



## Michigan Supreme Court

State Court Administrative Office

**Field Services Division**

Michigan Hall of Justice

P.O. Box 30048

Lansing, Michigan 48909

Phone (517) 373-4835

Ryan P. Gamby  
Field Services Director

### MEMORANDUM

DATE: April 18, 2023  
FROM: SCAO Forms Team  
RE: Changes to various mental health forms

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Below is a list of recently revised SCAO-approved court forms. The list includes an explanation of the changes to each form, copies of the forms with changes highlighted, and instructions on use of previously approved versions.

**Courts that use a form through a JIS case management system will receive a separate notice from JIS regarding the release of the form. Until then, please use the current version posted to the One Court of Justice website.**

For suggestions about these court forms, please contact [CourtFormsInfo@courts.mi.gov](mailto:CourtFormsInfo@courts.mi.gov).

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#### **[PCM 201, Petition for Mental Health Treatment](#)**

**Most recent update:** (3/23) version

**Use of existing paper stock:** (5/22) version may be used until July 17, 2023.

➤ [Click here to see the form.](#)

Changes include adding language to allow transport by a security transport officer pursuant to 2022 PA 146.

See the Mental Health Forms Committee fall 2022 [meeting minutes](#) for a detailed discussion of the change.

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#### **[PCM 209a, Order for Examination/Transport](#)**

**Most recent update:** (3/23) version

**Use of existing paper stock:** (2/19) version may be used until July 17, 2023.

➤ [Click here to see the form.](#)

Changes include adding language to allow transport by a security transport officer pursuant to 2022 PA 146 and updating the format to meet new form standards.

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**[PCM 212, Notice of Hearing and Advice of Rights](#)**

**Most recent update:** (3/23) version

**Use of existing paper stock:** (9/16) version may be used until July 17, 2023.

- [Click here to see the form.](#)

Changes include modifying language to clarify the timing of independent evaluation and jury trial requests and updating the format to meet new form standards.

See the Mental Health Forms Committee fall 2022 [meeting minutes](#) for a detailed discussion of the changes.

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**[PCM 214, Initial Order After Hearing on Petition for Mental Health Treatment](#)**

**Most recent update:** (3/23) version

**Use of existing paper stock:** (5/22) version may be used until July 17, 2023.

- [Click here to see the form.](#)

Changes include adding language to allow transport by a security transport officer pursuant to 2022 PA 146.

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**[PCM 215, Order for Report on Petition for Judicial Admission](#)**

**Most recent update:** (3/23) version

**Use of existing paper stock:** (2/19) version may be used until July 17, 2023.

- [Click here to see the form.](#)

Changes include adding language to allow transport by a security transport officer pursuant to 2022 PA 146 and updating the format to meet new form standards.

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**[PCM 217a, Order to Modify Order for Assisted Outpatient Treatment or Combined Hospitalization and Assisted Outpatient Treatment](#)**

**Most recent update:** (3/23) version

**Use of existing paper stock:** (12/19) version may be used until stock is depleted.

- [Click here to see the form.](#)

Changes include adding a checkbox option to deny the request and updating the format to meet new form standards.

See the Mental Health Forms Committee fall 2022 [meeting minutes](#) for a detailed discussion of the change.

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### **[PCM 219, Second Order for Mental Health Treatment](#)**

**Most recent update:** (3/23) version

**Use of existing paper stock:** (5/22) version may be used until July 17, 2023.

- [Click here to see the form.](#)

Changes include modifying language in item 11 to clarify the number of days of hospitalization, adding a citation to MCL 330.1474a, and adding language to allow transport by a security transport officer pursuant to 2022 PA 146.

See the Mental Health Forms Committee fall 2022 [meeting minutes](#) for a detailed discussion of the changes.

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### **[PCM 219a, Continuing Order for Mental Health Treatment](#)**

**Most recent update:** (3/23) version

**Use of existing paper stock:** (5/22) version may be used until July 17, 2023.

- [Click here to see the form.](#)

Changes include modifying language in item 11 to clarify the number of days of hospitalization, adding a citation to MCL 330.1474a, and adding language to allow transport by a security transport officer pursuant to 2022 PA 146.

See the Mental Health Forms Committee fall 2022 [meeting minutes](#) for a detailed discussion of the changes.

