that support Affiant's belief that Respondent is a danger or threat of danger to self, family or others if not hospitalized are:

To whom does the Respondent represent a danger? _____

Have they been notified? _____

The facts that support Affiant's belief that hospitalization is the least restrictive alternative mode of treatment presently available for Respondent are:

3. Identifying data of Respondent: (if known)

_____ Social Security No.

_____ Date of Birth

_____ Age

_____ Sex

_____ Address

_____ Telephone No.

Does the Respondent have a legally appointed guardian? yes no unknown

Next of kin or interested party: _____

_____ Name

_____ Relationship

_____ Address

_____ Telephone No.

4. Physical problems (*present and previous*): _____

5. Allergies: _____

6. Diagnostic impressions:

7. Medications (*include dosage and last time taken*): _____

8. Interventions tried and result:

9. Other factors contributing to need for hospitalization:

10. Goal of hospitalization and recommendation for treatment:

11. Date examination was performed: _____

Further Affiant sayeth naught.

Date

Signature and Title

Hospital/Psychiatric Facility

Subscribed and sworn to before me on this _____ day of _____, 2_____.

My Commission expires: _____

Notary Public

County, Kentucky

AOC-713 Doc. Code: OGH or ODH
Rev. 8-17
Page 1 of 1

Commonwealth of Kentucky
Court of Justice www.courts.ky.gov

KRS 202A.028



**ORDER GRANTING/DENYING
72 HOUR HOSPITALIZATION**

Case No. _____
Court District
County _____
Division _____

IN THE INTEREST OF:

RESPONDENT: _____

Residence: _____

Current Location: _____

The Respondent has been examined by _____,
(Name)
a Qualified Mental Health Professional pursuant to KRS 202A.028, who has certified that the Respondent **did not meet** the
criteria or **did meet** the criteria for involuntary hospitalization.

IT IS ORDERED that,

- these proceedings be dismissed and the Respondent released from holding; OR
- the Respondent be hospitalized for a period not to exceed seventy-two (72) hours, excluding weekends
and holidays, at _____ in _____,
Kentucky and that the Sheriff or other peace officer of this county deliver the Respondent to the above-named
hospital within forty-eight (48) hours.

IT IS FURTHER ORDERED that, if determined by the hospital to be consistent with the treatment plan of the individual
released, the Sheriff or other peace officer of this county shall pick up the Respondent seventy-two (72) hours from the
time of admission (unless further held under KRS 202A) and return him/her to residence or current location.

Due to the Respondent being charged with the crime(s) of _____
_____ now pending in _____

County, IT IS FURTHER ORDERED that upon notification by the above-named hospital, the Sheriff or other peace officer
of this county shall return the Respondent to _____ Jail to answer said charges.

_____, 2_____
Date

Judge's Signature

Please print or type name of Judge in the space provided below:

(TO BE COMPLETED BY HOSPITAL)

Date and time of admission: _____

Date and time of pick up (unless otherwise notified): _____

Copy Distribution:

Court File; Respondent; Respondent's Attorney; Peace Officer - 3 copies (Peace Officer's File, Peace Officer's Return, Hospital);
and Cabinet for Human Resources.

Note: The copy to the Hospital must have attached to it a copy of the completed verified Petition for Involuntary
Hospitalization (AOC-710), unless hospitalization takes place pursuant to KRS 202A.041, and a copy of the completed
Certification of QMHP (AOC-712).

[Print](#)

[Reset Form](#)

AOC-715 Doc. Code: OAC
 Rev. 8-17
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 Commonwealth of Kentucky
 Court of Justice www.courts.ky.gov
 KRS 202A.051; 202A.056; 202A.061;
 202A.071; 202B



**ORDER APPOINTING COUNSEL,
 SETTING PRELIMINARY HEARING,
 AND SETTING EXAMINATION**

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

IN THE INTEREST OF: _____
 Respondent

A petition having been filed in the above-styled action, it is ORDERED that _____
 be **APPOINTED TO REPRESENT** the Respondent located at:
 _____ Hospital/Facility OR _____ Other (Specify)
 _____ Kentucky _____ Kentucky

(In intellectual disability proceedings under KRS 202B, counsel should be appointed from a list of local attorneys who are to be compensated as in KRS 620.100(1)(a) unless the Respondent retains private counsel. The public advocate should not be appointed unless no other method of appointing counsel is available).

