

### Michigan Supreme Court

State Court Administrative Office **Trial Court Services Division** Michigan Hall of Justice P.O. Box 30048 Lansing, Michigan 48909 Phone 517-373-4835

Jennifer Warner Director

#### MEMORANDUM

DATE:	February 2, 2017
TO:	Probate Judges Probate Registers Court Administrators
FROM:	Robin Eagleson, Management Analyst
RE:	Revisions to Kevin's Law

Effective February 14, 2017, <u>320 Public Act 2016</u> amends the Mental Health Code to clarify procedure and expand criteria for ordering individuals to receive assisted outpatient treatment (Kevin's Law) as one of several options of involuntary mental health treatment. Highlights of the legislative amendments are as follows:

#### **Highlights of Statutory Changes**

- Definitions
  - Emergency Situation (MCL 330.1100a(29)(c)): The individual has mental illness that has impaired his or her judgment so that the individual is unable to understand his or her need for treatment, and that impaired judgment, on the basis of competent clinical opinion, presents a substantial risk of significant physical or mental harm to the individual in the near future or presents a substantial risk of significant physical harm to others in the near future.
  - o Person Requiring Treatment (MCL 330.1401)
    - MCL 330.1401(c): An individual who has mental illness, whose judgment is so impaired by that mental illness that he or she is unable to understand his or 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 in the near future or presents a substantial risk of physical harm to others in the near future.
    - MCL 330.1401(d): An individual who has mental illness, whose understanding of the need for treatment is impaired to the point that he or

Revisions to Kevin's Law February 2, 2017 Page 2

> she is unlikely to voluntarily participate in or adhere to treatment that has been determined necessary to prevent a relapse or harmful deterioration of his or her condition, and whose noncompliance with treatment has been a factor in the individual's placement in a psychiatric hospital, prison, or jail at least 2 times within the last 48 months or whose noncompliance with treatment has been a factor in the individual's committing 1 or more acts, attempts, or threats of serious violent behavior within the last 48 months. An individual under this subdivision is only eligible to receive assisted outpatient treatment.

- Eligibility for Insurance (MCL 330.1202(2)): Community Mental Health Services must determine an individual's eligibility for a private health insurer, Medicaid, or Medicare and must bill the service before expending money from the state general fund.
- Forms (MCL 330.1404)
  - Requires the State Court Administrative Office to approve court forms for use in court proceedings.
- Assisted Outpatient Treatment (AOT) (MCL 330.1434, MCL 330.1474, MCL 330.1474a, and MCL 330.1475)
  - Clarifies AOT may be provided as a possible intervention available to the court, and allows AOT to be combined with hospitalization.
- Time Frames for Conducting Hearings on Petitions (MCL 330.1452)
  - 7 days if individual is hospitalized.
  - 28 days if AOT only is requested and individual is not hospitalized.
- Stipulation to Treatment (MCL 330.1455)
  - Following consultation with counsel, the subject of the petition may stipulate to the entry of any order for treatment.
- Required Testimony and Clinical Certificates (MCL 330.1461)
  - Petition alleges 401(a), (b), or (c):
    - Clinical certificate by physician/psychologist.
    - Clinical certificate by psychiatrist.
    - Testimony by one physician.
  - Petition alleges 401(d) and requests AOT only (person not hospitalized):
    - Testimony/written deposition by physician/psychologist.
    - Clinical certificate by psychiatrist. OR
    - Testimony/written deposition by physician/psychologist.
    - Testimony/written deposition by psychiatrist.
- AOT Orders (MCL 330.1468): Recodifies specific court orders for assisted outpatient treatment.
- Duration of AOT orders (MCL 330.1472a): Due to the addition of AOT and hospitalization, the duration of orders were amended to provide time frames for this combination. Below are the duration time frames for each type of AOT order.
  - An initial order of AOT only must not exceed 180 days.
  - An initial order of combined hospitalization and AOT must not exceed 180 days. The hospitalization portion of the initial order must not exceed 60 days.
  - A second order of AOT only must not exceed 1 year.

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- A second order of combined hospitalization and AOT must not exceed 1 year. The hospitalization portion of the second order must not exceed 90 days.
- A continuing order for AOT must not exceed 1 year.
- A continuing order of combined hospitalization and AOT must not exceed 1 year. The hospitalization portion of the continuing order must not exceed 90 days.
- The court must continue to issue consecutive 1 year continuing orders until a continuing order expires without a petition having been filed.

**Forms:** The mental health forms committee met twice to recommend revisions to the mental health court forms. Highlights of the changes include:

- Removed references to the application process.
- Deleted the petition for AOT (PCM 242) and the order for AOT (PCM 243).
- Created a single petition for requesting the court to order an individual to receive involuntary mental health treatment.

Attached are copies of the revised forms with highlighted changes. The revised forms will be available at <u>http://courts.mi.gov/Administration/SCAO/Forms/Pages/Recent-Form-</u><u>Revisions.aspx</u> on February 14, 2017. Previously approved versions of these forms cannot be used after February 14, 2017.

**Training:** The first training on the revised Kevin's Law will take place at the Regional Judicial Seminar on February 2, 2017. Further, the State Court Administrative Office's Trial Court Services Division is working in conjunction with the Michigan Judicial Institute to develop additional material and training for judges and court staff. Training information will be provided once finalized.

**Case Management System Changes:** For caseload reporting purposes, courts must distinguish "AOT only" petitions from other petitions. If PCM 201 has check marks in only 3(d) and 8(b), it should be counted as an "AOT only" petition. JIS court users will continue to use the code for "AOT" for this purpose. Specifically, for coding purposes, the codes are as follows:

- PCS:
  - For PCM 201: Code PAS should be used when the petition requests only AOT without hospitalization. All other requests should use code PFH.
- TCS:
  - For PCM 201: Code PAS should be used when the petition requests only AOT without hospitalization. Otherwise, the code IPFH should be used for initial petition for hospitalization and the code PFH should be used for subsequent petitions for hospitalization.

Non-JIS court users must contact their case management system providers to determine how an "AOT only" petition will be designated in their systems.

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**Caseload Changes:** Courts will continue to report the number of petitions filed for "AOT only" as well as orders granted for "AOT only" and denied for "AOT only" as follows:

- AOT only petitions filed are to be reported on Part 1, Section D, Line 2 and Line 8. Report petitions on these lines only if items 3(d) and 8(b) are checked on form PCM 201.
- AOT only petitions granted are to be reported on Part 2, Section D, Line 1 and Line 13. Report petitions granted on these lines only if items 7(d) and 14(a) are checked on form PCM 214, Initial Order After Hearing on Petition for Mental Health Treatment.
- AOT only petitions denied are to be reported on Part 2, Section D, Line 2 and Line 14. Report petitions denied on these lines only if items 7(d) and 14(a) are not checked on form PCM 214, Initial Order After Hearing on Petition for Mental Health Treatment.

Specifically, within the JIS system the codes are as follows:

- PCS:
  - For PCM 214: Code OAO should be used when the court orders AOT without hospitalization. All other orders for mental health treatment should use code OHA.
- TCS:
  - For PCM 214: COD OAO should be used when the court orders AOT without hospitalization. All other orders for mental health treatment should use code OFH.

Non-JIS court users must contact their case management system providers to determine how an "AOT only" order will be designated in their systems.

For questions regarding JIS codes, please contact the JIS help desk. If you have any other questions, please contact Robin Eagleson at 517-373-5542 or Noah Bradow at 517-373-2451, or e-mail <u>TrialCourtServices@courts.mi.gov</u>.

#### PCS CODE: PFH/PAS TCS CODE: IPFH/PFH/PAS

FILE NO.

#### HEALTH TREATMENT XXX-XX-In the matter of First, middle, and last name Last four digits of SSN Court ORI Date of Birth Place of Birth Race Sex 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 acility 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.)

PETITION FOR MENTAL

#### (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.

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 se	en or heard and have told me about	t:
by: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 nur	nber.)	
6. The individual $\Box$ is $\Box$ is not a veteran.		
<ul> <li>☐ 7. Attached is a</li> <li>☐ clinical certificate by a physician or licer</li> <li>☐ clinical certificate by a psychiatrist take</li> <li>☐ petition/affidavit for examination (form F</li> </ul>	n within the last 72 hours.	
<ul> <li>8. I request the court to determine the individual to be a persor</li> <li>a. (Check if item 3a, 3b, or 3c is checked.) order appropriate mer</li> </ul>	tal health treatment.	t without boositalization
<ul> <li>b. (Check if item 3d is checked.) order that the individual particities</li> <li>9. I request the individual be hospitalized pending a hearing</li> </ul>		
I declare under the penalties of perjury that this petition/applica the best of my information, knowledge, and belief.		I that its contents are true to
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. Wo	ork telephone no.
This petition for mental health treatment was rec FOR HOSPITAL USE ONLY	<mark>eived by</mark> the hospital on Date	at Time
	Signature of hospital represe	entative

