

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 QMPs, 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 Allegations in Petition and Examines Petitioner Under Oath to determine if Probable Cause exists, then completes the AOC 701A and returns the same to the Clerk (KRS 222.433)

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

Petitioner or Clerk delivers Summons (AOC-702A) to Sheriff/Peace Officer for Service on Respondent

Sheriff or Other Peace Officer Serves Respondent

Petitioner accompanies respondent to evaluations and delivers the Petition (700A), Order (701A) and Certifications (703A) to QHPs

Petitioner determines what program and treatment provider they will ask the Court to order the Respondent to Complete

QHP or Petitioner files the completed, signed and notarized Certification (703A) with the Clerk 24 hours prior to the hearing KRS 222.433

Hearing held where Judge determines whether respondent suffers from substance abuse, is danger to self or others and whether they could benefit from treatment. KRS 222.431 & .433

Petition Dismissed

Outpatient Treatment Ordered

Inpatient Treatment Ordered: Sheriff or Petitioner transports Respondent to Treatment

Casey's Law Comprehensive Screening Questionnaire

PRINT AND FILL OUT THIS FORM

Date _____

Petitioner's Name _____

Phone Numbers: Home _____ Mobile _____ Text: Yes No

Relationship to person being petitioned _____

County where petition will be filed _____

Payment options – insurance, cash, or assistance needed _____

Person's Name being petitioned (Respondent) _____

Age _____ Birth Date _____

Respondent's address or homeless _____

Is person in jail Yes No If so, where _____

Pending court dates, state, county _____

What drugs are being used _____

How long has person been using _____

Is person detoxed _____

Previous rehabs _____

Overdoses, if any _____

Hospitalizations _____

Hep C or other medical conditions _____

Marital Status _____ Pregnant Yes No

Children/Custody _____

Casey's Law Checklist

PRINT AND FILL OUT THIS FORM

Casey's Law Comprehensive Questionnaire completed Yes

Form 700A Petition: Date Filed _____

County Where Filed _____

Court date _____

Evaluation 1: Doctor Name _____

Address _____

Appointment Date _____

FORM 703A Completed Yes

Completed FORM 703A Filed Yes

Evaluation 2: Qualified Health Professional _____

Address _____

Appointment Date _____

FORM 703A Completed Yes

Completed FORM 703A Filed Yes

Naloxone kit obtained Yes

Withdraw Management Arrangements: _____

Treatment Arrangements: _____

Addiction and the Brain

Today we recognize addiction as a chronic disease that changes both brain structure and function. Just as cardiovascular disease damages the heart and diabetes impairs the pancreas, addiction hijacks the brain. This happens as the brain goes through a series of changes, beginning with recognition of pleasure and ending with a drive toward compulsive behavior.

Repeated exposure to an addictive substance or behavior causes nerve cells in the nucleus accumbens and the prefrontal cortex (the area of the brain involved in planning and executing tasks) to communicate in a way that couples liking something with needing it, in turn driving a person to go after it. That is, it becomes more about being normal than about being "high".

<http://www.helpguide.org/harvard/how-addiction-hijacks-the-brain.htm>

CaseysLaw.org
Facebook.com/caseywethingtonact
CaseysLaw.blogspot.com

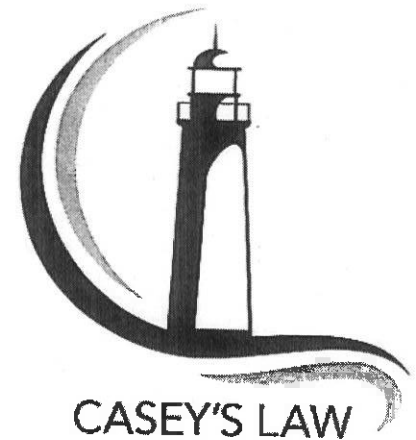
Where can I find a copy of the Law?
www.lrc.state.ky.us. Click on the "Legislative Resources" link and choose KRS 222.430 to 222.437.

A copy of the petition can be obtained at the circuit clerk's office by requesting Form #700A, the Verified Petition for Involuntary Treatment of Alcohol/Drug Abuse.

Myths & Facts About Drug Addiction

- **Drug addiction is a choice.** Research shows that long-term substance use alters brain chemistry. These changes can cause intense cravings, impulse control issues, and the compulsion to continue to use.
- **Addiction only affects those who are weak, uneducated, or have low morals.** Addiction does not discriminate. Addiction affects the lives of people of all ages, ethnicities, cultures, religions, communities, and socioeconomic statuses. Addiction is not a result of low morals. Often addicts behave in ways that violate their personal beliefs, values, and morals. Addiction is an equal opportunity disease.
- **Involuntary treatment is not effective.** Treatment does not have to be voluntary. Court ordered treatment can be just as successful.
- **People can successfully finish treatment in a couple of weeks.** The best predictor of success is length of treatment. Patients who remain at least 1 year are twice as likely to remain drug free. Addiction is a chronic disorder & will require longer term treatment as well as repeated treatment.
- **People who continue to abuse drugs or relapse after treatment are hopeless.** Drug addiction is chronic and relapse does not mean failure, rather additional treatment.

Addiction does not discriminate.
It is an equal-opportunity disease.



There Was No Law And Then...



