

MENTAL HEALTH FORMS

Approved, SCAO

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF _____

PETITION FOR MENTAL
HEALTH TREATMENT

FILE NO. _____

In the matter of _____
First, middle, and last name

XXX-XX-_____
Last four digits of SSN

Court ORI	Date of Birth	Place of Birth	Race	Sex
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1. I, _____, an adult _____ petition because
Name (type or print) specify whether a relative, neighbor, peace officer, etc.
I believe the individual named above needs treatment.

2. The individual was born _____, has a permanent residence in _____
Date
County at _____
Street address City State ZIP
and can presently be found at _____
Facility name or other address

This petition is for a person who was found not guilty by reason of insanity in this county.

3. I believe the individual has mental illness and

a. as a result of that mental illness, the individual can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure self or others, and has engaged in an act or acts or made significant threats that are substantially supportive of this expectation.

b. as a result of that mental illness, the individual is unable to attend to those basic physical needs that must be attended to in order to avoid serious harm in the near future, and has demonstrated that inability by failing to attend to those basic physical needs.

c. the individual's judgment is so impaired by that mental illness that s/he is unable to understand his/her need for treatment, and whose impaired judgment, on the basis of competent clinical opinion, presents a substantial risk of significant physical or mental harm to the individual or presents a substantial risk of physical harm to others in the near future.

d. the individual's understanding of the need for treatment is impaired to the point that s/he is unlikely to voluntarily participate in or to adhere to treatment that has been determined necessary to prevent a relapse or harmful deterioration of his/her condition. The individual's noncompliance with treatment has been a factor in the individual's
 i. placement in a psychiatric hospital jail prison at least two times within the last 48 months.
(Specify the name[s] and location[s] of the hospital, jail, or prison and the date[s] of hospitalization or incarceration.)

AND/OR

ii. committing one or more acts, attempts, or threats of serious violent behavior within the last 48 months.
(Specify the acts, attempts, or threats of serious violent behavior.)

(SEE SECOND PAGE)

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

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4. The conclusions stated above are based on

a. my personal observation of the person doing the following acts and saying the following things:

b. the following conduct and statements that others have seen or heard and have told me about:

by: _____
Witness name Complete address Telephone no.

5. The persons interested in these proceedings are:

NAME	RELATIONSHIP	ADDRESS	TELEPHONE
	Spouse		
	Guardian*		

*(Specify the county where the guardianship was established and the case number.) _____

6. The individual is is not a veteran.

7. Attached is a clinical certificate by a physician or licensed psychologist taken within the last 72 hours.
 clinical certificate by a psychiatrist taken within the last 72 hours.
 petition/affidavit for examination (form PCM 209a) because an examination could not be secured.

8. I request the court to determine the individual to be a person requiring treatment and

a. (Check if item 3a, 3b, or 3c is checked.) order appropriate mental health treatment.
 b. (Check if item 3d is checked.) order that the individual participate in assisted outpatient treatment without hospitalization.

9. I request the individual be hospitalized pending a hearing.

I declare under the penalties of perjury that this petition/application has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Signature of attorney _____	Date _____
Name (type or print) _____ Bar no. _____	Signature of petitioner _____
Address _____	Address _____
City, state, zip _____ Telephone no. _____	City, state, zip _____
	Home telephone no. _____ Work telephone no. _____

FOR HOSPITAL USE ONLY	This petition for mental health treatment was received by the hospital on _____ at _____
	Date _____ Time _____
_____ Signature of hospital representative	

STATE OF MICHIGAN PROBATE COURT COUNTY OF	SUPPLEMENT TO PETITION FOR MENTAL HEALTH TREATMENT AND ORDER	FILE NO.
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In the matter of _____ DOB: _____
First, middle, and last name

PETITION

1. I executed the attached petition for mental health treatment (form PCM 201). I have been unable to have the individual examined by a physician, psychiatrist, or licensed psychologist although I have made the following efforts:

I request the court to order:

2. a. the individual be examined at _____, the preadmission screening unit or hospital designated by the community mental health services program.

b. a peace officer take the individual into protective custody and transport the individual to _____.