IT IS FURTHER ORDERED that the **PRELIMINARY HEARING** be set for _____,
 _____, AM PM., which is for mental illness proceedings pursuant to KRS Chapter 202A within six (6) days
 (Time) from the date of Respondent's holding (if held), and/or examination (if not held), excluding weekends and holidays,
 or for intellectual disability proceedings pursuant to KRS Chapter 202B within fifteen (15) days from the date of filing
 of the petition, excluding weekends and holidays, at _____ Kentucky, to determine
 (Location) whether the Respondent should be involuntarily hospitalized/admitted.

(202A): IT IS FURTHER ORDERED THAT _____, M.D., a Kentucky Licensed
 Physician, and _____, a Kentucky Licensed Physician, or other Qualified
 Mental Health Professional (QMHP), are appointed to examine the Respondent at _____
 ("Hospital" or other Facility), and report their findings to this Court within twenty-four (24) hours of the date of
 examination (excluding weekends and holidays). **OR**

(202B): IT IS FURTHER ORDERED THAT _____, a Qualified Intellectual
 Disabilities Professional (QIDP), employed at _____, and _____,
 a Kentucky Licensed Psychiatrist, Psychologist, or Physician with special training and experience in serving
 individuals with an intellectual disability, employed at _____, are appointed to examine
 the Respondent at _____ ("Hospital" or other Facility), and report their findings
 to this Court within twenty-four (24) hours of the date of examination (excluding weekends and holidays).

If the above-named Physician is an Authorized Staff Physician of a Hospital, he/she may admit the Respondent to that Hospital pending a Preliminary Hearing if he/she believes that the Respondent should be hospitalized, and further, that Respondent meets the criteria for involuntary hospitalization pursuant to provisions of KRS 202A or KRS 202B. In this case, the Authorized Staff Physician shall notify this Court of the Respondent's admission to said Hospital. The Hospital is authorized to further detain Respondent, who is presently being detained under the provisions of 202A or 202B, for purposes of examination by the above-named Physician and/or other QMHP/QIDP pending the preliminary hearing until released by the above-named Physician or until further order of court, whichever occurs first.

 Date

 Judge

Attorney's Address:

Please print or type name of Judge in the space provided below:

Attorney's Telephone No: _____

Copy Distribution: Petitioner; Respondent/Respondent's Attorney; Legal Guardian, Spouse, Parent(s), Nearest Relative or Friend; if Respondent is detained, Peace Officer (5 copies for Respondent, Officer's File and Return, Hospital one each for appointed Physician/QMHP/QIDP, with a blank AOC form 712 attached); if Respondent is not detained, and no Peace Officer transports, Hospital (2 copies and 2 blank AOC form 712 for each Physician/QMHP/QIDP).

AOC-720 Doc. Code: OE or CEH
 Rev. 7-18
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 Commonwealth of Kentucky
 Court of Justice www.courts.ky.gov
 KRS 202A.051, 202A.056, 202A.061; 202B



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

IN THE INTEREST OF: _____)
 _____)
 Respondent _____)

**EXAMINATION ORDER AND EXAMINATION
 CERTIFICATIONS FOR INVOLUNTARY
 HOSPITALIZATION (Chapter 202A) OR
 INVOLUNTARY ADMISSION (Chapter 202B)**

(Check the appropriate block)

- 60 Day Involuntary Hospitalization
KRS Chapter 202A
- 360 Day Involuntary Hospitalization
KRS Chapter 202A (If this is a 360 day proceeding, it has been certified to this Court that the patient has been hospitalized in a hospital or a forensic psychiatric facility for a period of 30 days within the preceding six months under provisions of KRS 202A or 504.)
- Involuntary Admission
KRS Chapter 202B

ORDER

(202A): IT IS FURTHER ORDERED THAT _____, M.D., a Kentucky Licensed Physician, and _____, a Kentucky Licensed Physician, or other Qualified Mental Health Professional (QMHP), are appointed to examine the Respondent at _____ ("Hospital" or other Facility), and report their findings to this Court within twenty-four (24) hours of the date of examination (excluding weekends and holidays).