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### **[PCM 224, Petition for Judicial Admission](#)**

**Most recent update:** (3/23) version

**Use of existing paper stock:** (5/21) version may be used until July 17, 2023.

- [Click here to see the form.](#)

Changes include adding language to allow transport by a security transport officer pursuant to 2022 PA 146.

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### **[PCM 231, Order for Report After Notification and Report](#)**

**Most recent update:** (3/23) version

**Use of existing paper stock:** (12/19) version may be used until July 17, 2023.

- [Click here to see the form.](#)

Changes include adding language to allow transport by a security transport officer pursuant to 2022 PA 146 and updating the format to meet new form standards.

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### **[PCM 236, Demand for Hearing](#)**

**Most recent update:** (3/23) version

**Use of existing paper stock:** (2/19) version may be used until stock is depleted.

April 18, 2023

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- [Click here to see the form.](#)

Changes include removing the date of hearing line from the order section and updating the format to meet new form standards.

See the Mental Health Forms Committee fall 2022 [meeting minutes](#) for a detailed discussion of the changes.

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### **[PCM 240o, Order Regarding Transport of Minor](#)**

**Most recent update:** (3/23) version

**Use of existing paper stock:** (5/21) version may be used until July 17, 2023.

- [Click here to see the form.](#)

Changes include adding language to allow transport by a security transport officer pursuant to 2022 PA 146.

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### **[PCM 244, Order After Notice of Noncompliance with Assisted Outpatient Treatment or Combined Hospitalization and Assisted Outpatient Treatment Order](#)**

**Most recent update:** (3/23) version

**Use of existing paper stock:** (9/16) version may be used until stock is depleted.

- [Click here to see the form.](#)

Changes include adding a checkbox option to deny the request and updating the format to meet new form standards.

See the Mental Health Forms Committee fall 2022 [meeting minutes](#) for a detailed discussion of the changes.

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>PETITION FOR MENTAL HEALTH TREATMENT</b> <input type="checkbox"/> <b>AMENDED</b>	<b>CASE NO. and JUDGE</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

In the matter of \_\_\_\_\_ Put last 4 digits of SSN in  
First, middle, and last name **XXX-XX-** Ref. No. row 2 on MC 97.  
Last 4 digits of SSN

Court ORI	Date of birth Put DOB in Ref. No. row 1 on MC 97	Driver's license no. Put DLN in Ref. No. row 3 on MC 97	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 \_\_\_\_\_ Put DOB in Ref. No.  
row 1 on MC 97. \_\_\_\_\_ 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 (NGRI).

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, and whose lack of understanding of the need for treatment has caused him or her to demonstrate an unwillingness to voluntarily participate in or adhere to treatment that is necessary, on the basis of competent clinical opinion, to prevent a relapse or harmful deterioration of his or her condition, and presents a substantial risk of significant physical or mental harm to the individual or others.

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.  
 no clinical certificate is attached because only assisted outpatient treatment is requested.

8. (For hospitalization and combined treatment only.) An examination could not be secured because: \_\_\_\_\_

I request:

- 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. After the individual is taken into protective custody, a peace officer or security transport officer shall transport the individual to \_\_\_\_\_.

9. I request the court to determine the individual to be a person requiring treatment and to order:

- a. hospitalization only.  
 b. a combination of hospitalization and assisted outpatient treatment.  
 c. assisted outpatient treatment without hospitalization.

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

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.

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 _____.
	Signature of hospital representative _____

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY

ORDER FOR  
EXAMINATION/TRANSPORT

CASE NO. and JUDGE

Court address

Court telephone no.

In the matter of \_\_\_\_\_ DOB: \_\_\_\_\_  
First, middle, and last name

1. Date of hearing: \_\_\_\_\_ Judge: \_\_\_\_\_

**THE COURT FINDS:**

2. A petition alleging the individual is a person requiring treatment and requesting hospitalization or a combined treatment order 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.
3. The court has received information that a petition for assisted outpatient treatment has been filed, the petitioner has made reasonable efforts to secure an examination, and the individual will not make himself/herself available for evaluation.
4. 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.
5. There does not appear to be probable cause to order the individual be taken into protective custody and transported to the designated prescreening unit or hospital.