In the matter of Persent mode, and last name [O THE EXAMINER: The following is a statement that must be read to the individual before proceeding with any questions. I am authorized by law to examine you for the purpose of advising the court if you have a mental condition which needs treatment and whether such treatment should take place in a hospitalized before a court hearing is held. I may be required to tell the court what I observe and what you tell me. I. I am a psychiatrist: licensed psychologist, physician. 2. I certify that on this date I read the above statement to the individual before asking any questions or conducting any examination. 3. I further certify that 1, Name (type or print), personally examined	STATE OF MICHIGAN PROBATE COURT COUNTY OF	CLINICAL CERTIFICATE	FILE NO.
<b>I</b> O THE EXAMINER: The following is a statement that must be read to the individual before proceeding with any questions. I am authorized by law to examine you for the purpose of advising the court if you have a mental condition which needs treatment and whether such treatment should take place in a hospital or in some other place. I am also here to determine if you should be hospitalized or remain hospitalized before a court hearing is held. I may be required to tell the court what I observe and what you tell me. 1. I am a psychiatrist   licensed psychologist   physician 2. I certify that on this date I read the above statement to the individual before asking any questions or conducting any examination. 3. I further certify that I, Name (type or print), personally examined	In the matter of	e	
which needs treatment and whether such treatment should take place in a hospital or in some other place. I am also here to determine if you should be hospitalized or remain hospitalized before a court hearing is held. I may be required to tell the court what I observe and what you tell me.          1.1 am a       psychlatrist       licensed psychologist.       physician.         2.1 certify that on this date I read the above statement to the individual before asking any questions or conducting any examination.          3.1 further certify that I, Name (type or print)       , personally examined          at			before proceeding with any questions.
<ul> <li>2. I certify that on this date I read the above statement to the individual before asking any questions or conducting any examination.</li> <li>3. I further certify that I, <u>Name (type or print)</u>, personally examined <u>Patient</u></li> <li>at <u>Name and address where examination took place</u></li> <li>on <u>Date</u></li> <li>INSTRUCTIONS: Describe in detail the specific actions, statements, demeanor, and appearance of the individual, together with other information which underlie your conclusion. Indicate the source of any information not personally known or observed. If this certificate is to accompany a petition for discharge, state why the individual continues to be or is no longer a person requiring treatment or in need of hospitalization.</li> <li>4. My determination is that the person is <u>mentally ill (has a substantial disorder of though or mood that significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life).</u></li> <li>not mentally ill.</li> <li>5. (if applicable) The person has <u>convulsive disorder</u>. <u>alcoholism</u>. <u>other drug dependence</u>.</li> <li><u>mental processes weakened by reason of advanced years</u>.</li> <li><u>6</u> My diagnosis is: <u></u></li></ul>	which needs treatment and whe I am also here to determine if y	ether such treatment should take place in a rou should be hospitalized or remain hosp	a hospital or in some other place. italized before a court hearing is
<ul> <li>S I further certify that I, <u>Name (type or print)</u>, personally examined <u>Patient</u></li> <li>at <u>Name and address where examination took place</u></li> <li>on <u>Date</u></li></ul>	1. I am a 🗌 psychiatrist. 🗌 licens	ed psychologist. 🗌 physician.	
at       Name and address where examination took place         on	2. I certify that on this date I read the ab	pove statement to the individual before asking any qu	uestions or conducting any examination.
at       Name and address where examination took place         on	3. I further certify that I, Name (type or pi	rint) , personally examined	Patient
on	-		
<ul> <li>INSTRUCTIONS: Describe in detail the specific actions, statements, demeanor, and appearance of the individual, together with other information which underlie your conclusion. Indicate the source of any information not personally known or observed. If this certificate is to accompany a petition for discharge, state why the individual continues to be or is no longer a person requiring treatment or in need of hospitalization.</li> <li>4. My determination is that the person is mentally ill (has a substantial disorder of thought or mood that significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life).</li> <li>not mentally ill.</li> <li>5. (if applicable) The person has alcoholism.</li> <li>other drug dependence.</li> <li>other (specify):</li> <li>6. My diagnosis is:</li> </ul>		-	continuing for minutes.
<ul> <li>mentally ill (has a substantial disorder of thought or mood that significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life).</li> <li>not mentally ill.</li> <li>5. (if applicable) The person has <ul> <li>convulsive disorder.</li> <li>alcoholism.</li> <li>other drug dependence.</li> <li>mental processes weakened by reason of advanced years.</li> </ul> </li> <li>6. My diagnosis is:</li></ul>	with other information which underlie <b>observed.</b> If this certificate is to accor person requiring treatment or in need	your conclusion. <b>Indicate the source of any ir</b> mpany a petition for discharge, state why the indiv of hospitalization.	formation not personally known or
convulsive disorder.         alcoholism.         other drug dependence.         mental processes weakened by reason of advanced years.         other (specify):  6. My diagnosis is:	mentally ill (has a substantial disc reality, or ability to cope with the	order of thought or mood that significantly impairs ju	dgment, behavior, capacity to recognize
	<ul> <li>convulsive disorder.</li> <li>mental processes weakened</li> </ul>		☐ other drug dependence.
7. Facts serving as the basis for my determination are:	<mark>6.</mark> My diagnosis is:		
	7. Facts serving as the basis for my d	letermination are:	
(SEE SECOND PAGE)		(SEE SECOND PAGE)	

Approved, SCAO

PCS CODE: CCT

TCS CODE: CCT

File No. \_\_\_

<ol> <li>Explain in the space below the f</li> </ol>	acts which lead you to believe that future conduct may result in (check applicable box)
$\Box$ a. likelihood of injury to self.	Facts:

Therefore, I believe that the examined person, as a result of mental illness, can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure self.

 $\Box$  b. likelihood of injury to others. Facts:

Therefore, I believe that the examined person, as a result of mental illness, can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure others.

c. inability to attend to basic physical needs. Facts:

Therefore, I believe that the examined person, as a result of mental illness, is unable to attend to those basic physical needs (such as food, clothing or shelter) that must be attended to in order to avoid serious harm in the near future.

d. inability to understand need for treatment. Facts:

Therefore, I believe that the examined person, as a result of mental illness, is so impaired by that mental illness that s/he is unable to understand the need for treatment, and his/her impaired judgment presents a substantial risk of significant physical or mental harm to himself/herself or presents a substantial risk of physical harm to others in the near future.

<ol> <li>I conclude the individual</li> </ol>	🗌 is	🗌 is not	a person requiring treatment.
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10. (optiona	) I recommend	hospitalization		alternative treatment
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as follows: \_\_\_\_

I certify that I am a person authorized by law to certify as to the individual's mental condition. I am not related by blood or marriage either to the person about whom this certificate is concerned or to any person who has filed, or whom I know to be planning to file, a petition in this proceeding. I declare under the penalties of perjury that this certificate has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date	Time of signing	Signature
		Print or type name and business telephone no.

Approved, SCAO	DELE	TED		JIS CODE: SPA
STATE OF MICHIGAN PROBATE COURT COUNTY OF	APPLICATION FOR	AL PETITION TO R HOSPITALIZATION DR EXAMINATION	FILE NO.	
n the matter of				
	PET	TITION		
<ol> <li>I executed the attached Applic physician or licensed psychology</li> </ol>			e to have the indivi	dual examined by a
2. I request the court to order				
a. the individual to be examined the preadmission screening	g unit designated by the comm ne individual into protective cu			sion screening unit
l declare under the penalties of p information, knowledge, and beli		en examined by me and th	at its contents are	true to the best of m
Date		Signature of petitioner		
ttorney name (type or print)	Bar no.	Name (type or print)		
ddress	<b>\</b>	Address		
City, state, zip	Telephone no.	City, state, zip		
<ul> <li>THE COURT FINDS:</li> <li>3. The application □ is</li> <li>4. A reasonable effort □ was</li> <li>5. It is necessary that a peace designated preadmission s</li> <li>6. There does not appear to b</li> </ul>	is not reasonable a was not made to sec officer take the individual inte creening unit for the examination	und in full compliance with ure an examination. o protective custody and i tion.		
		istody and immediately tra is presented for examination		to the designated
Date USE NOTE: If this form is being filed in	the circuit court family division. plea	Judge ase enter the court name and co	punty in the upper left-h	Bar no
		his line - For court use only		

Approved, SC
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#### SUPPLEMENT TO PETITION FOR MENTAL HEALTH TREATMENT AND ORDER

FILE NO.

Completely Revised	DOB:
DETITION	
ental health treatment (form PCM 201). I have bee ed psychologist although I have made the follo	
	,
it of nospital designated by the community me	ntal nearth services program.
al into protective custody and transport the inc	dividual to
sychiatrist. Attached is one clinical certificate th	nat was executed within the last 72 hours.
der to prevent harm to self or others.	
that this supplemental petition has been exam e, and belief.	ined by me and that its contents are true
Signature of petitioner	
AFFIDAVIT	
use I have been unable, after reasonable effort, I have made to secure an examination are spe	
Signature of petitioner	
Date ,	County, Michigan.
Signature:	lic
y of	
(SEE SECOND PAGE)	
it court family division, please enter the court name and co	ounty in the upper left-hand corner of the form.
Do not write below this line - For court use only	
	PETITION         ental health treatment (form PCM 201). I have been ed psychologist although I have made the followed psychologist although I have made to secure an examination are specific pate         Intermediate provide the

MCL 330.1434, MCL 330.1435, MCL 330.1436, MCL 330.1437, MCL 330.1438 PCM 209a (9/16) SUPPLEMENT TO PETITION FOR MENTAL HEALTH TREATMENT AND ORDER

#### **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.
- $\square$  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 <u>Prescreening unit or hospital</u>

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 clinicial 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.

 $\Box$  10. The petition is denied.

Date

Judge

Bar no.

Approved, \$	SCAO
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#### NOTICE OF HOSPITALIZATION AND CERTIFICATE OF SERVICE

FILE NO.

