
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 26B-5-505)

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 am serving a copy of this Order on Petition for Essential Treatment and Intervention on the following people.

Person's Name	Service Method	Service Address	Service Date
	<input type="checkbox"/> Mail <input type="checkbox"/> Hand Delivery <input type="checkbox"/> E-filed <input type="checkbox"/> 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 <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 <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.)		

Signature ►

Date

Printed Name