**IT IS ORDERED:**

6. 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 take the individual into protective custody. After the individual is taken into protective custody, a peace officer or security transport officer shall transport the individual to the designated prescreening unit or hospital. If the order is not executed by \_\_\_\_\_, the law enforcement agency must report to the court the reason the order was not executed within the prescribed time period.  
10 days from entry of order

7. A peace officer shall take the individual into protective custody. After the individual is taken into protective custody, a peace officer or security transport officer shall transport the individual to the designated prescreening unit or hospital for assessment for assisted outpatient treatment. If the order is not executed by

\_\_\_\_\_, the law enforcement agency must report to the court the reason the order was not executed within the prescribed time period.  
10 days from entry of order

8. The request to take the individual into protective custody for transport is denied.

Judge signature and date

**REPORT OF NON-EXECUTION**

The Order for Examination/Transport issued on \_\_\_\_\_ has not been executed. The reason the order was not executed within 10 days after entry is: \_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Law enforcement agency

\_\_\_\_\_  
Telephone no.

**TO THE LAW ENFORCEMENT AGENCY:** Under MCL 330.1436(2), this report must be filed with the court that issued the Order for Examination/Transport if the order is not executed within 10 days after entry of the order.



STATE OF MICHIGAN  
PROBATE COURT  
COUNTY

NOTICE OF HEARING AND  
ADVICE OF RIGHTS

CASE NO. and JUDGE

Court address

Court telephone no.

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 \_\_\_\_\_

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. a. 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.

b. If you want an independent evaluation, you must make your request before the first scheduled hearing or at the first hearing before the first witness is sworn on the petition.

6. You have the right to demand a jury trial any time before testimony is received at the hearing for which the jury is sought.

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.



Deputy probate register/Clerk signature and date

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>INITIAL ORDER AFTER HEARING ON PETITION FOR MENTAL HEALTH TREATMENT</b>	<b>CASE NO. and JUDGE</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

In the matter of \_\_\_\_\_ **XXX-XX-**  
First, middle, and last name Last 4 digits of SSN

Court ORI	Date of Birth	Driver's license no.	Place of birth	Race	Sex
Current address of individual					

1. 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:**

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

3. 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.

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

5.  Testimony was given by \_\_\_\_\_.  
 Testimony was not given because the parties stipulated to entry of the order.

6. 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 and whose lack of understanding of the need for treatment has caused him or her to demonstrate an unwillingness to voluntarily participate in or adhere to treatment that is necessary, on the basis of competent clinical opinion, to prevent a relapse or harmful deterioration of his or her condition, and presents a substantial risk of significant physical or mental harm to the individual or others.

7. 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.

8. \_\_\_\_\_ hospital can provide treatment, which is adequate and appropriate to the individual's condition.

9. The individual is not a person requiring treatment.

**IT IS ORDERED:**

10. The individual shall be hospitalized for up to 60 days with no assisted outpatient treatment.

11. The individual shall receive combined hospitalization and assisted outpatient treatment for no longer than 180 days. The individual shall be hospitalized for up to 60 days of the 180-day assisted outpatient treatment period.

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

12. The individual shall receive assisted outpatient treatment for no longer than 180 days.

13. Any hospitalization of the individual for mental health treatment shall occur in the hospital listed in item 8.

14. Any assisted outpatient treatment services shall be supervised by

\_\_\_\_\_  
Community mental health services or other designated entity

The following assisted outpatient services are ordered:

- case management plan
- case management services
- all services recommended by the treatment provider
- medication
- blood or urinalysis tests to determine compliance with or effectiveness of prescribed medication
- individual therapy  group therapy  individual and group therapy
- day programs  partial day programs
- educational training  vocational training
- supervised living
- assertive community treatment team services
- substance use disorder treatment
- substance use disorder testing (for individuals with a history of alcohol or substance use and for whom testing is necessary to assist the court in ordering treatment designated to prevent deterioration)
- any other services prescribed to treat the individual's mental illness and either to assist the individual in living and functioning in the community or to help prevent a relapse or deterioration that may reasonably be predicted to result in suicide or the need for hospitalization. Those services are: \_\_\_\_\_

15. The assisted outpatient treatment plan shall be completed within 30 days after entry of the court's order of assisted outpatient treatment and a copy shall be forwarded to the probate court for filing within 3 days after completion of the plan to be maintained in the court file.

