

STATE OF MICHIGAN PROBATE COURT COUNTY OF	NOTICE OF INABILITY TO SECURE EVALUATION/EXAMINATION	FILE NO.
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In the matter of _____
First, middle, and last name

1. A petition for mental health treatment was filed on _____ .
Date

2. The individual has failed to make himself or herself available for an evaluation/examination.

3. I am interested in this matter as
 petitioner.
 caseworker.
 psychiatrist/psychologist/physician.
 interested person.
 other _____ .

4. The following reasonable attempts were made to obtain the individual's cooperation:

 Date

 Signature

 Name (type or print)

 Agency

 Address

 City, state, zip

 Telephone no.

Do not write below this line - For court use only