

Ohio County Kentucky Casey's Law Procedure

FIRST STEP: WATCH CASEY'S LAW VIDEO

<https://www.youtube.com/watch?v=HCsQX7NISsY>

Definitions/Terms:

Petitioner: The person filing the paperwork requesting involuntary drug/alcohol treatment.

Respondent: The person believed to need involuntary drug/alcohol treatment.

Petition: The form filed with the clerk to request involuntary treatment under Casey's Law.

QHP: The "Qualified Health Professionals" are the two individuals (a medical doctor and a mental health professional) who evaluate whether the Respondent needs treatment and who complete the certification forms.

Certification: The legal form completed by a QHP reporting on the results of their evaluation. Each professional must sign their form and have it notarized.

Contacts:

Ohio County Attorney:

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(270) 298-4478

Ohio Circuit Clerk:

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Ohio County Sheriff's Department:

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IMPORTANT NOTICE:

- State and federal law requires the imposition of a firearm prohibition with Casey's Law court orders. If the Respondent is ordered into treatment under Casey's Law, the Respondent will be prohibited from possessing or owning a firearm. See 18 U.S.C. 922(d)(3) and (g)(3) and KRS 237.108(2).
- "Casey's Law" is a legal proceeding which may result in involuntary drug/alcohol treatment.
- You may contact the office of the Ohio County Attorney for assistance and/or the office of the Ohio Circuit Clerk to obtain the required forms.
- Under Kentucky law, the **Petitioner** is responsible to complete the following:
 - (1) Schedule appointments with QHP evaluators **before** filing the petition;
 - (2) Complete and file the petition and background information questionnaire, and **must** provide the clerk with an address for the Respondent so the sheriff may serve a summons;
 - (3) Provide the clerk with the QHP names, addresses and appointment dates and times;
 - (4) If the court finds probable cause and orders the Respondent to be evaluated, **(See Section B Below)**, you must attend QHP evaluation appointments with the Respondent;
 - (5) File completed QHP certifications within 24 hours after the appointments **(See Section C Below)**;
 - (6) Identify the treatment program that you request be ordered;
 - (7) Attend court hearings to testify concerning Respondent's need for treatment **(See Section D below)**; and,
 - (8) Arrange for transport to and pay the costs of the QHP evaluations and the cost of the treatment ordered **(See Section E Below)**.

Casey's Law Procedures

Section A:

Important Information Regarding Casey's Law

- 1) Respondent may be served with a court summons. The sheriff must physically locate the Respondent at the address Petitioner provides the clerk. If the Respondent is not served, the court has no authority to order an arrest and hold Respondent in contempt.

- 2) **Schedule two evaluator appointments BEFORE filing the petition.**
One evaluator must be a doctor and the other a mental health treatment provider.

The following websites are provided solely for reference:

<http://findhelpnowky.com> (over 400 treatment programs listed with bed availability);

<http://gp930.com/resource-page/> (look under treatment locators and help);

<http://dbhdid.ky.gov/ProviderDirectory/ProviderDirectory.aspx> and,

Kentucky Help Statewide Call Center: 1 (833) 859-4357

- 3) **ONCE THE APPOINTMENTS HAVE BEEN MADE,** complete the petition and background information questionnaire.
- 4) There shall be **no blanks** in the petition and background information questionnaire. Sign the petition in front of a notary or the clerk.
- 5) Check **ONE** of the boxes in the petition for length of treatment: up to 60 days OR up to 360 days.
- 6) The Petitioner must sign an agreement guaranteeing the payment for treatment and any fees associated with transportation.

Section B:

What will happen when you file the petition?

- 1) Within approximately 48 hours, a date and time for a court hearing before the judge will be provided to the Petitioner. Petitioner must be prepared to testify.
- 2) If probable cause is found, an order will require the Respondent to attend the appointments scheduled by the Petitioner for an evaluation. The order will set a hearing within 14 days. Petitioner must pick up the signed order from the clerk. The clerk will provide two (2) QHP Certification forms AOC-703A, which shall be provided to the QHP at appointment for completion.
- 3) Unless the Respondent hires his/her own attorney, the court will appoint the Department of Public Advocacy to represent the Respondent.

Section C:

What to do after filing?