3. the individual be examined by a psychiatrist. Attached is one clinical certificate that was executed within the last 72 hours.

4. the individual be hospitalized in order to prevent harm to self or others.

I declare under the penalties of perjury that this supplemental petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Signature of petitioner

Use Note: Complete this affidavit only if no clinical certificate is attached.

AFFIDAVIT

5. No clinical certificate is attached because I have been unable, after reasonable effort, to secure an examination by a physician or licensed psychologist. The efforts I have made to secure an examination are specified in item 1.

Signature of petitioner

Subscribed and sworn to before me on _____, _____ County, Michigan.
Date

My commission expires: _____ Date Signature: _____
Deputy clerk/Notary public

Notary public, State of Michigan, County of _____

(SEE SECOND PAGE)

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

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ORDER FOR EXAMINATION/TRANSPORT

THE COURT FINDS:

- 6. A petition alleging the individual is a person requiring treatment has been filed with the court and
 - a. one clinical certificate accompanies the petition. The individual must be examined by a psychiatrist.
 - b. no clinical certificate accompanies the petition. A reasonable effort was made to secure an examination. The individual must be examined by a psychiatrist and either a physician or a licensed psychologist.
- 7. The individual requires immediate assessment because the individual presents a substantial risk of significant physical or mental harm to himself/herself in the near future or presents a substantial risk of significant physical harm to others in the near future.
- 8. There does not appear to be probable cause to take action on this petition.

IT IS ORDERED:

- 9. The individual be examined by a psychiatrist. psychiatrist and a physician or licensed psychologist

at _____
Prescreening unit or hospital

Upon completion of the examination(s), the executed clinical certificate(s) shall be filed with the court or a report that a clinical certificate is not warranted shall be made to the court.

- The individual shall be hospitalized. If the examinations and clinical certificates are not completed within 24 hours after hospitalization, the individual shall be released.
- A peace officer shall immediately take the individual into protective custody and transport him/her to the designated prescreening unit or hospital.
- 10. The petition is denied.

Date

Judge Bar no.

STATE OF MICHIGAN PROBATE COURT COUNTY OF	NOTICE OF HEARING AND ADVICE OF RIGHTS	FILE NO.
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In the matter of _____
First, middle, and last name

1. Based on the petition and other documents you received, this court is requested to order mental health treatment for you.

2. A hearing on the petition will be held at:

Location

Date and time

before Judge _____
Bar no.

3. You are entitled to be represented by an attorney at a full court hearing. The court has appointed:

Attorney name Bar no.

Address

City, state, zip Telephone no.

as your attorney. If an attorney of your choice agrees to represent you and notifies the court of his/her appearance on your behalf, that attorney may replace the court-appointed attorney. If you believe you are unable to pay for an attorney, and the court agrees, your attorney will be reasonably compensated from public funds.

4. You have the right to be present at the hearing. If you fail to attend the hearing after having an opportunity to meet with your attorney, you will be considered to have waived your right to attend and the hearing may be held without you.

5. You have a right to an independent clinical evaluation, except that if the petition is for judicial admission, you also have the right to an independent psychological evaluation instead of a clinical evaluation. If you believe you are unable to pay for this, and the court agrees, the evaluation will be paid for from public funds.

6. You have the right to demand a jury trial.

7. After consulting with an attorney, you may stipulate to the entry of an order for treatment.

8. You should discuss your rights with your attorney.

Date

Deputy probate register/clerk

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Approved, SCAO

STATE OF MICHIGAN PROBATE COURT COUNTY OF _____	INITIAL ORDER AFTER HEARING ON PETITION FOR MENTAL HEALTH TREATMENT	FILE NO. _____
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In the matter of _____
First, middle, and last name

Court ORI	Date of birth	Place of birth	Race	Sex
Current address of individual				

1. Date of Hearing: _____ Judge: _____ Bar no. _____

2. A petition has been filed by _____ asserting that the individual named
Petitioner name (type or print)
above is a person requiring treatment.

