

THE MATTHEW "CASEY" WETHINGTON ACT
FOR
SUBSTANCE ABUSE INTERVENTION

(KRS 222.430 -222.437)

DEFINITIONS/TERMS:

- Petitioner: A parent, relative, or friend, filing the paperwork requesting involuntary drug/alcohol treatment for a loved one.
- Respondent: The person in need of involuntary drug/alcohol treatment.
- Petition: The formal legal application and paperwork for Casey's Law.
- QHP: Stands for Qualified Health Professional and refers to the professionally certified individuals required to complete the Casey's Law certification forms.
- Certification: Legal forms (evaluations) that must be completed by the QHP. Each professional must sign their form and have it notarized. The signed form MUST be returned to the Mental Health Division of the Circuit Clerk's office within 24 hours of its completion.
- Clerks: Circuit Court Clerks

OVERVIEW OF CASEY'S LAW

Casey's Law is a legal proceeding which results in a court order for involuntary treatment for a substance abuse disorder, regardless of the substance. Please read this in full before beginning the Casey's Law process. The process has multiple steps and requires the following:

1. It is advised that the Petitioner book appointments with the two professional evaluators prior to filing petition 700A. (See section A(3) below)
2. File the Casey's Law petition. The circuit clerk will complete the summons containing the names and addresses of the QHP along with the dates and times of the scheduled appointments. (Section A(4) and Section B below)
3. The Sheriff will serve the Respondent with the summons. Once the Respondent is served, their failure to cooperate and attend the evaluations, court date, or treatment program may result in contempt of court.
4. Petitioner attends appointments with QHP and receives the completed Certification (See Section C below)
5. Return completed Certification to the Circuit Clerk's office within 24 hours. This is required by law. Failure to do so could result in a dismissal of the case (Section A(3)d below)
6. It is the responsibility of the Petitioner, not the court, to secure a treatment program for the Respondent to attend.
7. Petitioner and Respondent will be required to attend court on a specified date. (Section D below)
8. Once treatment is ordered, it is the responsibility of the Petitioner to keep the court informed of any changes in the status of the Respondent.
9. Note: Some steps in the Casey's Law procedure may vary by county.

CASEY'S LAW PROCESS

A. CASEY'S LAW FILING PROCEDURES

1. It is important the Petitioner understand that the Respondent must be served with a court summons. If the Sheriff cannot serve the Respondent due to lack of permanent address, the Petitioner (18 years or older) has the right to serve the Respondent. In this case it is recommended a witness (age 18 years or older) be present when the summons is served.
2. Two evaluations (certifications) are required before you have a court hearing.

3. **Schedule the two (2) evaluator appointments BEFORE filing the petition.** In regard to these evaluations (certifications) there are important requirements that must be met.
 - a. One of the evaluators **MUST** be a medical doctor.
 - b. The other evaluator **MUST** be a qualified health professional, which may include a Psychologist, Therapists or Drug Counselor.
 - c. The evaluator must date, sign and have the certification (evaluation) form notarized.
 - d. The certification (evaluation) **MUST** be turned into the Mental Health Division of the Circuit Clerk's office within 24 hours of its completion. To meet this deadline, the professional may, but is not required to, FAX the completed/notarized form to the Circuit Clerk's office. **IF AN EVALUATION (CERTIFICATION) IS FAXED IN ORDER TO MEET THE 24-HOUR DEADLINE, THE ORIGINAL FORM MUST BE DELIVERED TO THE CIRCUIT CLERK'S OFFICE NO LATER THAN THE DAY BEFORE THE HEARING.**
 - e. **FAILURE TO COMPLY WITH THESE DEADLINES MAY RESULT IN A DISMISSAL OF THE CASE.**
4. Bring the names, addresses, phone numbers of the two evaluators, appointment dates, and times to the Circuit Clerk's office when filing the petition.
5. The Circuit Clerk will provide a blank Casey's Law Petition, or one may be obtained online at www.caseysLaw.org and completed prior to appearing the Circuit Clerk's office.
6. The completed form should be signed in Circuit Clerk's office so the Petitioner's signature can be witnessed. It is required for every blank to be completed.
7. It is very important the Petition provide a detailed history, any recent and relevant facts, attaching copies of court or medical documentation if available about the Respondent's addiction problems. This information can be typed up in advance and attached to the petition when it is filed. Examples: previous treatment history, overdoses, criminal charges, years of usage.
8. Check **ONLY ONE** box for length of treatment—either up to 60 days **OR** up the 360 days. Checking both boxes may result in dismissal of the petition.