In the matter of			
	NOTICE		
TO THE PROBATE COURT: Attached is a petit	<mark>ion</mark> for hospitalization and tw	o clinical ce	ertificates. You are notified that
1. The individual named above was hospitalized	on at	Time	
2. The clinical certificate of the psychiatrist that i	s required for hospitalization	was compl	eted on at Date Time .
	FICATE OF SERVICE ON P		
3. I certify that on the dates and times indicated a c	opy of each of the following do	ocuments w	as given to the individual named above.
a. Petition	Date	Time	Signature
b. Statement explaining individual's rights	Date	Time	Signature
c. Clinical certificate of psychiatrist	Date	Time	Signature
<ul> <li>Clinical certificate of licensed psychologist/physician/psychiatrist</li> </ul>	Date	Time	Signature
e. Notice of hearing	Date	Time	- Signature
			Signature
	FICATE OF SERVICE ON O		and notice of bearing wave conved
4. I certify that copies of the petition, two clinical	centificates, statement expla	ining rights	, and notice of nearing were served
☐ by first-class mail ☐ personally or and	Date and time	n Individual's	guardian nearest relative
		n Individual's	
$\Box$ 5. I further certify that the individual was aske			
a			was designated.
Name Copies could not be served.	ice were conved. Upy first o		
			Date
b. Name			was designated.
Copies could not be served. Cop	ies were served 🗌 by first-c	class mail	personally on
Date	Signature		
Do not	write below this line - For court u	use only	

before J

#### NOTICE OF HEARING AND **ADVICE OF RIGHTS**

PCS CODE: NHH TCS CODE: NHH

FILE 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	
udge	
	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.

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

#### INITIAL ORDER AFTER HEARING ON PETITION FOR MENTAL HEALTH TREATMENT

FILE NO.

In the matter of First, midd	le, 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 fil	ed by Petitioner name	e (type or print)	asserting	that the inc	
above is a person req <b>THE COURT FINDS:</b> 3. Notice of hearing has 4. The individual The hearing was	uiring treatment. been given accord was present in co	ling to law.	reasons stated on the reco	rd.	
Present were:			, attorr	ney for the	individual, and
<ul> <li>6. Testimony was give</li> <li>Testimony was not</li> <li>a. and as a resul seriously physical substantially substantially substantially substantial need</li> <li>b. and as a resul order to avoid physical need</li> <li>c. whose judgme whose impaire or mental har</li> <li>d. and as a resul that s/he is ur necessary to treatment has times within the last</li> <li>8. There is initial period of hos individual may inflice</li> </ul>	en by given because the icing evidence, the t of that mental illne sically injure self of supportive of this e ilt of that mental illn serious harm in the s. ent is so impaired b ed judgment, on the m to the individual It of that mental illn hikely to voluntarily prevent a relapse of s been a factor in the last 48 months a t 48 months.	ness is unable to attend to thos ie near future, and has demon y that mental illness that s/he is basis of competent clinical op or presents a substantial risk ess, the individual's understan y participate in or to adhere to or harmful deterioration of his/h ne individual's placement in a nd/or in committing one or mor	waived by the individual and the order. I treatment because the individual within the near future to inter- an act or acts or made signif se basic physical needs that strated that inability by failin s unable to understand his/he inion, presents a substantial of physical harm to others in hding of the need for treatment recommended treatment that her condition, and the individ psychiatric hospital, jail, and re acts, attempts, or threats of hat is an alternative to hospital tment needs and is sufficient	d the individ idual has a ntionally or icant threa t must be a g to attend or need for risk of sign the near f that has beer lual's nonce /or prison a of serious v alization or t to preven	mental illness, unintentionally ts that are attended to in to those basic treatment, and ificant physical uture. red to the point of determined ompliance with at least two iolent behavior that follows an t harm that the
<ul> <li></li></ul>		the individual's condition. ing treatment.	hospi	tal can pro	vide treatment <mark>,</mark>

(SEE SECOND PAGE)

Initial Order After Hearing on Petition for Mental Health Treatmen	<b>t</b> (9/16)	File No
<b>IT IS ORDERED</b> : This page 11. Any hospitalization of the individual for mental hea	was completely rev th treatment shall occur in	
$\Box$ 12. The individual be hospitalized for up to $\frac{1}{1 \text{ to } 60 \text{ day}}$	days.	
$\Box$ 13. The individual receive alternative treatment for r	o longer than 90 days, sup	ervised by
Community mental health services or other designated entit as follows:		, 
The individual shall be hospitalized for up to $\frac{1}{2}$	•	day alternative treatment period.
$\Box$ An initial hospitalization period shall be up	to days.	
$\square$ 14. The individual receive assisted outpatient treatm	ent for no longer than 180	days, supervised by
Community mental health services or other designated entit a. The following assisted outpatient treatment s		L 330.1468[2][e] for specific services.)
$\Box$ b. The individual shall be hospitalized for up to $\Box$ An initial hospitalization period shall be	•	80-day assisted outpatient treatment period.
$\Box$ 15. The petition is $\Box$ denied on the merits.	dismissed. withdu	awn.
☐ 16. If the individual refuses to comply with a psychia into protective custody and transport the individual		
17. If item 12, 13, or 14b is checked, the Michigan Star in this court order on LEIN.	e Police shall immediately	enter the individual's identifying information
18. If felony charges have been previously dismissed that has not elapsed, not less than 30 days before the		
a. the director of the treating facility shall notify the were originally brought that the patient's release		ounty in which charges against the person
<li>b. the patient to be released or discharged shall un of the written report of the examination along wi prosecutor's office in the county in which the cha admissible as provided in MCL 330.2030(3).</li>	h the notice required in iter	m 18a above shall be submitted to the

Date

Judge

STATE OF MICHIGAN		TCS CODE: ORA/RAT
PROBATE COURT COUNTY OF	ORDER AND REPORT ON ALTERNATIVE MENTAL HEALTH TREATMENT	
In the matter of		
	ORDER	
IT IS ORDERED that	r print) shall	prepare a report assessing the current
	of alternatives to hospitalization for the individual name	
The report shall be made to the	court before the hearing on	for
Petition for 60-day order, discharge, etc.		
Date	Judge	Bar no.
<b>REPORT ON EVA</b>	LUATION OF HOSPITAL TREATMENT AND/OR ALTI	ERNATIVE PROGRAMS
1. I,	, as, Profession, organization, and po	, report as follows.
	Profession, organization, and po	sition
2. I have reviewed, as to their av hospitalization and report as f	Profession, organization, and por ailability in or near the individual's home community, tr ollows: (If practical, give name of agency, program, etc.) professional:	eatment resources alternative to
<ol> <li>I have reviewed, as to their ave hospitalization and report as f</li> <li>a. Independent mental health</li> </ol>	ailability in or near the individual's home community, tr ollows: (If practical, give name of agency, program, etc.)	eatment resources alternative to
<ul> <li>2. I have reviewed, as to their ave hospitalization and report as f</li> <li>a. Independent mental health</li> <li>b. Community mental health</li> </ul>	ailability in or near the individual's home community, tr ollows: (If practical, give name of agency, program, etc.) professional:	eatment resources alternative to
<ul> <li>2. I have reviewed, as to their ave hospitalization and report as for a lindependent mental health</li> <li>b. Community mental health</li> <li>c. Substance abuse, rehabilities</li> </ul>	ailability in or near the individual's home community, trollows: (If practical, give name of agency, program, etc.) professional:	eatment resources alternative to
<ul> <li>2. I have reviewed, as to their ave hospitalization and report as for a lindependent mental health</li> <li>b. Community mental health</li> <li>c. Substance abuse, rehabilities</li> </ul>	ailability in or near the individual's home community, trollows: (If practical, give name of agency, program, etc.) professional:	eatment resources alternative to

#### Order and Report on Alternative Mental Health Treatment (9/16)

File No. \_

3. I have reviewed, as to their availability in or near the individual's home community, residentia as follows: (If practical, give name of residence, location, etc.)	I accommodations and report
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.	
<ul> <li>5. I recommend a course of treatment of hospitalization     <li>alternative treatment</li> <li>assisted outpatient treatment</li> <li>as follows:</li> </li></ul>	days, followed by
6. My recommendation is based upon the following described interviews, observations, and info	ormation:
7. I believe the hospital to which admission is proposed $\Box$ can $\Box$ cannot provide its appropriately and adequately because	s prescribed treatment program
8. I recommend the following agency or independent mental health professional to supervise th	e alternative treatment:
Name Complete address	
The agency or professional $\square$ has $\square$ has not indicated capability and willingness to superv	ise the recommended program.
9. The individual currently has the following source(s) of funds to cover his or her care in the co	ommunity:
$\Box$ 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	
<ul> <li>c. Pending receipt of supplemental funds, the following funds will be available:</li> <li>Direct relief.</li> </ul>	
DHHS/CMH emergency care funds.     Other assistance:	
None. Reason:	

Approved, SCAO STATE OF MICHIGAN		TCS CODE: PSO/PCC
PROBATE COURT COUNTY OF	PETITION FOR SECOND CONTINUING MENTAL HEALTH TREATMENT ORDER	FILE NO.
In the matter of	ame	DOB:
1. I, Name (type or print)	, state that I am	
	of the agency or mental health professional supervisor program.	sing the individual's alternative or
Director or authorized representative	of Name of hospital	
2. The individual is currently	esiding hospitalized at <u>Address and telephone no.</u>	
	continuing order entered by this court for the indivi	dual avairaa an
3. The 🗋 initial 🗋 second 🛄	continuing order entered by this court for the indivi	Date
<ul> <li>hospitalization for not more th</li> <li>combined hospitalization and</li> <li>alternative/assisted outpatien</li> </ul>	person requiring treatment and is in need of an 90 days. alternative/assisted outpatient treatment for not mor t treatment for not more than one year. treatment on a voluntary basis when the order expire	e than one year.
including, but not limited to, how b	ms 6 and 7, include a description of the observed ehavior and conditions have changed since the last ed medication or other treatment. Avoid medical terms	order and whether any stabilization of
a. as a result of that mental il unintentionally seriously phase	hat I believe the individual has a mental illness and: ( Iness, the individual can reasonably be expected with hysically injure self or others, and has engaged in an entities of this expectation.	hin the near future to intentionally or
	ness, the individual is unable to attend to those basic harm in the near future, and has demonstrated that in	
c. the individual's judgment is and whose impaired judgm physical or mental harm to	so impaired by that mental illness that s/he is unable to ient, on the basis of competent clinical opinion, prese the individual or presents a substantial risk of physic	ents a substantial risk of significant cal harm to others in the near future.
of his/her condition. The in	ing of the need for treatment is impaired to the point o treatment that has been determined necessary to pr dividual's noncompliance with treatment has been a a psychiatric hospital jail prison at le ocation[s] of the hospital, jail, or prison and the date[s] of hospital	event a relapse or harmful deterioration factor in the individual's east two times within the last 48 months
	pre acts, attempts, or threats of serious violent behav , or threats of serious violent behavior.)	vior within the last 48 months.
	(SEE SECOND PAGE)	
USE NOTE: If this form is being filed in the	circuit court family division, please enter the court name and cour	nty in the upper left-hand corner of the form.