OR

(202B): IT IS FURTHER ORDERED THAT _____, a Qualified Intellectual Disabilities Professional (QIDP), employed at _____, and _____, a Kentucky Licensed Psychiatrist, Psychologist, or Physician with special training and experience in serving individuals with an intellectual disability, employed at _____, are appointed to examine the Respondent at _____ ("Hospital" or other Facility), and report their findings to this Court within twenty-four (24) hours of the date of examination (excluding weekends and holidays), and that _____, an Attorney of this Court, is appointed to represent the Respondent. If the above-named Physician is an Authorized Staff Physician of a Hospital, he/she may admit the Respondent to that Hospital pending a Preliminary Hearing if he/she believes that the Respondent should be hospitalized, and further, that Respondent meets the criteria for involuntary hospitalization pursuant to provisions of KRS 202A or KRS 202B. In this case, the Authorized Staff Physician shall notify this Court of the Respondent's admission to said Hospital. The Hospital is authorized to further hold Respondent, who is presently being held under the provisions of 202A or 202B, for purposes of examination by the above-named Physician and/or other QMHP/QIDP pending the preliminary hearing until released by the above-named Physician or until further order of Court, whichever occurs first.

_____, 2 _____
 Date

 Judge

Please print or type name of Judge in the space provided below:

CERTIFICATION

Note: (202A Proceedings) The Certifications attached must be completed by two "Qualified Mental Health Professionals". At least one certification must be completed by a physician.

"Qualified Mental Health Professional" under KRS 202A (mental illness) 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 community program for mental health and individuals with an intellectual disability.
- e. A **licensed clinical social worker** licensed under 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.
- h. A **physician assistant** licensed under KRS 311.840 to 311.862, who meets one (1) of the following requirements:
 1. Provides documentation that he or she has completed a psychiatric residency program for physician assistants;
 2. Has completed at least one thousand (1,000) hours of clinical experience under a supervising physician, as defined by KRS 311.840, who is a psychiatrist and is certified or eligible for certification by the American Board of Psychiatry and Neurology, Inc.;
 3. Holds a master's degree from a physician assistant program accredited by the Accreditation Review Commission on Education for the Physician Assistant or its predecessor or successor agencies, is practicing under a supervising physician as defined by KRS 311.840, and:
 - a. Has two (2) years of clinical experience in the assessment, evaluation, and treatment of mental disorders; or
 - b. Has been 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 for at least two (2) years; or
 4. Holds a bachelor's degree, possesses a current physician assistant certificate issued by the board prior to July 15, 2002, is practicing under a supervising physician as defined by KRS 311.840, and:
 - a. Has three (3) years of clinical experience in the assessment, evaluation, and treatment of mental disorders; or
 - b. Has been 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 for at least three (3) years.

Note: (202B Proceedings) The Certifications attached must be completed by two professionals, one of whom must be a "Qualified Intellectual Disabilities Professional", and the other of whom must be a licensed psychiatrist, psychologist, or physician with special training and experience in serving individuals with an intellectual disability.

"Qualified Intellectual Disabilities Professional" under KRS 202B (intellectual disability) 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 **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.
- c. A **licensed registered nurse** with a master's degree in psychiatric nursing from an accredited institution and two (2) years of clinical experience of which one (1) year is with individuals with an intellectual disability; or a licensed registered nurse, with a bachelor's degree in nursing from an accredited institution, who has three (3) years of inpatient or outpatient clinical experience of which one (1) year is in the field of individuals with an intellectual disability and is currently employed by a ICF/ID licensed by the cabinet, a hospital, a regional community program for mental health or individuals with an intellectual disability, or a private agency or company engaged in the provision of services to individuals with an intellectual disability.
- d. 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 two (2) years of inpatient or outpatient clinical experience in social work of which one (1) year shall be in the field of individuals with an intellectual disability and is currently employed by an ICF/ID licensed by the cabinet, a hospital, a regional community program for mental health or individuals with an intellectual disability, or a private agency or company engaged in the provision of services to individuals with an intellectual disability.
- e. 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 or individuals with an intellectual disability.
- f. A **professional counselor** credentialed under the provisions of KRS 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 or individuals with an intellectual disability.