Casey Died

A HOPEFUL Option Lighting the Way to Recovery

The Matthew Casey Wethington Act
for Substance Abuse Intervention,
(KRS (KY Revised Statute) 222.430 - 222.437)

Charlotte's Journey Through Casey's Law

After Casey's Law was passed in July of 2004, Charlotte persevered in the fight against heroin. She is a true leader in advocating recovery and has provided a light at the end of the tunnel for so many. Charlotte helped establish a grief support group called PEACE that comforts other families who have lost their loved ones. Charlotte hosts a monthly cable show "Guide to Feeling Better" which attempts to dispel myths and misconceptions about mental health and substance use disorders. Charlotte and her husband Jim have restored Casey's 1967 Volkswagen Kombi Bus with the intention of providing the life-saving drug Narcan (Naloxone) and other invaluable resources throughout Northern Kentucky. Charlotte worked for a decade as recovery advocate for Transitions, Inc. She continues to serve in many capacities related to recovery advocacy including speaking at every opportunity about the disease of addiction. She does this in hope of raising awareness and inspiring others to advocacy. Her unfaltering efforts and Casey's Law itself have already saved so many lives, providing a HOPEFUL option for those suffering from addiction and their loved ones.



The Enquirer/Patrick Reddy



Casey's Story

Casey Wethington dies at 23 years old from a heroin overdose. He suffered from a treatable disease that does NOT have to be fatal.

Casey was an energetic young man who enjoyed life until it was "taken" by drugs. As a boy, he participated in a variety of sports such as soccer, baseball, basketball, and wrestling. He enjoyed collecting baseball cards, playing video games, playing the guitar, riding bikes, and skateboarding. All of that changed when he "didn't know" what he liked "to do to have fun anymore" because he had started using drugs.

Casey's middle-class upbringing did not matter in the least when it came to the disease of addiction. Casey never intended to become addicted to drugs when he used the first time. What he did not realize was that his using would progress from abusing to dependence and then to the disease of addiction.

Casey's early drug use caused his development to be arrested at the age of 14 or 15. Regardless of that fact, and the fact that he suffered from an ultimately fatal disease, he was expected to respond as a normal, healthy young adult and choose treatment for himself. Parental intervention was discouraged and denied. Now it is too late for Casey but because of him, there is hope for others who suffer from addiction.

It is your responsibility to help change the stigma attached to addiction and be a part of the solution!

Why?

Casey's Law provides a means of intervening with someone who is unable to recognize his or her need for treatment due to their impairment. This law will allow parents, relatives, and/or friends to petition the court for treatment on behalf of the person who has a substance use disorder.

"Every effort to intervene on his disease was stymied because he was over the age of 18 and was not in the criminal justice system. I was told that "he has to want to, lose enough and hit bottom." That is contrary to the best practices for treatment of any other chronic progressive potentially fatal disease. With other diseases, we know that the sooner the disease is recognized, the longer it's treated, the better the chances for recovery."

-Charlotte Wethington

The Steps to help and hope

- **Schedule appointments for evaluations** with 2 qualified health professionals, one of whom must be a physician.
- **File petition (700A)** - Petition is filed with the circuit court clerk in the county of the person with the substance use disorder (respondent) by the spouse, relative, friend or guardian (petitioner). The court reviews the petition, (if there is probable cause), orders that two evaluations be conducted and sets a court date within 14 days.
- **Return evaluations at least 24 hours prior to the court date.**
- **Locate a detox and treatment facility immediately after the court date is set.** The petitioner bears the responsibility and right to choose the facility.
- **Treatment is ordered based on the evaluations and can be ordered from up to 60 and not more than 360 days, depending on the request of the petitioner and the results of the hearing.**

AOC-700A Doc. Code: PIHAD
Rev. 6-19
Page 1 of 3

Commonwealth of Kentucky
Court of Justice www.courts.ky.gov
KRS 222.432



**VERIFIED PETITION
FOR 60/360 DAY INVOLUNTARY TREATMENT
(SUBSTANCE USE DISORDER)**

Case No. _____
Court _____ District _____
County Hopkins _____
Division 1 _____

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 a substance use disorder 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 _____, 2_____	
My Commission Expires: _____	_____ Notary/Clerk
	By: _____, D.C.

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 a substance use disorder, 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 substance use disorder 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 this _____ day of _____, 2_____	
My Commission Expires: _____	_____ Notary/Clerk
	By: _____, D.C.

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).

AOC-034 Doc. Code: PIDMD
Rev. 6-19
Page 1 of 1



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

PERSONAL IDENTIFIER DATA SHEET
(Mental Health/Disability/Incompetency)

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

****For use in actions brought or proceedings conducted pursuant to KRS Chapters 202A (Involuntary hospitalization of the mentally ill); 202B (Involuntary intellectual disability admission); 222.430 et seq. (Involuntary treatment for a substance use disorder); 387.500 et seq. (Guardianship and conservatorship for disabled persons); 504 (Responsibility, incompetency/insanity/mental illness); and, 645 (Involuntary hospitalization of the mentally ill child).

TO THE PETITIONER IN A MENTAL HEALTH OR DISABILITY PROCEEDING
TO THE DEFENDANT OR HIS/HER ATTORNEY IN A CHAPTER 504 PROCEEDING

The Court requires that you provide the following information about the Respondent/Defendant in this case:

RESPONDENT/DEFENDANT: *Please Print*
First Middle Last

Also known as: _____

Street address: _____

Mailing address: _____

Respondent's/Defendant's Identifiers:

Sex	Race	Date of Birth	Height	Weight	Eyes	Hair	Social Security #	Drivers License #	State

I understand that the information requested herein is intended to be entered into the official court record of this matter, and that its accuracy is of the utmost importance. The information I have provided above is true and accurate to the best of my knowledge and belief.

_____, 2_____
Date

Signature

Printed Name

Original: Court file