Petit	ion for Second or Continuing Mental Health Treatment Order (9/16) File No
	This conclusion is based upon a. my personal observation of the person doing the following acts and saying the following things:
ł	b. the following conduct and statements that others have seen or heard and have told me about:
	by: <u>Witness name Complete address Telephone no.</u>
<mark>8.</mark> <sup>-</sup>	The diagnoses of physical and mental conditions are
9	
- - 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.)
<mark>11</mark> .	The interested parties, their addresses, and their representatives are identical to those appearing on the initial petition except as follows:
<mark>12.</mark>	Attached is a clinical certificate executed by a psychiatrist.
<mark>13</mark> .	<ul> <li>I REQUEST the court to order the individual to receive</li> <li>hospitalization for not more than 90 days.</li> <li>continuing hospitalization for not more than one year.</li> <li>combined hospitalization and alternative/assisted outpatient treatment for not more than one year.</li> <li>alternative/assisted outpatient treatment for not more than one year.</li> </ul>
I de	polare under the penalties of periury that this petition has been examined by me and that its contents are true to the best of

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

FILE NO.

FOR MENTA	L HEALTH TREATMENT

In the matter of First, mide	lle, 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 fi	led by		as	serting that the ind	
above is a person rec				C C	
THE COURT FINDS:					
<ol> <li>Notice of hearing has</li> <li>The individual The hearing was</li> </ol>	was present in co	ourt. 🗌 was not pre	sent for reasons stated o	on the record.	
Present were:				$_{\rm -}$ , attorney for the i	individual, and
	rsician, <mark>psychiatrist,</mark> o en by	r licensed psychologist	was waived by the indivi	, attorney for dual and the individ	
Testimony was not	given because the p	arties stipulated to entr	y of the order.		· .
☐ <mark>7.</mark> By clear and convi a mental illness,		ndividual continues to b	e a person requiring trea	tment because the	individual has
☐ a. <mark>and as a resu</mark> seriously phy substantially ☐ b. <mark>and as a resu</mark>	<mark>It of that mental illness</mark> sically injure self or o supportive of <mark>this</mark> exp Ilt of that mental illne	thers, and has engage bectation. <mark>ss</mark> is unable to attend to	ected within the near futur d in an act or acts or mac o those basic physical ne emonstrated that inability	le significant threat eds that must be a	ts that are
physical need	ds.				
whose impair or mental har d. and as a resu point that s/he necessary to treatment has times within the within the las	ed judgment, on the b m to the individual or ult of that mental illne is unlikely to volunta prevent a relapse or been a factor in the he last 48 months and t 48 months.	asis of competent clinic presents a substantial ss, the individual's under rily participate in or to ac harmful deterioriation or individual's placement d/or in committing one o	whe is unable to understa al opinion, presents a sub risk of physical harm to o erstanding of his/her need there to recommended tree f his/her condition, and th in a psychiatric hospital, r more acts, attempts, or t	ostantial risk of sign others in the near fi d for treatment is ir eatment that has be e individual's nonco jail, and/or prison a threats of serious v	ificant physical paired to the en determined ompliance with at least two iolent behavior
period of hospitali	zation adequate to n		is an alternative to hosp eatment needs and is su		
9				hospital can pro	vide treatment
that is adequate an <b>10.</b> The individual is n		individual's condition. g treatment. (SEE SECOND	PAGE)		
			,		

Second	or Continuing Order	for Mental Health Treatment (9/16	)	File No	
	ORDERED:	This page w	as complete	ly revised.	
		of the individual for mental hea	alth treatment shal	Il occur in the hospital listed in item 9.	
□ 12.	a. (For a second	order) The individual be hospita	lized for up to $\frac{1}{1}$ to	days.	
	b. (For a continu	ng order) The individual be hosp	vitalized for up to <sub>-</sub>	days. 1 to 365 days	
□ 13.	The individual re	ceive alternative treatment for	no longer than on	ie year, supervised by	
	-	ealth services or other designated enti	•		_ ,
			-	s of the one-year alternative treatment period.	
	An initial ho	spitalization period shall be up	• to d	lays.	
□ 14.	The individual re	ceive assisted outpatient treatr	nent for no longer	r than one year, supervised by	
	Community mental h	ealth services or other designated enti	ity		
	a. The following	assisted outpatient treatment s	ervices are order	red: (See MCL 330.1468[2][e] for specific services.)	
		ual shall be hospitalized for up t hospitalization period shall be	•	hys of the one-year assisted outpatient treatment period days.	
□ 15.		$\Box$ denied on the merits.	-	in withdrawn.	
□ 16.				nospitalization, a peace officer shall take the individua I designated by the psychiatrist.	al
	item 12, 13, or 14 this court order o		ite Police shall imi	mediately enter the individual's identifying information	'n
		ve been previously dismissed t less than 30 days before the		2044(1)(b) and the time for petitioning to refile charge se or discharge:	s
a.		e treating facility shall notify the rought that the patient's release		ice in the county in which charges against the persor pending.	۱
b.				ncy examination as described in MCL 330.2026. A co uired in item 17a above shall be submitted to the	ру

ν.	the patient to be releaded of alconarged enan analige a competency examination as accompetence and in more cost.
	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).

#### PETITION FOR DISCHARGE FROM **CONTINUING MENTAL HEALTH TREATMENT**

In the matter of
1. I,, state that the individual is subject to a one-year order
of involuntary mental health treatment and I am
$\Box$ the executive director of the community mental health services program for the county of residence of the individual.
hospitalized in
under a one-year alternative/assisted outpatient or a one-year combined treatment order under the supervision of
□ 2. I object to the conclusion(s) in the periodic review report of
dated and filed with this court. The individual named in that report is not
a person requiring continuing involuntary mental health treatment and should be discharged from the program.
3. The interested parties, their addresses, and their representatives are identical to those appearing on the initial petition, except as follows:

4. I **REQUEST** that the court set a hearing and order a discharge.

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

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.

#### ORDER AFTER HEARING ON PETITION FOR DISCHARGE FROM CONTINUING MENTAL HEALTH TREATMENT

In the matter of		
1. Date of hearing:		
2. A petition has been filed by	me (type or print)	Bar no asserting that the individual named
above be discharged from the treatme	ent program.	
THE COURT FINDS:		
3. Notice of hearing has been given acco	ording to law.	
<ol> <li>The individual □ was present i The hearing was □ with □ w</li> </ol>		nt for reasons stated on the record.
Present were:		, attorney for the individual, and
		, attorney for the hospital.
5.		
$\Box$ Testimony was waived and the parti	ies consented to entry of the o	order.
6. The individual is under a one-year orde	er of involuntary mental health	n treatment.
<ul> <li>7. □ a. There is clear and convincing evi</li> <li>□ b. The individual no longer is a pers</li> </ul>		a mental illness and continues to require treatment.
		hospital can provide treatmen
that is adequate and appropriate to	the individual's condition.	
IT IS ORDERED:		
9. The individual is discharged from treatment program.		hospital and/or from the
$\Box$ 10. The order requiring involuntary me	ental health treatment be conti	nued.
11. Any hospitalization of the individual for	or mental health treatment sha	all occur in the hospital listed in item 8.
☐ 12. The individual be hospitalized und	er a continuing order for up to	one year from date of this order.

#### (SEE SECOND PAGE)

Do not write below this line - For court use only

FILE NO.

Order After Hearing on Petition for Discharge from Continuing Mental Health Treatment (9/16) File No.
☐ 13. The individual receive alternative treatment for no longer than one year, supervised by
Community mental health services or other designated entity a. The following alternative treatment services are ordered:
b. The individual shall be hospitalized for up to <u>1 to 90 days</u> days of the one-year alternative treatment period.
An initial hospitalization period shall be up to days.
$\square$ 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.)
<ul> <li>b. The individual shall be hospitalized for up to 1 to 90 days</li> <li>An initial hospitalization period shall be up to 1 to 90 days</li> </ul>
1 to 90 days

Date

Judge

Approved, SCAO		PCS CODE: SRR TCS CODE: SMRR
STATE OF MICHIGAN PROBATE COURT COUNTY OF	SIX-MONTH REVIEW REPORT	FILE NO.
In the matter of First, middle, and last name	e	<u> </u>
<ol> <li>The individual presently resides at         <ul> <li>own home or with relatives</li> <li>a center</li> <li>a hospital</li> <li>a private facility</li> </ul> </li> </ol>		
and the address is		·
$\square$ 2. The individual was placed on au	uthorized leave on	and continues on leave status.
<ul> <li>a. one-year alternative treatmen</li> <li>b. one-year assisted outpatient</li> <li>c. one-year combined treatmen</li> <li>d. one-year continuing hospitaliz</li> <li>e. center or private facility as a joint</li> <li>4. I believe the individual has mental</li> <li>a. as a result of that mental illner</li> <li>unintentionally seriously physical transmission</li> </ul>	treatment program. t program. zation program. judicial admission. illness and ess, the individual can reasonably be expected with sically injure self or others, and has engaged in an	hin the near future to intentionally or act or acts or made significant threats
physical needs.	rm in the near future, an <mark>d h</mark> as demonstrated that in impaired <mark>by that mental illness that s/he</mark> is unable to	o understand his/her need for treatment,
	nt, on the basis of competent clinical opinion, prese e individual or presents a substantial risk of physic	<u> </u>
participate in or to adhere to tr of his/her condition. The indiv i. placement in i a pa	g of the need for treatment is impaired to the point reatment that has been determined necessary to pr vidual's noncompliance with treatment has been a sychiatric hospital i jail prison at le ation[s] of the hospital, jail, or prison and the date[s] of hospitali	event a relapse or harmful deterioration factor in the individual's east two times within the last 48 months.
	e acts, attempts, or threats of serious violent behav r threats of serious violent behavior.)	vior within the last 48 months.
	tellectual disability and can be reasonably expected	
of that expectation.	ally injure self or another person and has overtly act (SEE SECOND PAGE)	eu ma manner substantially supportive
	Do not write below this line - For court use only	

File No.