- 16. If the individual refuses to comply with a psychiatrist's order for hospitalization, a peace officer shall take the individual into protective custody. After the individual is taken into protective custody, a peace officer or security transport officer shall transport the individual to the hospital designated by the psychiatrist.
- 17. If item 10 or 11 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).
- 19. The petition is  denied on the merits.  dismissed.  withdrawn.

┌

\_\_\_\_\_  
Judge signature and date

STATE OF MICHIGAN PROBATE COURT COUNTY	ORDER FOR REPORT ON PETITION FOR JUDICIAL ADMISSION	CASE NO. and JUDGE
Court address		Court telephone no.

In the matter of \_\_\_\_\_  
First, middle, and last name

**THE COURT FINDS:**

1. A petition for judicial admission for treatment has been filed and it appears on its face to be sufficient.
2. The individual must be examined and a report filed.
3. The individual will not comply with an order for examination and a peace officer must take the individual into protective custody for transport to the place of examination.

**IT IS ORDERED:**

4. The individual be examined at \_\_\_\_\_
5. \_\_\_\_\_ is appointed to arrange for the examination  
Name  
of the individual and to prepare and file a report to the court.
6. A peace officer take the individual into protective custody. After the individual is taken into protective custody, a peace officer or security transport officer shall transport the individual immediately to the site designated above where the individual may remain up to 48 hours for the required examinations. The transport order is valid through \_\_\_\_\_  
Date

\_\_\_\_\_

Judge signature and date

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY

ORDER REGARDING REQUEST TO MODIFY  
ORDER FOR ASSISTED OUTPATIENT  
TREATMENT OR COMBINED  
HOSPITALIZATION AND ASSISTED  
OUTPATIENT TREATMENT

CASE NO. and JUDGE

Court address

Court telephone no.

In the matter of \_\_\_\_\_  
First, middle, and last name

1. Date of hearing (if one): \_\_\_\_\_ Judge: \_\_\_\_\_
2. This court issued an  initial  second  continuing order on \_\_\_\_\_ directing the  
Date  
individual named above to undergo a program of assisted outpatient treatment or combined hospitalization and assisted outpatient treatment.
3. The court has been notified that
- the individual is not complying with the order for assisted outpatient treatment or combined hospitalization and assisted outpatient treatment.
- assisted outpatient treatment has not been or will not be sufficient to prevent harm the individual may inflict upon self or others.
- the individual believes that the assisted outpatient treatment program is not appropriate.

4. **THE COURT FINDS:**

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

**IT IS ORDERED:**

5. The request to modify the treatment order is denied.
6. The order for assisted outpatient treatment or combined hospitalization and assisted outpatient treatment is modified and the individual shall undergo a program of assisted outpatient treatment as ordered in item 9. This assisted outpatient treatment shall not exceed the time from the date of issuance of the  initial  second  continuing combined order.
7. The order for assisted outpatient treatment or combined hospitalization and assisted outpatient treatment is modified and the individual shall be hospitalized at \_\_\_\_\_  
for a period not to exceed the remainder of the previously-ordered hospitalization portion of the  initial  second  continuing combined order.
8. The order for assisted outpatient treatment or combined hospitalization and assisted outpatient treatment is modified and the individual shall continue to undergo combined hospitalization and assisted outpatient treatment as ordered in item 9 for the remainder of the previously-ordered period. The individual shall be hospitalized at \_\_\_\_\_  
for a period not to exceed the remainder of the initially ordered hospitalization portion of the  initial  second  continuing combined order.

**USE NOTE:** Use form PCM 244 to modify an order for assisted outpatient treatment or an order for combined hospitalization and assisted outpatient treatment under MCL 330.1475(3)-(5).

9. Assisted outpatient treatment services shall be supervised by \_\_\_\_\_

Community mental health services or other designated entity

The following assisted outpatient services are ordered:

- case management plan
- case management services
- all services recommended by the treatment provider
- medication
- blood or urinalysis tests to determine compliance with or effectiveness of prescribed medication
- individual therapy     group therapy     individual and group therapy
- day programs     partial day programs
- educational training     vocational training
- supervised living
- assertive community treatment team services
- substance use disorder treatment
- substance use disorder testing (for individuals with a history of alcohol or substance use and for whom testing is necessary to assist the court in ordering treatment designed to prevent deterioration)
- any other services prescribed to treat the individual's mental illness and either to assist the individual in living and functioning in the community or to help prevent a relapse or deterioration that may reasonably be predicted to result in suicide or the need for hospitalization. Those services are: \_\_\_\_\_

**NOTICE:** The court must be promptly notified of the individual's release from the hospital to the assisted outpatient treatment program, along with a psychiatrist's statement that the individual is clinically appropriate for assisted outpatient treatment.

