

# 2022 GUIDE

**The Matthew “Casey” Wethington Act**  
for substance abuse intervention



**CASEY'S LAW**

## Overview of Casey's Law

### Casey's Story

Casey Wethington died 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 substance 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 a substance use disorder.

**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

### Casey's Law Training Disclaimer

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## Where Do I Start?

### Important Notes:

- Make copies of all forms from this point forward to be retained in a permanent file!
- There are no criminal charges associated with Casey's Law.
- There is not a fee to file a petition, there may be a fee for the sheriff to serve the summons.
- A Casey's Law petition can be filed as many times as needed and can be signed by more than one person.
- Treatment is affordable! We have free and low-cost treatment in Kentucky.

### Important Considerations:

- Pending criminal charges may take precedence.
- Are there children involved? Arrangements can be made for their care.
- Does the respondent have an open case with Child Protective Services?
- Previous treatment may help determine current treatment considerations.
- Are there previously diagnosed mental health conditions that need to be addressed?
- Is the person currently using medical assisted treatment such as Methadone or Suboxone?
- Withdrawal management/Detox may require a separate hospital or facility stay, prior to actual treatment.
- Does the loved one have insurance, or do they need to apply for Medicaid?
- Casey's Law is not a viable option for juveniles but is available for anyone ages 18 and over.

### Help is Available:

- Check with your county office, ask if there is a local advocate to assist
- KYHELP Statewide Call Center (833)859-4357
- Caseyslaw.org
- Facebook Support Group: [facebook.com/groups/caseyslaw/](https://www.facebook.com/groups/caseyslaw/)

### Definition of Terms:

**Petitioner:** Parent, relative, or friend who is filing the petition (Form 700A).

**Respondent:** Person in need of involuntary substance use treatment.

**QHP:** Stands for Qualified Health Professional and refers to the professionally certified individual required to complete the evaluations/certification forms (Form 703A).

**Clerks:** County Circuit Court Clerks.

## INSTRUCTIONS

# Petition Form 700A

**NOTE:** Two evaluations (certifications) are required before you have a court hearing. Scheduling the two appointments BEFORE filing the petition is highly recommended. This helps the court determine the court date for which the Respondent will be required to appear. It is advisable to provide the evaluators a copy of the completed Petition FORM 700A.

## Overview

- Petition will be filed with the circuit court clerk in the county where the person with the substance use disorder resides.
- The clerk's office can provide a blank Casey's Law Petition and one should be included in this education packet. It is advisable to complete this form at home, allowing ample time to fully gather pertinent information that will provide convincing evidence for the judge to order the evaluations.
- Once the form is complete bring the names, address, and phone numbers of the two evaluators, appointment dates, and times to County Clerk's Office when filing the petition.
- The completed Form 700A should be signed in the clerk's office so the Petitioner's signature can be witnessed. It is required for every blank line to be completed.

## Completing the form 700A

1. Respondent's name and address: must provide an address where the summons can be delivered or at least the last known address.
2. Line item 1, Petitioner: Complete name and address for person filing this petition. For relationship check only one box.
3. Line item 2, Other persons: This is a request for other relatives' information. Just complete what is known.
4. Line item 3, Reason for filing the petition: It is very important the Petitioner provide detailed history, any recent and relevant facts, attaching copies of court or medical documentation if available about the Respondent's substance use. This information can be noted on a separate piece of paper and attached to the petition when it is filed. Examples: attempts at all previous treatment, episodes of overdose or hospitalizations for drug related health issues, any mental health concerns, legal charges, years of usage, loss of employment and financial troubles, inability to maintain relationships or school coursework.
5. Line item 4, Reasons the Respondent is a danger to themselves or others: Even if you cannot list how they are a danger to others at the minimum please state with every use of the drug they are a danger to themselves.
6. Line item 5: Must check ONE and ONLY ONE box for length of treatment – either up to 60 days OR up to 360 days. Checking neither box, or both boxes, may result in dismissal of the petition.
7. GUARANTEE OF PAYMENT: Petitioner will be required to sign this; however, Petitioner has the right to choose the two QHP for evaluations, and where treatment will be provided. This should not be a deterrent! There are low and no cost facilities in and out of state. Treatment options outside of Kentucky are allowed, provided no pending criminal charges prevent Respondent from leaving the state. There is a possibility the Respondent's health insurance will cover a portion of the assessment fees and the treatment. This will have to be addressed individually with each Respondent.