#### 6. This conclusion is based on

a. the following facts of which I have personal knowledge:

ļ	o, the following facts, which are based on reports by others whose names and addresses, if known, are:
	The <b>lternative treatment program sisted outpatient treatment program</b> provided to the individual since the order, and the results are:
-	
-	
<mark>8.</mark> <sup>-</sup>	This treatment 🗌 is 🔲 is not adequate and appropriate to the individual's condition. The estimated time required
1	for further treatment is days. 🗌 months. The following modifications in treatment are currently planned
(	during the next six-month period, or proposed as 🛛 🗌 alternative treatment, 👘 🔲 assisted outpatient treatment,
ä	and will be adequate and appropriate to the individual's condition: (Write "none" if no modifications are expected.)
-	
-	
-	
-	
9. <sup>-</sup>	The individual continues to be a person requiring treatment. continues to be a person meeting the criteria for judicial admission.
	eclare under the penalties of perjury that this report has been examined by me and that its contents are true to the best of information, knowledge, and belief.
Date	e Signature of physician or licensed psychologist

Name (type or print)

Title

Telephone no.

# NOTIFICATION OF NONCOMPLIANCE

FILE NO.

In the matter of First, middle, and last nam		DOB:
1. I, <u>Name (type or print)</u>		, make this notification as the
Name (type or print)		
	s supervising the individual's alternative/assisted	outpatient treatment program.
2. The individual who is the subject o	this notification was ordered to undergo a progra	m of alternative/assisted outpatient
	on and alternative/assisted outpatient treatment. not been or will not be sufficient to prevent the in-	dividual from inflicting harm or injuries
	g with the order for alternative/assisted outpatient atient treatment.	treatment or combined hospitalization
	eatment program is not appropriate.	
<ul> <li>4. This conclusion is based upon</li> </ul>	days for mental health treatment. The indi	vidual needs immediate hospitalization.
	e individual doing the following acts and saying th	e following things:
$\Box$ b. conduct and statements seer		conduct and statements and the name, telephone number of each witness.
$\Box$ 5. A psychiatrist has ordered the ir	dividual to return to the bospital	
6. I request the court to modify its	last order of 🛛 alternative treatment 🗌 a	ssisted outpatient treatment
	nd alternative/assisted outpatient treatment e/assisted outpatient treatment program.	to direct the individual to:
b. undergo hospitalization or	combined hospitalization and alternative/assisted o	utpatient treatment, with hospitalization
not to exceed	days. tal by a peace officer if the individual refuses to co	omply with the psychiatrist's order to
return to the hospital.		singly with the poyonications of der to
Date	Signature	
Title	Business Address	
Agency	City, state, zip	Telephone no.
USE NOTE: If this form is being filed in the circ	uit court family division, please enter the court name and cour	ity in the upper left-hand corner of the form.
	Do not write below this line - For court use only	

STATE OF MICHIGAN PROBATE COURT COUNTY OF	ORDER FOR REPORT AFTER NOTIFICATION AND REPORT	FILE NO.	
In the matter of	8		
<ol> <li>The court has received notification         <ul> <li>a. the 90-day order for alternative upon self or others.</li> <li>b. the one-year order for alternation harm or injuries upon self or others.</li> <li>c. the individual named above is</li> <li>d. it is believed that the alternationation of the alternation of the alternation of the alternation of the analysis of the alternation of the</li></ul></li></ol>	that the treatment has not been sufficient to prevent the i tive treatment has not been or will not be sufficient	to prevent the individual from inflicting nent. Imunity mental health services program re or treatment and the availability of	
Date	Judge	Bar no.	
REPORT ON A	ADEQUACY AND SUITABILITY OF ALTERNATIN	/E TREATMENT	
3. l,	, as	of the	
community mental health services program, report as follows. 4. I have reviewed the notification to the court to report as 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 ca	are or treatment:		
c. the adequacy, for the needs of th	e individual, of care or treatment available at a hosp	bital or center:	
	(SEE SECOND PAGE) Do not write below this line - For court use only		

Approved, SCAO

PCS CODE: ORN TCS CODE: ORN

#### Order for Report After Notification and Report (9/16)

5. I recommend that the court

 $\Box$  a. set a date for hearing.

b. modify the order for alternative care and treatment program 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 \_\_\_\_\_\_ center.
- e. order a peace officer to take the individual into protective custody and transport the individual to the hospital or center 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.

Approved, SCAO		TCS CODE: OO
STATE OF MICHIGAN PROBATE COURT COUNTY OF	ORDER AFTER HEARING ON OBJECTION TO HOSPITALIZATION	FILE NO.
In the matter of	t name	
	Judge:	
2. After placement in an alternativ	ve treatment program, <u>Name</u>	
	aring, and the individual has filed an objection to tha	
THE COURT FINDS:		
3. Notice of hearing was given to	or waived by all interested persons.	
4. The individual 🛛 was pres	sent in court.   was not present for reasons sta	ated on the record.
	r licensed psychologist was waived by the individual	
_		
Testimony was not given	because the parties stipulated to entry of the order.	
□ 7. The individual has withdraw	n the objection to hospitalization.	
8. There $\Box$ is $\Box$ is not	clear and convincing evidence that the individua	I requires hospitalization.
IT IS ORDERED:		
$\Box$ 9. The objection to hospitaliza	tion is withdrawn and the individual shall remain in t	the hospital.
$\Box$ 10. The objection is dismissed	and the individual shall remain in the hospital.	
$\Box$ 11. The individual is discharge	d from the hospital. The order dated	shall continue
Date	Judge	

Do not write below this line - For court use only

PCS CODE: OOH

## **REQUEST TO DEFER**

FILE NO.

### **HEARING ON COMMITMENT**

In the matter of

First, middle, and last name

#### PLEASE PRINT OR TYPE CLEARLY

1. I state that I have met with my legal counsel, a representative from the county community mental health program, and a member of the treatment team assigned to provide treatment. I agree to one of the following:

a. Inpatient hospital treatment not to exceed 60 days.

b. Treatment in a community alternative not to exceed 90 days.

□ c. Combined hospitalization and alternative treatment up to 90 days with hospitalization not to exceed 60 days.

2. The treatment program will be as follows:

Hospitalization:

Alternative treatment under the supervision of:

3. I request that the court hearing be deferred for not longer than 60 days from today if I have chosen to remain hospitalized, or 90 days from today if I have chosen alternative treatment or a combination of hospitalization and alternative treatment.

4. I understand that I may refuse this treatment at any time during this deferral period and demand a court hearing.

Date

Patient's signature

Witness/Legal counsel

Bar no.

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.

Approved, SCAO			PCS CODE: DFH TCS CODE: DFH
STATE OF MICHIGAN PROBATE COURT COUNTY OF	DEMAND	FOR HEARING	FILE NO.
In the matter of	e		
1. I am the individual, and I demar			
			nee, and I demand a court hearing dual orally demanded a hearing.
3. I am the executive director of the is participating in an alternative			ndividual deferred the initial hearing and period ends on
court hearing.		-	ry treatment form, and I demand a roluntary treatment, and I demand a
□ 4. I am the director of the hospital I b I b will not agree to sign a forma is not suitable for voluntary a	elieve the individual cor I voluntary admission, a	ntinues to require treatment	t and
5. The individual requires hospitali		-	t 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.)	0	RDER	
1. Date of hearing:	Judge:		Par no
2. A peace officer shall take the indiv	idual into protective cus	tody and transport him/her	Bar no. to the hospital stated above.
	out oout formits distance it.	Signature	ntu in the upper left hand any set the form
USE NOTE: If this form is being filed in the cir		is line - For court use only	nty in the upper left-hand corner of the form.

#### NOTICE OF RIGHT TO OBJECT TO HOSPITALIZATION AND OBJECTION AND DEMAND FOR HEARING

PCS CODE: NRR TCS CODE: NRTO

FILE NO.