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

11. This order expires on \_\_\_\_\_  
Date

Judge signature and date

**NOTICE OF RIGHT TO OBJECT TO HOSPITALIZATION**

If the court has ordered you to be hospitalized rather than continue in an assisted outpatient treatment program you have a right to object to this hospitalization. If you wish to object, complete the objection below and send a copy to the court.

**PROOF OF SERVICE**

This notice was personally served on the individual named above on \_\_\_\_\_ and a copy was mailed  
Date and time  
to the \_\_\_\_\_ Court on \_\_\_\_\_. I declare under the penalties

of perjury that this proof of service has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Signature

**OBJECTION TO HOSPITALIZATION**

I object to my hospitalization and request that the court schedule a hearing on the objection.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>SECOND ORDER FOR MENTAL HEALTH TREATMENT</b>	<b>CASE NO. and JUDGE</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

In the matter of \_\_\_\_\_ **XXX-XX-**  
First, middle, and last name Last 4 digits of SSN

Court ORI	Date of birth	Driver's license no.	Place of birth	Race	Sex
Current address of individual					

1. 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:**

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

3. 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.

4. Testimony of a physician, psychiatrist, or licensed psychologist was waived by the individual and the individual's attorney.
5.  Testimony was given by \_\_\_\_\_.  
 Testimony was not given because the parties stipulated to entry of the order.
6. 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, and whose lack of understanding of the need for treatment has caused him or her to demonstrate an unwillingness to voluntarily participate in or adhere to treatment that is necessary, on the basis of competent clinical opinion, to prevent a relapse or harmful deterioration of his or her condition, and presents a substantial risk of significant physical or mental harm to the individual or others.
7. 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, is sufficient to prevent harm that the individual may inflict upon self or others within the near future, and there is an agency or mental health professional available to supervise the individual's treatment program.



- 8. \_\_\_\_\_ hospital can provide treatment that is adequate and appropriate to the individual's condition.
- 9. The individual is not a person requiring treatment.

**IT IS ORDERED:**

- 10. The individual shall be hospitalized for up to 90 days.
- 11. The individual shall receive combined hospitalization and assisted outpatient treatment for no longer than 90 days. The individual may be hospitalized for up to \_\_\_\_\_ days of the assisted outpatient treatment period.
  - An initial hospitalization period shall be up to \_\_\_\_\_ days.
- 12. The individual shall receive assisted outpatient treatment for no longer than 90 days.
- 13. Any hospitalization of the individual for mental health treatment shall occur in the hospital listed in item 8.
- 14. Any assisted outpatient treatment services shall be supervised by

\_\_\_\_\_  
Community mental health services or other designated entity

The following assisted outpatient services are ordered:

- case management plan
- case management services
- all services recommended by the treatment provider
- medication
- blood or urinalysis tests to determine compliance with or effectiveness of prescribed medication
- individual therapy     group therapy     individual and group therapy
- day programs     partial day programs
- educational training     vocational training
- supervised living
- assertive community treatment team services
- substance use disorder treatment
- substance use disorder testing (for individuals with a history of alcohol or substance use and for whom testing is necessary to assist the court in ordering treatment designated to prevent deterioration)
- any other services prescribed to treat the individual's mental illness and either to assist the individual in living and functioning in the community or to help prevent a relapse or deterioration that may reasonably be predicted to result in suicide or the need for hospitalization. Those services are: \_\_\_\_\_

- 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. After the individual is taken into protective custody, a peace officer or a security transport officer shall transport the individual to the hospital designated by the psychiatrist.
- 17. If item 10 or 11 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).

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\_\_\_\_\_  
Judge signature and date

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>CONTINUING ORDER FOR MENTAL HEALTH TREATMENT</b>	<b>CASE NO. and JUDGE</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

In the matter of \_\_\_\_\_ **XXX-XX-**  
First, middle, and last name Last 4 digits of SSN

Court ORI	Date of birth	Driver's license no.	Place of birth	Race	Sex
Current address of individual					

1. 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:**

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

3. 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.