## INSTRUCTIONS

# Petition Form 700A, cont'd

### Granting the petition

- The petition will go to the judge to be reviewed to determine if probable cause exists to order the two evaluations. If the judge finds that probable cause exists, an order will be signed. Generally, this occurs at time of filing the petition.
- The clerk will provide the Petitioner two evaluator, 703A, forms and a hearing date. According to the law, court dates must be scheduled within 14 days of the judge signing the petition.
- The Respondent may be served by the County Sheriff's Department. A fee may apply for this service. If the Sheriff cannot serve due to lack of a permanent address, legally the Petitioner, if age 18 or over, has the right to serve the Respondent. It is advised a witness, age 18 or over, accompany the Petitioner when serving the summons. Check with your county to confirm they will allow a petitioner to serve the respondent. NOTE: If the petitioner cannot locate the respondent, it is not likely the sheriff will either.
- Some counties require a preliminary hearing before ordering the respondent to the two evaluations. Your county will advise you of the process. If they have not, ask them!

### Locating detox and treatment

1. Begin looking at treatment options once a court date is set.
2. Petitioner bears the responsibility and right to choose the facility. Many variables to consider:
  - If treatment provides detox or if Respondent needs two places, first for detox then treatment
  - If Respondent is incarcerated or has pending charges
  - Financial situation, insurance, and the ability to pay
3. Treatment is ordered based on evaluations and can be ordered from up to 60 or not more than 360 days, depending on the request of the Petitioner and the results of the hearing. Treatment may be inpatient, outpatient, or a combination but should provide the appropriate continuum of care for the entire 60-360 days.



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

Case No. \_\_\_\_\_  
Court \_\_\_\_\_ District \_\_\_\_\_  
County \_\_\_\_\_  
Division \_\_\_\_\_

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)

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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.

The Petitioner or other authorized person (spouse, relative, friend, or guardian) must guarantee all cost for treatment. Page 3, "Guarantee of Payment," must be completed and notarized.

**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).



## INSTRUCTIONS

# Petition Form 703A

**REMINDER:** It is advisable to provide the evaluators a copy of the Petition, Form 700A, that was filed. This will allow pertinent information to be readily available.

## Procedures

1. The law requires evaluations by two qualified health professionals. The language of the law provides a detailed explanation of what constitutes a qualified health professional. Each evaluator will need to complete Form 703A Certification of Qualified Health Professional. **NOTE: It is a very real possibility that the two evaluators will be subpoenaed to court to testify to their findings. According to the law this can be done in-person, virtually, or via telephone.**
  - One of the evaluators **MUST** be a medical doctor.
  - The second evaluator **MUST** be a qualified health professional, which includes another physician, psychologist, a registered nurse with qualifying credentials, or licensed therapist/counselor. A complete list is included as part of Form 703A.
2. It will be necessary to accompany the Respondent to appointments and facilitate their attendance by providing transportation, if necessary. Provide the evaluation (certification) forms to the professional and ensure they are completed.
3. The evaluator must date, sign, and have the certification (evaluation) form notarized. When making appointments, it should be confirmed a notary will be available at the office. In the event the evaluating physician deems it necessary to request an order for a 72 hour hold on the Respondent in a medical or mental health facility, the necessary paperwork will be included with Form 703A.
4. **Do not give the completed evaluations to the Respondent! Evaluations must remain sealed until received by the Clerk.**
5. The certification (evaluation) **MUST** be turned into the clerk's office within 24 hours of its completion and no later than 24 hours before the hearing date. To meet this deadline, the professional may, but is not required to, FAX the completed/notarized form to the County Clerk's Office. **If an evaluation (certification) is faxed 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.**
6. Once filed with the Clerk, the Petitioner may request a copy of the evaluation/certification forms for their own reference. It will be necessary to consider the recommendations written in order to select appropriate treatment options.
7. **Failure to comply with these deadlines MAY result in a dismissal of the case.**
8. 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.



**CERTIFICATION OF QUALIFIED  
HEALTH PROFESSIONAL  
(INVOLUNTARY TREATMENT-SUBSTANCE USE DISORDER)**

Case No. \_\_\_\_\_  
Court \_\_\_\_\_ District \_\_\_\_\_  
County \_\_\_\_\_  
Division \_\_\_\_\_

IN THE INTEREST OF:

RESPONDENT \_\_\_\_\_

1. Comes the Affiant, \_\_\_\_\_, and states that he/she is a Qualified Health Professional as defined in KRS Chapter 222, and he/she is,

- A Qualified Mental Health Professional as defined in KRS 202A.011; and/or
- An Alcohol and Drug Counselor licensed or certified under KRS Chapter 309; and/or
- 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.

2. Affiant further states that he/she examined the above-named Respondent and based on that examination, in his/her professional opinion, the Respondent

- A.  **does**  **does not** suffer from a substance use disorder; and
- B.  **does**  **does not** present an imminent threat of danger to self, family or others as a result of a substance use disorder; **or there**
  - does**  **does not** exist a substantial likelihood of such a threat in the near future; and
- C.  **can**  **cannot** reasonably benefit from treatment.