THE COURT FINDS:

3. Notice of hearing has been given according to law.

4. The individual was present in court. was not present for reasons stated on the record.
The hearing was with without a jury.

Present were: _____, attorney for the individual, and
_____, attorney for the petitioner.

5. Testimony of a physician, psychiatrist, or licensed psychologist was waived by the individual and the individual's attorney.

6. Testimony was given by _____.

Testimony was not given because the parties stipulated to entry of the order.

7. By clear and convincing evidence, the individual is a person requiring treatment because the individual has a mental illness,
 a. and as a result of that mental illness can reasonably be expected within the near future to intentionally or unintentionally
~~seriously physically injure self or others, and has engaged in an act or acts or made significant threats that are~~
substantially supportive of this expectation.

b. and as a result of that mental illness is unable to attend to those basic physical needs that must be attended to in
order to avoid serious harm in the near future, and has demonstrated that inability by failing to attend to those basic
physical needs.

c. whose judgment is so impaired by that mental illness that s/he is unable to understand his/her need for treatment, and
whose impaired judgment, on the basis of competent clinical opinion, presents a substantial risk of significant physical
or mental harm to the individual or presents a substantial risk of physical harm to others in the near future.

d. and as a result of that mental illness, the individual's understanding of the need for treatment is impaired to the point
that s/he is unlikely to voluntarily participate in or to adhere to recommended treatment that has been determined
necessary to prevent a relapse or harmful deterioration of his/her condition, and the individual's noncompliance with
treatment has been a factor in the individual's placement in a psychiatric hospital, jail, and/or prison at least two
times within the last 48 months and/or in committing one or more acts, attempts, or threats of serious violent behavior
within the last 48 months.

8. There is is not an available treatment program that is an alternative to hospitalization or that follows an
initial period of hospitalization adequate to meet the individual's treatment needs and is sufficient to prevent harm that the
individual may inflict upon self or others within the near future.

9. _____ hospital can provide treatment,
which is adequate and appropriate to the individual's condition.

10. The individual is not a person requiring treatment.

(SEE SECOND PAGE)

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IT IS ORDERED:

11. Any hospitalization of the individual for mental health treatment shall occur in the hospital listed in item 9.

12. The individual be hospitalized for up to _____ days.
1 to 60 days

13. The individual receive alternative treatment for no longer than 90 days, supervised by

Community mental health services or other designated entity

as follows: _____

The individual shall be hospitalized for up to _____ days of the 90-day alternative treatment period.
1 to 60 days

An initial hospitalization period shall be up to _____ days.
1 to 60 days

14. The individual receive assisted outpatient treatment for no longer than 180 days, supervised by

Community mental health services or other designated entity

a. The following assisted outpatient treatment services are ordered: (See MCL 330.1468[2][e] for specific services.)

b. The individual shall be hospitalized for up to _____ days of the 180-day assisted outpatient treatment period
1 to 60 days

An initial hospitalization period shall be up to _____ days.
1 to 60 days

15. The petition is denied on the merits. dismissed. withdrawn.

16. If the individual refuses to comply with a psychiatrist's order for hospitalization, a peace officer shall take the individual into protective custody and transport the individual to the hospital designated by the psychiatrist.

17. If item 12, 13, or 14b is checked, the Michigan State Police shall immediately enter the individual's identifying information in this court order on LEIN.

18. If felony charges have been previously dismissed under MCL 330.2044(1)(b) and the time for petitioning to refile charges has not elapsed, not less than 30 days before the scheduled release or discharge:

a. the director of the treating facility shall notify the prosecutor's office in the county in which charges against the person were originally brought that the patient's release or discharge is pending.

b. the patient to be released or discharged shall undergo a competency examination as described in MCL 330.2026. A copy of the written report of the examination along with the notice required in item 18a above shall be submitted to the prosecutor's office in the county in which the charges against the patient were originally brought. The written report is admissible as provided in MCL 330.2030(3).