- 4. Testimony of a physician, psychiatrist, or licensed psychologist was waived by the individual and the individual's attorney.
- 5.  Testimony was given by \_\_\_\_\_.  
 Testimony was not given because the parties stipulated to entry of the order.
- 6. 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, and whose lack of understanding of the need for treatment has caused him or her to demonstrate an unwillingness to voluntarily participate in or adhere to treatment that is necessary, on the basis of competent clinical opinion, to prevent a relapse or harmful deterioration of his or her condition, and presents a substantial risk of significant physical or mental harm to the individual or others.
- 7. 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, is sufficient to prevent harm that the individual may inflict upon self or others within the near future, and there is an agency or mental health professional available to supervise the individual's treatment program.

8. \_\_\_\_\_ hospital can provide treatment that is adequate and appropriate to the individual's condition.

9. The individual is not a person requiring treatment.

**IT IS ORDERED:**

10. The individual shall be hospitalized for up to one year.

11. The individual shall receive combined hospitalization and assisted outpatient treatment for no longer than one year. The individual may be hospitalized for up to \_\_\_\_\_ days of the assisted outpatient treatment period.  
 An initial hospitalization period shall be up to \_\_\_\_\_ days.

12. The individual shall receive assisted outpatient treatment for no longer than one year.

13. Any hospitalization of the individual for mental health treatment shall occur in the hospital listed in item 8.

14. Any assisted outpatient treatment services shall be supervised by

\_\_\_\_\_  
Community mental health services or other designated entity

The following assisted outpatient services are ordered:

- case management plan
- case management services
- all services recommended by the treatment provider
- medication
- blood or urinalysis tests to determine compliance with or effectiveness of prescribed medication
- individual therapy     group therapy     individual and group therapy
- day programs     partial day programs
- educational training     vocational training
- supervised living
- assertive community treatment team services
- substance use disorder treatment
- substance use disorder testing (for individuals with a history of alcohol or substance use and for whom testing is necessary to assist the court in ordering treatment designated to prevent deterioration)
- any other services prescribed to treat the individual's mental illness and either to assist the individual in living and functioning in the community or to help prevent a relapse or deterioration that may reasonably be predicted to result in suicide or the need for hospitalization. Those services are: \_\_\_\_\_

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. After the individual is taken into protective custody, a peace officer or a security transport officer shall transport the individual to the hospital designated by the psychiatrist.

17. If item 10 or 11 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).

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\_\_\_\_\_  
Judge signature and date

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>PETITION FOR JUDICIAL ADMISSION</b>	<b>CASE NO. and JUDGE</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

In the matter of \_\_\_\_\_ Put last 4 digits of SSN in  
First, middle, and last name **XXX-XX-** Ref. No. row 2 on MC 97.  
Last four digits of SSN

1. I, \_\_\_\_\_, am interested in this matter and make this petition as  
Name (type or print)

\_\_\_\_\_ State your interest/relationship

2. The individual named above, born \_\_\_\_\_, is a resident of \_\_\_\_\_,  
Put DOB in Ref. No. row 1 on MC 97. Date County

Michigan, and can be found at \_\_\_\_\_  
Address City, state, zip

3. The individual is a person with an intellectual disability and
- a. can be reasonably expected within the near future to intentionally or unintentionally seriously physically injure self or another person and has overtly acted in a manner substantially supportive of that expectation.
  - b. has been arrested and charged with an offense that was a result of the intellectual disability.

4. This allegation is based upon:

a. My personal observation of the individual doing the following acts and saying the following things:

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4. b. The following conduct and statements by the individual, which I have been informed others have seen or heard:

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

by \_\_\_\_\_  
Witness name Complete address Telephone no.

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

by: \_\_\_\_\_  
Witness name Complete address Telephone no.

5. Persons interested in these proceedings are:

NAME	RELATIONSHIP	ADDRESS	TELEPHONE NO.

6. The individual will not comply with an order for examination because \_\_\_\_\_

\_\_\_\_\_

**I REQUEST**

7. The court order the individual to be examined at \_\_\_\_\_  
Facility

8. The court order a peace officer to take the individual into protective custody. After the individual is taken into protective custody, a peace officer or security transport officer shall transport the individual immediately to

\_\_\_\_\_ for examination.  
Facility

9. The individual be determined by the court to be a person meeting the criteria for judicial admission for treatment.

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.