- 1) Petitioner must attend the appointments with the Respondent and, if necessary, facilitate transportation to the appointment. Provide both QHP

a blank certification form to complete and sign before a notary. **There should not be any blanks on the form.**

- 2) **There are critically important requirements and deadlines that MUST be met:**
 - a) One evaluator **MUST** be a medical doctor;
 - b) One evaluator **MUST** be a qualified mental health professional;
 - c) The evaluations **MUST** be dated, signed and notarized;
 - d) The certification **MUST** be returned to the clerk's office within 24 hours of its completion. To meet this deadline, the professional may send by fax the completed, notarized form to the clerk's office. **IF AN EVALUATION IS FAXED IN ORDER TO MEET THE 24-HOUR DEADLINE, THE ORIGINAL FORM MUST BE DELIVERED TO THE CLERK'S OFFICE NO LATER THAN THE DAY BEFORE THE HEARING. FAILURE TO COMPLY WITH THESE DEADLINES MAY RESULT IN A DISMISSAL OF THE CASE.**
- 3) PLEASE DO NOT GIVE THE ORIGINAL COMPLETED EVALUATIONS TO THE RESPONDENT!
- 4) If the Respondent refuses to go to the evaluation appointment(s), you must be prepared to testify in court that the Respondent refused or failed to attend the appointment(s).

Section D:

What to expect in court?

- 1) The county attorney's office will present the case to the court. Be prepared to testify about the following:
 - a) What causes you to believe the Respondent is addicted to alcohol and/or drugs;
 - b) Why you think there is a danger to themselves or others due to the addiction; and
 - c) What treatment program (including name and address of the program) you believe would benefit the Respondent.
- 2) Respondent will have an attorney present.
- 3) The Respondent's attorney is permitted to present evidence and question any witnesses called to testify including the Petitioner.

- 4) Only complete and notarized certifications will be admitted into evidence for the judge to consider.
- 5) The judge will decide as to whether the Respondent needs to go to treatment.

Section E:

What to expect after court, if Respondent is ordered into inpatient treatment?

- 1) If inpatient treatment is ordered, Petitioner must be prepared to transport the Respondent immediately to treatment. If the sheriff is ordered to transport the Respondent, Petitioner may be assessed the cost.
- 2) If you attempt to transport the Respondent and the Respondent fails to comply or leaves the treatment facility before being released, the Petitioner must report it to the court in a written, notarized statement. Respondent may be subject to contempt of court and an arrest warrant issued. Once arrested, the judge may keep the Respondent in custody until the next court date.
- 3) The cycle of running away and arrest could recur if the Respondent does not cooperate.
- 4) Provide the treatment facility with a copy of the filed petition, certification reports and the court order for treatment.

Section F:

What to expect once the Respondent is released from inpatient treatment or is ordered to complete outpatient treatment?

- 1) The court will provide a measure of accountability to the Respondent by monitoring their compliance with treatment.
- 2) Respondent will be required to appear in court on a regular basis to provide written proof of compliance with therapy sessions, support group meetings and drug screens. Failure to do so may result in a contempt hearing and sanctions.
- 3) The Petitioner may need to appear at these court hearings.

**COMMONWEALTH OF KENTUCKY
OHIO DISTRICT COURT
CASE# _____**

IN RE THE INTEREST OF: _____

BACKGROUND HISTORY
(Supplement to AOC 700A)

Having filed a Casey's Law petition concerning the above named individual, I believe the following to be true:

Today's Date: _____

My Name: _____

My Address: _____

My Phone Number: _____

My Email: _____

My Relationship to the Respondent: _____

- 1) Does the Respondent currently or has he/she ever resided in your home?
_____ Yes _____ No

If Yes, explain

- 2) Would he/she be welcome to live in your home if that would assist in the Respondent's treatment? _____ Yes _____ No

- 3) Does the Respondent have a driver's license? _____ Yes _____ No

- 4) Is the Respondent presently incarcerated? _____ Yes _____ No

- 5) Is the Respondent married or have a significant other? Does that individual also suffer from substance abuse? Explain:

6) Does the Respondent have children? What ages? Who has custody of the children? Explain:

7) How many years of education has the Respondent completed? ____ Years

8) Name of last school from which the Respondent graduated and the last school he/she attended, if different. Please list any certificates, degrees, or training completed or earned.