Number 1 Certification

AFFIANT states that he/she has examined the Respondent, _____
and in his/her opinion, Respondent is or is not:

Mentally Ill or An individual with an intellectual disability, and presents a danger or threat of danger to self, family or others; Respondent can reasonably benefit from this treatment; and hospitalization is the least restrictive alternative mode of treatment presently available.

1. What facts support your belief that the Respondent is a danger or threat of danger to self, family or others if not hospitalized?

2. What facts support your belief that hospitalization is the least restrictive alternative mode of treatment presently available?

3. Diagnostic Impression:

a. _____

b. _____

4. Date Examination Performed:

_____, 2_____

_____, 2_____

Date

(Signature/Title)

* * * * *

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

My commission expires: _____

Notary Public

County, Kentucky

Number 2 Certification

AFFIANT states that he/she has examined the Respondent, _____
and in his/her opinion, Respondent is or is not:

Mentally Ill or An individual with an intellectual disability, and presents a danger or threat of danger to self, family or others; Respondent can reasonably benefit from this treatment; and hospitalization is the least restrictive alternative mode of treatment presently available.

1. What facts support your belief that the Respondent is a danger or threat of danger to self, family or others if not hospitalized?

2. What facts support your belief that hospitalization is the least restrictive alternative mode of treatment presently available?

3. Diagnostic Impression:

a. _____
b. _____

4. Date Examination Performed:

_____, 2_____

_____, 2_____

Date

(Signature/Title)

* * * * *

SUBSCRIBED AND SWORN TO before me this _____ day of _____, 2_____.	
My commission expires: _____	_____ Notary Public
	_____ County, Kentucky

RESOURCES

TREATMENT:

1. NORTHKEY – Community Mental Health Center
WWW.NORTHKEY.ORG
24/7 Crisis Line/New Patients: 859-331-3292
Existing Clients: 859-578-3200
2. EASTERN STATE HOSPITAL
www.ukhealthcare.uky.edu/ESH
1350 Bull Lea Rd.
Lexington, KY 40511
859-246-8000
3. ST ELIZABETH
<https://www.stelizabeth.com/care/activating-hope/mental-health/>

FAMILY SUPPORT:

1. NAMI (National Alliance on Mental Health) of NKY
<https://naminky.org/about-nami-northern-kentucky/>
1002 Monmouth Street
Newport, KY 41071
Phone: 513-436-0010
info@naminky.org
2. MENTAL HEALTH AMERICA
<https://www.mhankyswoh.org/Home>
859-431-7077
3. FIND HELP NOW KENTUCKY
<https://findhelpnow.org/ky>
1-877-318-1871

JUDICIAL RESOURCES:

1. BOONE COUNTY ATTORNEY
WWW.BOONECOATTY.COM
2970 Union Square
Burlington, KY 41005
Phone: 859-334-3200
2. BOONE COUNTY JUSTICE CENTER
6025 Rogers Lane Room 141
Burlington, KY 41005
Phone: 859-448-2900
3. CAMPBELL COUNTY ATTORNEY
WWW.CAMPBELLCOUNTYATTORNEY.COM
330 York Street, Third Floor
Newport, KY 41071
Phone: 859-581-8015
4. CAMPBELL COUNTY JUSTICE CENTER
330 York St.
Newport, KY 41071
Phone: 859-292-6314
5. KENTON COUNTY ATTORNEY
WWW.KENTONCOATTY.COM
1840 Simon Kenton Way, Suite 4200
Covington, KY 41017
Phone: 859-491-0600
6. KENTON COUNTY JUSTICE CENTER
230 Madison Avenue
Covington, KY 41011
Phone: 859-292-6524
7. KENTUCKY JUDICIAL COMMISSION ON MENTAL HEALTH:
<https://www.kycourts.gov/Court-Initiatives/Pages/Kentucky-Judicial-Commission-on-Mental-Health.aspx>
8. KENTUCKY LEGAL HELP CENTER
WWW.KYCOURTS.GOV/LEGAL-HELP