\_\_\_\_\_  
Signature of attorney Date

\_\_\_\_\_  
Name (type or print) Bar no. Signature of petitioner

\_\_\_\_\_  
Address Address

\_\_\_\_\_  
City, state, zip Telephone no. City, state, zip Telephone no.

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY

ORDER FOR REPORT  
AFTER NOTIFICATION  
AND REPORT

CASE NO. and JUDGE

Court address

Court telephone no.

In the matter of \_\_\_\_\_  
First, middle, and last name

1. The court has received notification that
  - a. the 90-day order for assisted outpatient treatment has not been sufficient to prevent the individual from inflicting harm or injuries upon self or others.
  - b. the one-year order for alternative/assisted outpatient treatment has not been or will not be sufficient to prevent the individual from inflicting harm or injuries upon self or others.
  - c. the individual named above is not complying with the order of alternative/assisted outpatient treatment.
  - d. it is believed that the alternative/assisted outpatient treatment program is not appropriate.

2. **IT IS ORDERED** that the \_\_\_\_\_ community mental health services program prepare and file a report on the adequacy and suitability of the present alternative care or treatment and the availability of care and treatment in another alternative/assisted outpatient treatment program or in a hospital or facility.

\_\_\_\_\_

Judge signature and date

**REPORT ON ADEQUACY AND SUITABILITY OF ALTERNATIVE/ASSISTED OUTPATIENT TREATMENT**

3. I, \_\_\_\_\_, as \_\_\_\_\_ of the \_\_\_\_\_ community mental health services program, report as follows.

4. I have
- reviewed the notification to the court to report as to \_\_\_\_\_
  - spoken with the person who notified the court to report as to \_\_\_\_\_
  - reviewed other available records to report as to \_\_\_\_\_
  - spoken with other knowledgeable persons to report as to \_\_\_\_\_

a. the reason for concern about the adequacy of the ordered care or treatment: \_\_\_\_\_

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

b. the continued suitability of the care or treatment: \_\_\_\_\_

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



4. (continued)

c. the adequacy, for the needs of the individual, of care or treatment available at a hospital or facility: \_\_\_\_\_

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

5. I recommend that the court

a. set a date for hearing.

b. modify the order for alternative care and treatment program/assisted outpatient treatment as follows:

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

c. order the individual to be hospitalized in \_\_\_\_\_ hospital, which I believe has an adequate and appropriate treatment program of the type and extent to meet the individual's needs and condition.

d. order the individual be judicially admitted to \_\_\_\_\_ facility.

e. order a peace officer to take the individual into protective custody. After the individual is taken into protective custody, a peace officer or security transport officer shall transport the individual to the hospital or facility if the individual refuses to comply with the order of hospitalization or judicial admission.

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

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Business address

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY

CASE NO. and JUDGE

DEMAND FOR HEARING

Court address

Court telephone no.

In the matter of \_\_\_\_\_  
First, middle, and last name

- 1. I am the individual, and I demand a court hearing.
- 2. I am the  hospital director/designee,  outpatient treatment provider/designee, and I demand a court hearing because  the individual refuses to accept prescribed treatment.  the individual orally demanded a hearing.
- 3. I am the executive director of the community mental health services program. The individual deferred the initial hearing and is participating in an outpatient treatment program in the community. The deferral period ends on

\_\_\_\_\_ .  
Date

- I believe **the individual** continues to require treatment, but **the individual** refuses to sign a voluntary treatment form, and I demand a court hearing.
- I believe **the individual** continues to require treatment, but **the individual** is found not suitable for voluntary treatment, and I demand a court hearing.
- 4. I am the director of the hospital where the individual has remained hospitalized since deferring the initial hearing on \_\_\_\_\_ . I believe the individual continues to require treatment and \_\_\_\_\_ .  
Date
  - will not agree to sign a formal voluntary admission, and I demand a court hearing.
  - is not suitable for voluntary admission, and I demand a court hearing.
- 5. The individual requires hospitalization pending the hearing and it is necessary that the court order a peace officer to transport the individual to the \_\_\_\_\_ hospital pending the hearing.
- 6. The individual is located at \_\_\_\_\_ .

