

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	RECOMMENDATION OF COMMITMENT REVIEW PANEL <input type="checkbox"/> Original <input type="checkbox"/> Continued <input type="checkbox"/> Appeal	CASE NO. and JUDGE
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Court address _____ Court telephone no. _____

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

The following named panel members have training and experience in the diagnosis and treatment of serious communicable diseases and infections:

Name of physicians

1. We have reviewed the record of the proceeding, including the petition or claim of appeal filed with the court, and any other information we considered relevant.
2. We interviewed the individual on _____ .
Date
3. We did not interview the individual because _____ .

4. The individual is a carrier of _____ , an infectious agent.
 a serious communicable disease.
 a serious communicable infection.

5. The individual is a health threat to others because: _____

6. The individual requires the following treatment: _____

7. We recommend treatment in _____ for a period of _____
Name of facility Number of days or months
 for the following reasons: _____

8. We recommend the following alternative(s) to commitment: _____

The reasons for this recommendation are: _____

9. We recommend continuation of the commitment as ordered on _____
Date

for the following reasons: _____

10. We recommend termination of the current commitment as ordered on _____
Date

for the following reasons: _____

I certify that I am a physician licensed in the state of Michigan. I declare that this report has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Signature

Name (type or print)

Address

City, state, zip

Telephone no.

Date

Signature

Name (type or print)

Address

City, state, zip

Telephone no.

Date

Signature

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