9) If the Respondent not a high school graduate, has he/she earned a GED?
_____ Yes _____ No _____ N/A

10) Has the Respondent ever been in the military? _____ Yes _____ No

11) Has the Respondent received physical or mental health services from a Veteran's Administration Hospital or Treatment Center?
_____ Yes _____ No

12) Who is the Respondents primary care physician? _____

13) List any medications currently being prescribed and your understanding of the purpose of those medications.

14) How many months or weeks in the past year has the Respondent been employed? List name of each employer and describe type of work, if applicable

Work Problems:

_____ Violation of the Employer's substance abuse policy, example: a positive drug test.

_____ Absenteeism

_____ Tardiness

_____ Accidents

_____ Working while hung-over

_____ Trouble concentrating

_____ Decreased job performance

_____ Consumed substances while at work

_____ Lost job in past due to substance abuse

_____ no work problems

Comments on work problems.

15) To be the best of your knowledge what substances does the Respondent use and what is the history?

Alcohol: _____ never used _____ currently using _____ past use _____ age first used

Amphetamines: _____ never used _____ currently using _____ past use _____ age first used

Anti-Anxiety: ____ never used ____ currently using ____ past use ____ age first used

Barbiturates: ____ never used ____ currently using ____ past use ____ age first used

Cocaine/Crack: ____ never used ____ currently using ____ past use ____ age first used

Heroin/Morphine: ____ never used ____ currently using ____ past use ____ age first used

LSD/Acid: ____ never used ____ currently using ____ past use ____ age first used

Marijuana/Hash: ____ never used ____ currently using ____ past use ____ age first used

Meth/Crystal Meth: ____ never used ____ currently using ____ past use ____ age first used

Painkillers: ____ never used ____ currently using ____ past use ____ age first used

Describe type, amount and frequency of use for each substance indicated above (use the back of this page if needed):

16) Have you ever observed any needle marks from illicit drug use on the Respondent's body? ____ Yes ____ No

17) To the best of your knowledge has the Respondent used drugs and/or alcohol in situations where it is physically dangerous such as driving while impaired? ____ Yes ____ No

If yes, describe:

18) To the best of your knowledge has the Respondent been intoxicated, hung-over or in withdraw at times when he/she is expected to fulfill important obligations such as while at work or caring for children? _____ Yes _____ No

If yes, describe:

19) Has the Respondent given up occupational, social or recreational activities because of substance use? _____ Yes _____ No

If yes, describe:

20) Has the Respondent used drugs and/or alcohol to ease difficulties with emotions, relationships, or as a stress reliever? _____ Yes _____ No

If yes, describe:

21) Respondent's perception of substance use (circle one)

Not a problem	Unsure if problem	Some problem
Significant	Severe Problem	

22) Has the Respondent received counseling or treatment for emotional or substance abuse problems? _____ Yes _____ No

If yes, then list the complete history of previous treatment to the best of your knowledge (list in chronological order and for each treatment attempt state whether inpatient or outpatient, the name of facility or organization responsible for the treatment, the dates the Respondent was enrolled in the program, whether or not the Respondent successfully completed the terms of the treatment, whether or not the Respondent successfully completed the terms of the treatment, whether or not there was any follow-up with support and the length of the time before relapse:

First treatment:

Second treatment:

Attach as many additional sheets as needed.

- 23) Does the Respondent have insurance or the financial means to pay for the treatment? Describe:

- 24) Respondent's current or past legal trouble: None Public Intoxication/Alcohol Intoxication DUI Theft to support addiction Other

For any box checked concerning legal troubles above please explain:

25) Financial problems: ___ Some ___ Moderate ___ Severe ___ None

Describe:

26) Social Problems: ___ Some ___ Moderate ___ Severe ___ None

Describe:

27) Is the Respondent diagnosed with any mental health disorder and has the disorder been exacerbated by substance abuse? Explain.

28) Has the Respondent attempted to cut down or stop alcohol and drug use:
_____ Yes _____ No

Explain.

29) Control over use of substance(s)(Circle all that apply)

Uses more than intends getting worse No loss of control
Unpredictable Uses to get high Gets argumentative

30) History of suicide attempts.

31) History of violent behavior.

32) Who is the person that the Respondent least wants to disappoint with his/her behavior? _____

I ask that the Court and any treatment evaluator recognize that I do not know all aspects of the Respondent's life but have made my best attempt to answer the questions put to me to the best of my ability in the hopes it will aid the decisionmakers.

This _____ day of _____, 20____.

Petitioner