3. The facts that support Affiant's belief that Respondent does suffer from a substance use disorder:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. The facts that support Affiant's belief that Respondent presents an imminent threat of danger to self, family or others as a result of a substance use disorder or that there exists a substantial likelihood of such a threat in the near future:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Diagnostic impressions:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Other factors contributing to need for treatment:

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7. Goal of treatment and recommendation for treatment:

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8. Date examination was performed: \_\_\_\_\_, 2\_\_\_\_\_

Further, Affiant sayeth naught.

\_\_\_\_\_, 2\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of QHP

\_\_\_\_\_  
Name of QHP (*please print*)

\_\_\_\_\_  
Title of QHP (*please print*)

\_\_\_\_\_  
Name of Treatment Facility of QHP (*please print*)

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 2\_\_\_\_\_

My Commission Expires: \_\_\_\_\_

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
County, Kentucky

**NOTE:** The Respondent shall be examined no later than 24 hours before the hearing date by two QHPs, at least one of whom is a physician. A separate Certification of Qualified Health Professional (AOC-703A) must be filed with the Court by each of the two QHPs named in the Hearing, Examination and Appointment of Counsel Notice and Order (AOC-701A). The QHPs shall certify their findings to the Court within 24 hours of the examination and may be subject to subpoena for cross-examination at the hearing, either in person, by telephone, or by videoconference . See page 3 for more information on QHPs.

**Petitioner is responsible for all costs of the examination.**

## CERTIFICATION

**Note: If for 72-hour involuntary treatment, Certification is to be completed and filed by ONE "Qualified Health Professional." If for 60/360 day involuntary treatment, Certification is to be completed and filed by each of TWO "Qualified Health Professionals," one of whom must be a licensed physician.**

**"Qualified health professional"** has the same meaning as qualified mental health professional in KRS 202A.011, except that it also includes an alcohol and drug counselor licensed or certified under KRS Chapter 309.

**"Qualified mental health professional" under KRS 202A.011(12) 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 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 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 the provisions of KRS 335.100, or a certified social worker licensed under the provisions of KRS 335.080 with three 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 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 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 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 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 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 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 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 years.

**"Licensed alcohol and drug counselor" under KRS 309.080 means** a person licensed by the Kentucky Board of Alcohol and Drug Counselors who meets the requirements of KRS 309.0830.

**"Certified alcohol and drug counselor" under KRS 309.080 means** a person certified by the Kentucky Board of Alcohol and Drug Counselors who meets the requirements in KRS 309.083.

# Rights and Responsibilities

## Petitioner

- Has the right to choose the two evaluators and treatment facilities for the Respondent.
- Has the right to request assistance from the county attorney.
- Has the right to ask if they may speak at the hearing and may be asked to testify.
- Has the right to inspect the confidential record pertaining to the Casey's Law Petition.
- Has the right to know if the respondent has left a treatment facility or is not in compliance.
- Has the responsibility to pay a fee if charged for the Sheriff to serve the summons, this varies by county.
- Has the responsibility to be in court at each hearing. Petitioner should ask clerk to be notified if a contempt hearing is scheduled so they may be present in court.
- Has the responsibility to notify the court of any changes to phone numbers or addresses. This is necessary to ensure timely notification of any court proceedings involving the respondent.
- Has the responsibility to transport respondent to treatment. They are permitted to pay a sheriff or a third party to transport if they so choose.
- Has the responsibility to pay for treatment, if not otherwise covered by insurance or a third-party payor, however the petitioner has the right to choose an affordable treatment facility.
  - NOTE: Recovery Kentucky Centers are free and there are treatment facilities covered by Medicaid.
- Has the responsibility to inform the court if Respondent leaves treatment or fails to continue with treatment.

## Respondent

- Will be advised of their rights by the presiding judge.
- Has the right to counsel. This may be a private attorney or public defender. Be aware, the counsel's charge is to defend the rights of the Respondent and they may argue against the petition.
- Has the right not to testify.
- Has the right to call witnesses.
- Has the right to request presence of the two QHP in court for cross examination of their professional findings. The statute allows this to be done virtually, in-person, or by telephone. The judge has final authority on how they would like them to appear.
- Has the right to request a jury trial.
- Has the right to file an appeal.

## Court Procedures

- Petitioner must be present in court on the hearing date designated on the summons.
- This is a closed proceeding and names will be confidential.
- Petitioner will provide where detox and treatment has been secured.
- Petitioner may be allowed or called to speak in the court proceedings.
- Judicial discretion may result in different procedures even within one county.



# CASEY'S LAW

[caseyslaw.org](http://caseyslaw.org)