\_\_\_\_\_ .  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

(Complete only if item 5 is checked.)

**ORDER TO TRANSPORT**

**IT IS HEREBY ORDERED** that a peace officer shall take the individual into protective custody and transport **the individual** to the hospital stated above.

\_\_\_\_\_  
Judge signature and date

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>ORDER REGARDING TRANSPORT OF MINOR</b>	<b>CASE NO. and JUDGE</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

In the matter of \_\_\_\_\_  
First, middle, and last name \_\_\_\_\_ Date of birth \_\_\_\_\_

**THE COURT FINDS:**

- 1. A request for hospitalization has been made pursuant to Chapter 4A of the Mental Health Code and the petitioner has been unable to transport the minor for an evaluation.
- 2. The minor was hospitalized pursuant to Chapter 4A of the Mental Health Code, is on an  authorized  unauthorized absence, and should be returned to the hospital.
- 3. Reasonable effort to transport the minor has been made.

**IT IS ORDERED:**

- 4. The petition is denied.
- 5. A peace officer shall take the minor into protective custody. After the minor is taken into protective custody, a peace officer or security transport officer shall transport the minor immediately to \_\_\_\_\_  
 \_\_\_\_\_ for an evaluation pursuant to Chapter 4A of the  
 Mental Health Code, and if necessary thereafter, to \_\_\_\_\_ hospital,  
 and that the person requesting the transport order shall meet the minor at the evaluation site and remain with the  
 minor for the duration of the evaluation.
- 6. A peace officer shall take the minor into protective custody. After the minor is taken into protective custody, a peace officer or security transport officer shall transport the minor immediately to \_\_\_\_\_  
 \_\_\_\_\_ hospital.
- 7. That this order expires on \_\_\_\_\_ .

\_\_\_\_\_  
 Judge signature and date

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY

ORDER AFTER NOTICE OF  
NONCOMPLIANCE WITH ASSISTED  
OUTPATIENT TREATMENT OR COMBINED  
HOSPITALIZATION AND ASSISTED  
OUTPATIENT TREATMENT ORDER

CASE NO. and JUDGE

Court address

Court telephone no.

In the matter of \_\_\_\_\_  
First, middle, and last name

- 1. Date of hearing (if one): \_\_\_\_\_ Judge: \_\_\_\_\_
- 2. This court issued an order on \_\_\_\_\_ directing the individual named above to undergo a program of  
Date assisted outpatient treatment or combined hospitalization and assisted outpatient treatment.
- 3. The court has been notified that the individual is not complying with the order for assisted outpatient treatment or combined hospitalization and assisted outpatient treatment.

4. **THE COURT FINDS:**

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**IT IS ORDERED:**

- 5. The request to modify the last treatment order is denied.
- 6. A peace officer shall take the individual into protective custody and transport the individual to  the preadmission screening unit established by the community mental health services program serving the community in which the individual resides.  \_\_\_\_\_  
Designated facility
- 7. The individual shall be hospitalized at \_\_\_\_\_  
  - for a period of not more than 10 days. If necessary, a peace officer shall take the individual into protective custody.
  - as recommended by the community mental health services program, more than 10 days but not longer than the duration of the order for assisted outpatient treatment or a combination of hospitalization and assisted outpatient treatment, or not longer than 90 days, whichever is less. If necessary, a peace officer shall take the individual into protective custody.

# Added page

8. The individual may return to assisted outpatient treatment before the expiration of the prior order of assisted outpatient treatment or combined hospitalization and assisted outpatient treatment as follows:

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



\_\_\_\_\_  
Judge signature and date

## NOTICE OF RIGHT TO OBJECT TO HOSPITALIZATION

If the court ordered, without a hearing, that you be hospitalized, you have a right to object to this hospitalization. If you wish to object, complete the objection below and send a copy to the court within 7 days of receiving this notice.

## PROOF OF SERVICE

I declare under the penalties of perjury that this notice was personally served on the above individual on

\_\_\_\_\_ and a copy mailed to the \_\_\_\_\_  
Date and time

Court on \_\_\_\_\_ .  
Date

\_\_\_\_\_  
Signature

## OBJECTION TO HOSPITALIZATION

I object to my hospitalization and request that the court schedule a hearing on the objection in accordance with MCR 5.744.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