B. WHAT WILL HAPPEN WHEN THE PETITION IS FILED

1. The Circuit Clerk will ask the Petitioner to sign guarantee of payment for treatment. *This should not be a deterrent! There are free and low-cost facilities in Kentucky. Treatment options outside Kentucky are permitted. www.gethelpky.org or www.nkyhatesherion.com*
2. The Circuit Clerk will provide the Petitioner two evaluator, 703A (certification) forms and a hearing date. According to the law, court dates must be scheduled within 14 days of the judge signing the petition.
3. The petition will go to the judge to be reviewed to determine if probable cause exist to order the two evaluations. If the judge finds that probable cause exists, an order will be signed. Generally, this occurs at the time of the petition.
4. As soon as the signed order is received, the Petitioner should start calling treatment facilities to secure a bed for the Respondent. If a program refuses the Petitioner's call, inform them that a Casey's Law petition has been filed and a bed date is needed prior to the court date. Once placement is secured request a letter stating confirmation of a bed availability.
5. Inquire if treatment facility provides medical or non-medical detox. If not, additional arrangements for detox at a separate facility is necessary.
6. The Respondent may be served by the County's Sheriff's Department. A fee may apply for this service. If the Sheriff cannot serve due to a lack of a permanent address, the Petitioner, (age 18 or over) has the right to serve the Respondent. It is advised that a witness (age 18 or over) accompany the Petitioner when serving the summons.

C. WHAT YOU DO AFTER FILING THE PETITION

1. It will be necessary for Petitioner to accompany the Respondent to appointments and facilitate their attendance by providing transportation if necessary. Give the evaluation forms to the professionals, and ensure they are completed, signed and notarized. The evaluator may choose to talk to the Petitioner about the Respondent's addiction and behaviors.

2. DO NOT GIVE THE COMPLETED EVALUATIONS TO THE RESPONDENT! The Petitioner will want to make a copy of the evaluation/certification for record keeping.
3. If the Respondent refuses or fails to attend scheduled evaluation appointments, the Petitioner must be prepared to testify to this fact in court. The judge may find the Respondent in contempt of court and may issue a 72-hour hold at a detention center for the sole purpose of completing the evaluation requirement. This will not result in any criminal charges.

D. WHAT TO EXPECT IN COURT

1. Be prepared to testify to the following about the Respondent:
 - a. The Respondent is addicted to alcohol and/or other drugs
 - b. They are a danger to themselves or others due to the addiction
 - c. The Respondent needs and can benefit from treatment
2. The judge will review the completed evaluations and recommendations of the professionals and rule accordingly.
3. The Respondent has the right to representation by a public defender or private attorney.
4. The Respondent also has the right to request a hearing which will require a future court date.

E. WHAT TO EXPECT AFTER COURT

1. **Be prepared with transportation arrangements to treatment immediately following court.** Petitioner must have the name and address of the detox program and/or treatment facility that will be treating the Respondent. The judge will need this information to complete the court order.
2. Failure to comply with this court order to treatment may result in the Respondent being found in contempt of court and a warrant will be issued for their arrest. Once arrested, the judge will keep them in custody until the next court date. **Again, this will not result in criminal charges.**

F. CASEY'S LAW EVALUATIONS AND TREATMENT

To fulfill the requirement of two evaluators, one being a physician and the other being a qualified health professional, the Petitioner may use physicians or counselors already familiar with the Respondent's history including those from recent hospital visits, primary care physicians, or refer to the websites below.