Date

Judge

Approved, SCAO

STATE OF MICHIGAN PROBATE COURT COUNTY OF	ORDER AND REPORT ON ALTERNATIVE MENTAL HEALTH TREATMENT	FILE NO.
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In the matter of _____
First, middle, and last name

ORDER

IT IS ORDERED that _____ shall prepare a report assessing the current
Name (type or print)
availability and appropriateness of alternatives to hospitalization for the individual named above including alternatives available following an initial period of court-ordered hospitalization.

The report shall be made to the court before the hearing on _____ for
Date and time of hearing

Petition for 60-day order, discharge, etc.

Date _____ Judge _____ Bar no. _____

REPORT ON EVALUATION OF HOSPITAL TREATMENT AND/OR ALTERNATIVE PROGRAMS

1. I, _____, as _____, report as follows.
Name Profession, organization, and position

2. I have reviewed, as to their availability in or near the individual's home community, treatment resources alternative to hospitalization and report as follows: (If practical, give name of agency, program, etc.)

a. Independent mental health professional: _____

b. Community mental health day treatment, aftercare service, work activity, or other program: _____

c. Substance abuse, rehabilitation service, or similar program of public or private agency: _____

d. Other: _____

(SEE SECOND PAGE)

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3. I have reviewed, as to their availability in or near the individual's home community, residential accommodations and report as follows: (If practical, give name of residence, location, etc.)

a. Independent: _____
Individual's own house, apartment, etc.

b. Residence of relative or friend: _____

c. Foster care home: _____

d. Nursing home: _____

e. Other: _____

4. I recommend release.

5. I recommend a course of treatment of hospitalization hospitalization for _____ days, followed by
 alternative treatment assisted outpatient treatment as follows:

6. My recommendation is based upon the following described interviews, observations, and information:

7. I believe the hospital to which admission is proposed can cannot provide its prescribed treatment program appropriately and adequately because _____

8. I recommend the following agency or independent mental health professional to supervise the alternative treatment:

Name _____ Complete address _____

The agency or professional has has not indicated capability and willingness to supervise the recommended program.

9. The individual currently has the following source(s) of funds to cover his or her care in the community:

10. The individual does not currently have sufficient sources of funds for community living.

a. Application for supplemental funds has been made. They should be available _____

b. Application for supplemental funds has not been made because _____

Application will be made on _____ and should be available about _____

c. Pending receipt of supplemental funds, the following funds will be available:

Direct relief.

DHHS/CMH emergency care funds.

Other assistance: _____

None. Reason: _____

Date _____

Signature _____

7. This conclusion is based upon

a. my personal observation of the person doing the following acts and saying the following things:

b. the following conduct and statements that others have seen or heard and have told me about:

by: _____
Witness name Complete address Telephone no.

8. The diagnoses of physical and mental conditions are _____

9. The treatment program(s) provided to the individual thus far, and the results, are _____

10. The present treatment is is not adequate and appropriate to the individual's condition.
The individual is is not motivated to participate in this treatment program. The estimate of further time necessary

to provide the required treatment is _____

The following modifications are currently planned for the next period of treatment: (Write "none" if no modifications are expected.)

11. The interested parties, their addresses, and their representatives are identical to those appearing on the initial petition except as follows:

12. Attached is a clinical certificate executed by a psychiatrist.

13. I REQUEST the court to order the individual to receive

- hospitalization for not more than 90 days.
- continuing hospitalization for not more than one year.
- combined hospitalization and alternative/assisted outpatient treatment for not more than one year.
- alternative/assisted outpatient treatment for not more than one year.

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Signature of petitioner

Address

City, state, zip Telephone no.

STATE OF MICHIGAN PROBATE COURT COUNTY OF _____	<input type="checkbox"/> SECOND <input type="checkbox"/> CONTINUING ORDER FOR MENTAL HEALTH TREATMENT	FILE NO. _____
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In the matter of _____
First, middle, and last name

Court ORI	Date of birth	Place of birth	Race	Sex
Current address of individual				

1. Date of hearing: _____ Judge: _____ Bar no. _____

2. A petition has been filed by _____ asserting that the individual named
Petitioner name (type or print)
above is a person requiring treatment.