In the matter of	and last name	
1. On Date		required by statute, the court found you to be a person requiring
treatment and entered a	n order for a program of alternative	e treatment.
2. 🗌 a. After being notified	that $\Box$ the alternative program wa	as insufficient, $\Box$ you did not comply with the alternative program,
the court entered a	an order (form PCM 217a) that resu	ulted in your hospitalization and/or placement in a different
alternative treatme	nt program. A copy of the amende	ed order (form PCM 217a) is attached.
$\Box$ b. The court has beer	ו notified that you have been hospi	italized by a psychiatrist's order <mark>under</mark> MCL 330.1474a.
	NOTICE OF R	IGHT TO OBJECT
то:		
You are notified that you n	nay object to the court's or psychia	atrist's order to hospitalize you by completing the objection below
and returning it to the court	no later than 7 days after receiving	this notice. The court will schedule a hearing within 10 days after
receiving your objection.		
	PROOF	OF SERVICE
I certify that on	at	I personally served this notice on the individual named in the
Notice of Right to Object.		
Date		Signature
	OBJECTION TO HOSPITALIZAT	TION AND DEMAND FOR HEARING
I object to my hospitalizatio	on and demand a hearing.	
I request court-appointed	d legal counsel.	
Date		Signature
		Name (type or print)
	Do not write below thi	s line - For court use only

Approved, SCAO	MERGED WITH PCM 201		JIS CODE: PAS
STATE OF MICHIGAN		FILE NO.	JIS CODE. PAS
PROBATE COURT	PETITION FOR		
COUNTY CIRCUIT COURT - FAMILY DIVISION	ASSISTED OUTPATIENT TREATMENT		
In the matter of			/
Court ORI Date of birth	Place of birth	Race	Sex
1. I, Name (type or print)	, an adult Specify whether a relative, neight		, petition because I
believe the individual named above i		bor, peace oncer, etc.	
2. The individual was born	, has a permanent residence in	n	
County at	City	State	Zip ,
and can presently be found at			·
	ess illness and as a result of this mental illness the indi lat the individual is unlikely to participate in treatme		ng of the need for
4. The individual is currently noncomp	bliant with treatment, recommended by	tal health provider	
	Name of men	tai nealtri provider	
Address of mental health provider	City	State	Telephone no.
which has been determined to be ne	ecessary to prevent relayse or harmful deterioration	of the individual's co	ndition.
$\Box$ a. placement in $\Box$ a psychiat	h this treatment has been a factor in the individual's ric hospitaljail prison at least two tin tal, jail, or prison and the date[s] of hospitalization or incarcer	nes within the last 48 ation.)	months. (Specify the
b. committing one or more acts, attempts, or threats of serious viole	attempts, or threats of serious violent behavior wit	hin the last 48 month	<b>IS.</b> (Specify the acts,
6. The above statements are based or			
	erson doing the following acts and saying the follow	ving things:	
		$\mathbf{X}$	
/			
/			
	(SEE SECOND PAGE)		
	Do not write below this line - For court use only		
CM 242 (11/11) PETITION FOR ASSIS	STED OUTPATIENT TREATMENT	MCL 330.140	1(1)(d), MCL 330.1433



#### 7. The persons interested in these proceedings are:

NAME	RELATIONSHIP	ADDRESS	TELEPHONE
	Spouse		
	Guardian		

- 8. The individual  $\Box$  is  $\Box$  is not a veteran.
- 9. I request that the court determine the individual to be a person who requires assisted outpatient 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	
		Home telephone no.	Work telephone no.
	MERGED WITH	H PCM 201	

Approved, SCAO	MERGED WITH PCM 214	JIS CODE: O	
STATE OF MICHIGAN PROBATE COURT COUNTY	INITIAL ORDER FOLLOWING HEARING ON PETITION FOR ASSISTED OUTPATIENT TREATMENT	FILE NO.	
n the matter of			
purt ORI Date of birth	Place of birth	Race Sex	
urrent address of individua			
. Date of hearing:	Judge:		
	00090	Bar	
	name (type or print)	pursuant to MCL 330.1433 assertion	
that the individual named above is a	person requiring treatment.		
Notice of hearing has been given ac.		with	
		hearing was $\Box$ without a jury.	
Presentwere		, attorney for the individual, an	
		, attorney for the petitioner.	
5 Testimony of a physician or licent	sed psychologist was waived by the individual and		
.  Testimony was given by Testimony was not given becaus	e the parties stipulated to entry of the order.		
THE COURT FINDS:			
7. By clear and convincing evidence and as a result of that mental illne or she is unlikely to participate in	e, the individual is a person requiring treatment be ess, the individual's understanding of the need for treatment voluntarily.	cause the individual has a mental illnes treatment is impaired to the point that	
been determined to be necessary noncompliance with this treatmer	npliant with treatment that was recommended by to prevent a relapse or harmful deterioriation of the nt has been a factor in his/her placement in a psyc hs and/or in committing one or more acts, attemp	individual's condition, and the individua hiatric hospital, jail, and/or prison at lea	
. The individual is is not management services or assertive of	scheduled to begin a course of outpatient mer community treatment team services.	ntal health treatment that includes case	
0. There is an existing advan pursuant to MCL 330.1712.	nce directive. 🗌 durable power of attorney.	individual plan of services develope	
1. The individual is not	a person requiring treatment.		
	(SEE SECOND PAGE)		
	Do not write below this line - For court use only	'	
		$\sim$	
		MCL 330.1401(1)(d), MCL 33014	
243 (9/14) INITIAL ORDER FOLLO	WING HEARING ON PETITION FOR ASSISTE	D OUTPATIENT TREATMENT	
	MERGED V	VITH PCM 214	
--	--	--	--
IT IS ORDERED:			
□ 12. The individual rece	eive assisted outpatient treatment	through the	nmunity mental health services pogram
local community m be provided as foll	nental health services program to lows:	expire on Date	. Case management services shall
	or more of the following is ordered	. (see MCL 330 1433[3] for specific r	provisions that may be ordered)
			orovalons that may be ordered)
	<b>\</b>		
	<b>\</b>		
		$\bigvee$	
		$\bigwedge$	
	/		
		\	
13. To fulfill the require	ements of the above treatment pla	an, Publicly-funded entity other than t	he community mental health services program
			$\mathbf{A}$
			<b>\</b>
	denied, dismissed, or withdrawn, g information in this court order or		tate Police shall immediately enter the ion network.
$\Box$ 15. The petition is	$\Box$ denied on the merits.	dismissed/withdrawn.	
			$\mathbf{\lambda}$
			$\mathbf{\lambda}$
			$\mathbf{X}$
Date	_	Judge	

		TCS CODE: OFN
STATE OF MICHIGAN PROBATE COURT COUNTY OF	ORDER AFTER NOTICE OF NONCOMPLIANCE WITH ASSISTED OUTPATIENT TREATMENT OR COMBINED HOSPITALIZATION AND ASSISTED OUTPATIENT TREATMENT ORDER	FILE NO.
In the matter of	name	
1. Date of hearing (if one):		Bar no.
2. This court issued an order on $_{=}$	directing the individual name	
assisted outpatient treatment o	r combined hospitalization and assisted outpatient treat t the individual is not complying with the order for assis	ment.
the preadmission screenir in which the individual res	Designated facility	
<ul> <li>☐ for a period of not more th</li> <li>☐ as recommended by the construction of the order for assisted on</li> <li>not longer than 90 days, w</li> <li>☐ 7. The individual may return to</li> </ul>	talized at an 10 days. If necessary, a peace officer shall take the community mental health services program, more than 10 utpatient treatment or a combination of hospitalization a hichever is less. If necessary, a peace officer shall take assisted outpatient treatment before the expiration of th italization and assisted outpatient treatment as follows:	) days but not <mark>longer</mark> than the duration and assisted outpatient treatment, or the individual into protective custody.
Date	Judge	
[	NOTICE OF RIGHT TO OBJECT TO HOSPITALIZATIO	N
If the court ordered, without a hea	<mark>ring, that</mark> you be hospitalized <mark>, y</mark> ou have a right to objec	
	ow and send a copy to the court within 7 days of received	
object, complete the objection below	ow and send a copy to the court within <mark>7 days of receiversed and send a copy to the court within 8 days of receiversed and send a copy to the court within 8 days of receiversed and send a copy to the court within 8 days of receiversed and send a copy to the court within 8 days of receiversed and send a copy to the court within 8 days of receiversed and send a copy to the court within 8 days of receiversed and send a copy to the court within 8 days of receiversed and send a copy to the court within 8 days of receiversed and send a copy to the court within 8 days of receiversed and send a c</mark>	ing this notice.
object, complete the objection below I certify that this notice was person	ow and send a copy to the court within <mark>7 days of receivent of the court within 7 days of receivent of the PROOF OF SERVICE of the above individual on Date Date Date Date Date Date Date Date</mark>	ing this notice. at
object, complete the objection below I certify that this notice was person and a copy mailed to the	ow and send a copy to the court within <mark>7 days of receivent of the court within 7 days of receivent of the PROOF OF SERVICE of the above individual on Date Date Date Date Date Date Date Date</mark>	ing this notice. at Time Court on Date
object, complete the objection below I certify that this notice was person and a copy mailed to the	w and send a copy to the court within 7 days of received         PROOF OF SERVICE         nally served on the above individual on         Date         Signature         OBJECTION TO HOSPITALIZATION	ing this notice. at Time Court on Date

PCS CODE: OFN

MCL 330.1475(3), (4), (5), (6), MCR 5.744 PCM 244 (9/16) ORDER AFTER NOTICE OF NONCOMPLIANCE WITH ASSISTED OUTPATIENT TREATMENT OR COMBINED HOSPITALIZATION AND ASSISTED OUTPATIENT TREATMENT ORDER

#### PETITION FOR MENTAL HEALTH TREATMENT

FILE NO.

In the matter of $_{\overline{F}}$	irst, middle, and last name			_ XXX-XX- Last four digits	of SSN
Court ORI	Date of Birth	Place of Birth		Race	Sex
	print) , an	adult specify whether a relative, no	eighbor, peace officer, etc.	pi	etition because
2. The individual	was born	, has a permanent res	sidence in		
County at	et address	City	State		ZIP
and can prese	ntly be found at Facility nam	e 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.

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: <u>Witness name</u>

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.
This petition for mental health treatment was rea FOR HOSPITAL USE ONLY	ceived by the hospital on	at 
	Signature of hospital r	epresentative

FILE NO.

TO THE EXAMINER: The following is a statement that must be read to the individual before proceeding with any questions.

I am authorized by law to examine you for the purpose of advising the court if you have a mental condition which needs treatment and whether such treatment should take place in a hospital or in some other place. I am also here to determine if you should be hospitalized or remain hospitalized before a court hearing is held. I may be required to tell the court what I observe and what you tell me.