These websites also provide a list of treatment facilities.

<http://dbhdid.ky.gov/providerdirectory/providerdirectory.aspx>

<http://caseyslaw.org/treatment.htm>

<http://gethelpky.org>

<http://nkyhatesherion.com/resources>

CASEY'S LAW INVOLUNTARY TREATMENT FOR SUBSTANCE ABUSE (KRS 222.430-222.437)

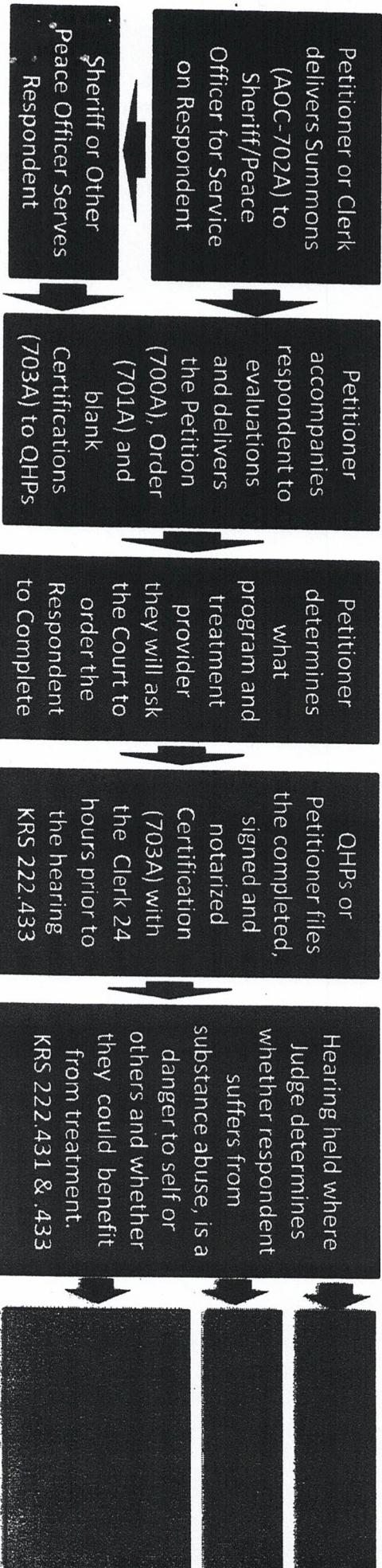
Spouse, relative, friend or guardian completes Petition (AOC- 700A) and schedules two evaluator appointments with QHPs, at least one of which must be a medical doctor. (KRS 222.432 & 222.433)

Petitioner brings completed AOC 700A Petition to Clerk's Office. Petitioner provides Clerk with the physical address of the respondent; the names, appointment times and contact information for the evaluators; and the petitioner's personal contact information (KRS 222.432)

Clerk Contacts Judge and Takes/Faxes/Emails Petition along with AOC 701A and evaluators appointment information to Judge; Clerk advises Petitioner they may need to appear before the Judge to testify to aid Judge in making the probable cause determination.

Judge Reviews Petition and Examines Petitioner Under Oath to determine whether Probable Cause exists; if so Judge completes AOC 701A setting hearing within 14 days, appointing counsel for Respondent and ordering QHP evaluations; Judge returns the same to the Clerk (KRS 222.433)

Clerk completes the AOC-702A Summons and gives it to Petitioner along with two blank AOC-703A Certification of QHPs. Clerk notifies the nearest relative of the respondent of the hearing date, the allegations and the contents of the petition (KRS 222.433)





**VERIFIED PETITION
FOR 60/360 DAY INVOLUNTARY TREATMENT
(ALCOHOL/DRUG ABUSE)**

Case No. _____
Court District
County Fayette
Division Mental Health

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).