THE COURT FINDS:

3. Notice of hearing has been given according to law.

4. The individual was present in court. was not present for reasons stated on the record.
The hearing was with without a jury.

Present were: _____, attorney for the individual, and
_____, attorney for the petitioner.

5. Testimony of a physician, psychiatrist, or licensed psychologist was waived by the individual and the individual's attorney.

6. Testimony was given by _____

Testimony was not given because the parties stipulated to entry of the order.

7. By clear and convincing evidence, the individual continues to be a person requiring treatment because the individual has a mental illness,

a. ~~and as a result of that mental illness can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure self or others, and has engaged in an act or acts or made significant threats that are substantially supportive of this expectation.~~

b. and as a result of that mental illness is unable to attend to those basic physical needs that must be attended to in order to avoid serious harm in the near future, and has demonstrated that inability by failing to attend to those basic physical needs.

c. whose judgment is so impaired by that mental illness that s/he is unable to understand his/her need for treatment, and whose impaired judgment, on the basis of competent clinical opinion, presents a substantial risk of significant physical or mental harm to the individual or presents a substantial risk of physical harm to others in the near future.

d. and as a result of that mental illness, the individual's understanding of his/her need for treatment is impaired to the point that s/he is unlikely to voluntarily participate in or to adhere to recommended treatment that has been determined necessary to prevent a relapse or harmful deterioration of his/her condition, and the individual's noncompliance with treatment has been a factor in the individual's placement in a psychiatric hospital, jail, and/or prison at least two times within the last 48 months and/or in committing one or more acts, attempts, or threats of serious violent behavior within the last 48 months.

8. There is is not an available treatment program that is an alternative to hospitalization or that follows an initial period of hospitalization adequate to meet the individual's treatment needs and is sufficient to prevent harm that the individual may inflict upon self or others within the near future.

9. _____ hospital can provide treatment that is adequate and appropriate to the individual's condition.

10. The individual is not a person requiring treatment.

(SEE SECOND PAGE)

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IT IS ORDERED:

11. Any hospitalization of the individual for mental health treatment shall occur in the hospital listed in item 9.

12. a. (For a second order) The individual be hospitalized for up to _____ days.
1 to 90 days

b. (For a continuing order) The individual be hospitalized for up to _____ days.
1 to 365 days

13. The individual receive alternative treatment for no longer than one year, supervised by

Community mental health services or other designated entity

as follows: _____

The individual shall be hospitalized for up to _____ days of the one-year alternative treatment period.
1 to 90 days

An initial hospitalization period shall be up to _____ days.
1 to 90 days

14. The individual receive assisted outpatient treatment for no longer than one year, supervised by

Community mental health services or other designated entity

a. The following assisted outpatient treatment services are ordered: (See MCL 330.1468[2][e] for specific services.)

b. The individual shall be hospitalized for up to _____ days of the one-year assisted outpatient treatment period.
1 to 90 days

An initial hospitalization period shall be up to _____ days.
1 to 90 days

15. The petition is denied on the merits. dismissed. withdrawn.

16. If the individual refuses to comply with a psychiatrist's order for hospitalization, a peace officer shall take the individual into protective custody and transport the individual to the hospital designated by the psychiatrist.

17. If item 12, 13, or 14b is checked, the Michigan State Police shall immediately enter the individual's identifying information in this court order on LEIN.

18. If felony charges have been previously dismissed under MCL 330.2044(1)(b) and the time for petitioning to refile charges has not elapsed, not less than 30 days before the scheduled release or discharge:

a. the director of the treating facility shall notify the prosecutor's office in the county in which charges against the person were originally brought that the patient's release or discharge is pending.

b. the patient to be released or discharged shall undergo a competency examination as described in MCL 330.2026. A copy of the written report of the examination along with the notice required in item 17a above shall be submitted to the prosecutor's office in the county in which the charges against the patient were originally brought. The written report is admissible as provided in MCL 330.2030(3).

Date

Judge