1. I am a psychiatrist. licensed psychologist. physician.

2. I certify that on this date I read the above statement to the individual before asking any questions or conducting any examination.

3. I further certify that I, <u>Name (type or print)</u>	, personal	Ily examined Patient	
at Name and address where examination took place			
on Date	starting at	and continuing for	minutes.

INSTRUCTIONS: Describe in detail the specific actions, statements, demeanor, and appearance of the individual, together with other information which underlie your conclusion. **Indicate the source of any information not personally known or observed.** If this certificate is to accompany a petition for discharge, state why the individual continues to be or is no longer a person requiring treatment or in need of hospitalization.

4. My determination is that the person is

mentally ill (has a substantial disorder of thought or mood that significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life). not mentally ill.

alcoholism.

5. (if applicable) The person has convulsive disorder.

other (specify): \_\_\_\_

mental processes weakened by reason of advanced years.

6. My diagnosis is: \_\_\_\_\_

7. Facts serving as the basis for my determination are:

#### (SEE SECOND PAGE)

Do not write below this line - For court use only

other drug dependence.

Clinical Certificate (9/16)

File No.

8. Explain in the space below the facts which lead you to believe that future conduct may result in (check applicable box) a. likelihood of injury to self. Facts:

Therefore, I believe that the examined person, as a result of mental illness, can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure self.

b. likelihood of injury to others. Facts:

Therefore, I believe that the examined person, as a result of mental illness, can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure others.

c. inability to attend to basic physical needs. Facts:

Therefore, I believe that the examined person, as a result of mental illness, is unable to attend to those basic physical needs (such as food, clothing or shelter) that must be attended to in order to avoid serious harm in the near future.

d. inability to understand need for treatment. Facts:

Therefore, I believe that the examined person, as a result of mental illness, is so impaired by that mental illness that s/he is unable to understand the need for treatment, and his/her impaired judgment presents a substantial risk of significant physical or mental harm to himself/herself or presents a substantial risk of physical harm to others in the near future.

9. I conclude the individual	is	is not	a person requiring treatment.
------------------------------	----	--------	-------------------------------

10. (optional) I recommend hospitalization alternative treatment

as follows: \_\_\_\_\_

I certify that I am a person authorized by law to certify as to the individual's mental condition. I am not related by blood or marriage either to the person about whom this certificate is concerned or to any person who has filed, or whom I know to be planning to file, a petition in this proceeding. I declare under the penalties of perjury that this certificate has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Time of signing

Signature

Print or type name and business telephone no.

# SUPPLEMENT TO PETITION FOR MENTAL HEALTH TREATMENT AND ORDER

FILE NO.

PCS CODE: SPE TCS CODE: SPA

\_\_ DOB: \_\_\_\_

#### In the matter of 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:

- a. the individual be examined at \_ 2. 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.

AFFIDAVIT

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

Date

Signature of petitioner

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.
My commission expires:	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.

#### **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 clinicial 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.

#### NOTICE OF HOSPITALIZATION AND CERTIFICATE OF SERVICE

FILE NO.

In the matter of				
	NOTICE	]		
TO THE PROBATE COURT: Attached is a	a petition for hospitalizati	on and two clinical ce	rtificates. You	are notified that
1. The individual named above was hospit	alized on	at	at	
2. The clinical certificate of the psychiatrist	that is required for hosp	italization was comple	eted on	at
	CERTIFICATE OF SERV		Date	Time
3. I certify that on the dates and times indicat	ed a copy of each of the fo	ollowing documents wa	is given to the i	ndividual named above.
a. Petition	Date	Time	Signature	
b. Statement explaining individual's righ	ts	Time	Signature	
c. Clinical certificate of psychiatrist			-	
d. Clinical certificate of licensed	Date	Time	Signature	
psychologist/physician/psychiatrist	Date	Time	Signature	
e. Notice of hearing	Date	Time	Signature	
			Signature	
	CERTIFICATE OF SERV		and nation of	beering were conved
4. I certify that copies of the petition, two c	inical certificates, statem			nearing were served
by first-class mail personally and	ON Date and time	ON Individual's	guardian	nearest relative
by first-class mail personally	ON Date and time	on Individual's	attorney	·
5. I further certify that the individual was	asked whether to serve	other persons with co	pies of the ab	ove documents.
a				was designated.
Name	Copies were served	by first slass mail	noroonally	0
Copies could not be served.	Copies were served	by first-class mail	personally	Date
b Name				was designated.
Copies could not be served.	Copies were served	by first-class mail	personally	on Date
Date	Sigi	nature		
	3-			

#### NOTICE OF HEARING AND ADVICE OF RIGHTS

FILE NO.

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

6.

9.

#### **STATE OF MICHIGAN PROBATE COURT** COUNTY OF

#### PCS CODE: OHA/OAO TCS CODE: OFH/OAO

#### FILE NO. **INITIAL ORDER AFTER HEARING ON PETITION FOR** MENTAL HEALTH TREATMENT In the matter of First, middle, and last name Date of birth Court ORI Place of birth Race Sex Current address of individual 1. Date of Hearing: \_\_\_\_\_ Judge: \_\_\_\_\_ Bar no. 2. A petition has been filed by Petitioner name (type or print) \_\_\_\_\_asserting that the individual named 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. 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. \_\_\_\_\_ 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)

Initial Order After Hearing on Petition for Mental Health Treatment (9/16)

File No. \_

#### 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  $\frac{1}{1 \text{ to } 60 \text{ days}}$  days.
  - 13. The individual receive alternative treatment for no longer than 90 days, supervised by

	-	Ith services or other designated en	-	
	The individual s	hall be hospitalized for up to	1 to 60 days	of the 90-day alternative treatment period.
	An initial hosp	pitalization period shall be up	p todays	ays.
4.	The individual rece	vive assisted outpatient treat	ment for no longer	r than 180 days, supervised by
	-	Ith services or other designated entors is it is a solution of the services of outpatient treatment is a solution of the service of the servi	-	ed: (See MCL 330.1468[2][e] for specific services.)
	-	-	-	ed: (See MCL 330.1468[2][e] for specific services.)
	a. The following as	ssisted outpatient treatment	services are ordere	ed: (See MCL 330.1468[2][e] for specific services.)
	a. The following as	ssisted outpatient treatment	to <u>1 to 60 days</u>	ays of the 180-day assisted outpatient treatment per
5.	a. The following as	ssisted outpatient treatment	to <u>1 to 60 days</u>	ays of the 180-day assisted outpatient treatment per _ days.

- 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

in this court order on LEIN.

Judge

FILE NO.

#### ORDER AND REPORT ON ALTERNATIVE MENTAL HEALTH TREATMENT

In the matter of		
	ORDER	
IT IS ORDERED that	shall pr	epare a report assessing the current
	ves to hospitalization for the individual named a	
The report shall be made to the court befor	re the hearing on Date and time of hearing	for
Petition for 60-day order, discharge, etc.		
Date	Judge	Bar no.
REPORT ON EVALUATION	OF HOSPITAL TREATMENT AND/OR ALTER	NATIVE PROGRAMS
1. l,	, as Profession, organization, and positi	, report as follows.
	nal:	
b. Community mental health day treatme	ent, aftercare service, work activity, or other pro	ogram:
c. Substance abuse, rehabilitation servio	ce, or similar program of public or private agen	су:
d. Other:		
	(SEE SECOND PAGE)	

#### Order and Report on Alternative Mental Health Treatment (9/16)

File No. \_

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:
	b. Residence of relative or friend:
	c. Foster care home:
	d. Nursing home:
	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

Approved, SCAO		PCS CODE: PCT/PCO TCS CODE: PSO/PCO
STATE OF MICHIGAN PROBATE COURT COUNTY OF	PETITION FOR SECOND CONTINUING MENTAL HEALTH TREATMENT ORDER	FILE NO.
In the matter of	ame	DOB:
	, state that I am	
the authorized representative assisted outpatient treatment	of the agency or mental health professional supervi program.	sing the individual's alternative or
	of	
Director or authorized representative	Name of hospital	
2. The individual is currently reading the reader of the r	esiding hospitalized at Address and telephone no.	
3. The initial second	continuing order entered by this court for the indiv	idual expires on
hospitalization for not more th combined hospitalization and alternative/assisted outpatien	person requiring treatment and is in need of nan 90 days. continuing hospitalization for a p alternative/assisted outpatient treatment for not more t treatment for not more than one year. treatment on a voluntary basis when the order expire	re than one year.
including, but not limited to, how b	ems 6 and 7, include a description of the observed ehavior and conditions have changed since the last ad medication or other treatment. Avoid medical terms	order and whether any stabilization or
a. as a result of that mental il		hin the near future to intentionally or

- 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.

Petitio	on for Second or Continuing Mental Health Treatment Order (9/16) File No
	This conclusion is based upon a. my personal observation of the person doing the following acts and saying the following things:
b	b. the following conduct and statements that others have seen or heard and have told me about:
	by:
8. T	The diagnoses of physical and mental conditions are
9. T 	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.

Signature of petitioner

Address

FILE NO.

