
Name

Address

City, State, Zip

Phone

Email

In the District Court of Utah

_____ Judicial District _____ County

Court Address _____

In the matter of essential treatment for

Respondent

**Order on Petition for Essential
Treatment and Intervention**

(Utah Code 62A-15-1205)

Case Number

Judge

The matter before the court is a Petition for Essential Treatment and Intervention. This matter is being resolved by a hearing held on _____ (date), notice of which was served on all parties.

Petitioner (Choose all that apply.)

was present was not present.

was represented by _____ (name).

was not represented.

Respondent (Choose all that apply.)

was present was not present.

was represented by _____ (name).

was not represented.

The court finds:

The essential treatment examiners' findings show:

1. There is is not clear and convincing evidence that respondent suffers from a substance use disorder as defined in the current edition of the Diagnostic and Statistical Manual of Mental Disorders published by the American Psychiatric Association.
2. There is is not clear and convincing evidence that respondent can reasonably benefit from the essential treatment.
3. There is is not clear and convincing evidence that respondent is unlikely to substantially benefit from a less-restrictive alternative treatment
4. There is is not clear and convincing evidence that Respondent presents a serious harm to self or others.

Having considered the documents filed with the court, the evidence and the arguments, and now being fully informed,

The court orders:

5. The Petition is granted denied.
6. Respondent is ordered to receive essential treatment at the following local substance abuse authority or approved treatment facility or program:

7. The initial period of respondent's treatment shall be up to _____ days, but not more than 360 days, and shall be reviewed by the essential treatment provider at least every 90 days.
8. Petitioner shall be respondent's personal representative for purposes of respondent's essential treatment. (45 C.F.R. Sec. 164.502(g).)
9. _____ (name) is ordered to pay all of treatment costs beyond those paid by respondent's health insurance policy for all court-ordered treatment for respondent.
10. Other:

Judge's signature may instead appear at the top of the first page of this document.

Date

Signature ► _____

Judge

Certificate of Service

I certify that I filed with the court and served a copy of this Order on Petition for Essential Treatment on the following people.

Person's Name	Method of Service	Served at this Address	Served on this Date
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> Email (Person agreed to service by email.) <input type="checkbox"/> Left at business (With person in charge or in receptacle for deliveries.) <input type="checkbox"/> Left at home (With person of suitable age and discretion residing there.)		

 Date

 Signature ►

 Printed Name