#### SECOND CONTINUING ORDER FOR MENTAL HEALTH TREATMENT

In the matter of					
First, mid	Idle, and last name				
Court ORI	Date of birth	Place of birth		Race	Sex
Current address of individual					I
1. Date of hearing:		Judge:			
					Bar no.
2. A petition has been f	iled by	e (type or print)	asserting t	that the ind	ividual named
above is a person re <b>THE COURT FINDS</b> : 3. Notice of hearing ha	quiring treatment. s been given accord was present in	ding to law.	reasons stated on the rea		
			, attorn	ev for the i	individual, and
			,	-,	,
6. Testimony was giv Testimony was no	ven by of given because the	, or licensed psychologist was wa e parties stipulated to entry of the e individual continues to be a pers	ived by the individual and order.	the individ	
seriously ph substantially b. and as a res order to avo physical nee c. whose judgn whose impai or mental ha d. and as a res point that s/h necessary to treatment ha times within	ysically injure self or supportive of this esult of that mental illi- id serious harm in the eds. nent is so impaired b ired judgment, on the arm to the individual sult of that mental illi- be is unlikely to volur oprevent a relapse of as been a factor in the	ess can reasonably be expected wi r others, and has engaged in an a expectation. ness is unable to attend to those ne near future, and has demonstra- by that mental illness that s/he is un e basis of competent clinical opinic or presents a substantial risk of p ness, the individual's understandi atarily participate in or to adhere to or harmful deterioriation of his/her he individual's placement in a psy and/or in committing one or more a	act or acts or made signifi basic physical needs that ated that inability by failing nable to understand his/he on, presents a substantial ohysical harm to others in ng of his/her need for treat recommended treatment condition, and the individ vchiatric hospital, jail, and/	cant threat must be a g to attend er need for risk of sign the near fr atment is in that has be ual's nonco for prison a	ts that are ttended to in to those basic treatment, and ificant physical uture. npaired to the een determined ompliance with at least two
8. There is period of hospital	is not an availabl	e treatment program that is an al o meet the individual's treatment ers within the near future.			
9			hospi	tal can pro	vide treatment
		ne individual's condition. ing treatment. (SEE SECOND PAGE)	100pi		

#### 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  $\frac{1}{1 \text{ to 90 days}}$  days.
  - b. (For a continuing order) The individual be hospitalized for up to  $\frac{1}{1 \text{ to } 365 \text{ days}}$  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  $\frac{1}{1 \text{ to 90 days}}$  days of the one-year alternative treatment period.

An initial hospitalization period shall be up to  $\frac{1}{1 \text{ to 90 days}}$  days.

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

Community mental health services or other designated entity

Ar

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  $\frac{1}{1 \text{ to 90 days}}$  days of the one-year assisted outpatient treatment period.

i 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).

### EU E PETITION FOR DISCHARGE FROM **CONTINUING MENTAL HEALTH TREATMENT**

FILE	NO.

In the matter of
1. I,, state that the individual is subject to a one-year order
of involuntary mental health treatment and I am
the executive director of the community mental health services program for the county of residence of the individual.
hospitalized in Name of hospital
under a one-year alternative/assisted outpatient or a one-year combined treatment order under the supervision of
2. I object to the conclusion(s) in the periodic review report of
dated and filed with this court. The individual named in that report is not
a person requiring continuing involuntary mental health treatment and should be discharged from the program.
3. The interested parties, their addresses, and their representatives are identical to those appearing on the initial petition, except as follows:

4. I **REQUEST** that the court set a hearing and order a discharge.

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

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. Do not write below this line - For court use only

#### PCS CODE: DIO TCS CODE: DIO FILE NO.

#### ORDER AFTER HEARING ON PETITION FOR DISCHARGE FROM CONTINUING MENTAL HEALTH TREATMENT

In the matter of
1. Date of hearing: Judge:
2. A petition has been filed by asserting that the individual named Petitioner name (type or print)
above be discharged from the treatment program.
THE COURT FINDS:
3. Notice of hearing has been given according to law.
4. The individual The hearing waswas present in court. with without a jury.was not present for reasons stated on the record.
Present were:, attorney for the individual, and
, attorney for the hospital.
5. Testimony was given by
Testimony was waived and the parties consented to entry of the order.
6. The individual is under a one-year order of involuntary mental health treatment.
<ul><li>7. a. There is clear and convincing evidence that the individual has a mental illness and continues to require treatment.</li><li>b. The individual no longer is a person requiring treatment.</li></ul>
8 hospital can provide treatment that is adequate and appropriate to the individual's condition.
IT IS ORDERED:
9. The individual is discharged from hospital and/or from the treatment program.
10. The order requiring involuntary mental health treatment be continued.
11. Any hospitalization of the individual for mental health treatment shall occur in the hospital listed in item 8.

12. The individual be hospitalized under a continuing order for up to one year from date of this order.

#### (SEE SECOND PAGE)

Order After Hearing on Petition for Discharge from Continuing Mental Health Treatment (9/16)       File No
13. The individual receive alternative treatment for no longer than one year, supervised by
Community mental health services or other designated entity
a. The following alternative treatment services are ordered:
b. The individual shall be hospitalized for up to $\frac{1}{1 \text{ to 90 days}}$ days of the one-year alternative treatment period.
An initial hospitalization period shall be up to $\frac{1}{1 \text{ to 90 days}}$ 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 $\frac{1}{1 \text{ to 90 days}}$ days of the one-year assisted outpatient treatment pe
An initial hospitalization period shall be up to days.

Date

Judge

Approved, SCAO		TCS CODE: SMRR
STATE OF MICHIGAN PROBATE COURT COUNTY OF	SIX-MONTH REVIEW REPORT	FILE NO.
In the matter of First, middle, and last name	e	
<ol> <li>The individual presently resides at own home or with relatives a center a hospital a private facility</li> </ol>		
and the address is		
2. The individual was placed on au	Ithorized leave on	and continues on leave status.
<ul> <li>a. one-year alternative treatment</li> <li>b. one-year assisted outpatient</li> <li>c. one-year combined treatment</li> <li>d. one-year continuing hospitalize</li> <li>e. center or private facility as a junct of the individual has mental</li> <li>a. as a result of that mental illne</li> <li>unintentionally seriously physicat are substantially support</li> <li>b. as a result of that mental illne</li> <li>to in order to avoid serious has physical needs.</li> <li>c. the individual's judgment is so and whose impaired judgment physical or mental harm to the individual's understanding participate in or to adhere to tr of his/her condition. The individual's in a page</li> </ul>	treatment program. t program. zation program. judicial admission. illness and ess, the individual can reasonably be expected wis sically injure self or others, and has engaged in an ive of this expectation. ess, the individual is unable to attend to those bas rm in the near future, and has demonstrated that i impaired by that mental illness that s/he is unable attend to those bas rm in the basis of competent clinical opinion, pres- e individual or presents a substantial risk of phys g of the need for treatment is impaired to the poin reatment that has been determined necessary to pridual's noncompliance with treatment has been a	ithin the near future to intentionally or n act or acts or made significant threats ic physical needs that must be attended nability by failing to attend to those basic to understand his/her need for treatment, sents a substantial risk of significant ical harm to others in the near future. It that s/he is unlikely to voluntarily prevent a relapse or harmful deterioration a factor in the individual's least two times within the last 48 months.
	e acts, attempts, or threats of serious violent beha r threats of serious violent behavior.)	avior within the last 48 months.
	Itellectual disability and can be reasonably expect Ily injure self or another person and has overtly action (SEE SECOND PAGE)	
	Do not write below this line - For court use only	

PCS CODE: SRR

File No. \_\_\_

# 6. This conclusion is based on

a. the following facts of which I have personal knowledge:

	b. the following facts, w	hich are based on repo	orts by others whose names and addres	sses, if known, are:
7.	The alternative t the order, and the resul	treatment program ts are:	assisted outpatient treatment progra	m provided to the individual since
8.	This treatment is for further treatment is during the next six-mon and will be adequate ar	days. hth period, or proposed	-	is in treatment are currently planned assisted outpatient treatment,
9.	The individual	continues to be a per	I from the treatment program. son requiring treatment. son meeting the criteria for judicial adm	nission.
	leclare under the penalt y information, knowledge		report has been examined by me and t	hat its contents are true to the best of

Date

Signature of physician or licensed psychologist

Name (type or print)

Title

Telephone no.

#### PCS CODE: NCA TCS CODE: NCAD

FILE NO.

### NOTIFICATION OF NONCOMPLIANCE REQUEST FOR MODIFIED ORDER

In the matter of First, middle, and last nam		DOB:
		, make this notification as the
agency. mental health professional who individual. 2. The individual who is the subject of treatment or combined hospitalizat a. The alternative treatment has to self or others. b. The individual is not complyin and alternative/assisted outp c. I believe that my alternative t 3. The individual was in the hospita 4. This conclusion is based upon	vith the order for alternative/assisted outpa nt treatment. ment program is not appropriate.	ogram of alternative/assisted outpatient ent. he individual from inflicting harm or injuries itient treatment or combined hospitalization e individual needs immediate hospitalization.
b. conduct and statements see	nearo ov omers ano relateo io me	the conduct and statements and the name, s, and telephone number of each witness.
<ul> <li>a. undergo another alternativ</li> <li>b. undergo hospitalization or not to exceed</li></ul>	t order of alternative treatment alternative/assisted outpatient treatment ssisted outpatient treatment program. bined hospitalization and alternative/assist	assisted outpatient treatment to direct the individual to: ted outpatient treatment, with hospitalization to comply with the psychiatrist's order to
Date	Signature	
Title	Business Address	
Agency	City, state, zip	Telephone no.
USE NOTE: If this form is being filed in the cir	ourt family division, please enter the court name and	I county in the upper left-hand corner of the form.

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF

#### ORDER FOR REPORT AFTER NOTIFICATION AND REPORT

FILE NO.

n the matter of		
1. The court has received notification		
	tive treatment has not been sufficient to prevent the individual from	m inflicting harm or injuries
upon self or others.		
	native treatment has not been or will not be sufficient to prevent the sufficient to prevent the second s	he individual from inflicting
harm or injuries upon self o		
	e is not complying with the order of alternative treatment. ative treatment program is not appropriate.	
	community ment	al health services program
prepare and file a report on the a	adequacy and suitability of the present alternative care or treatme	ent and the availability of
	ternative treatment program or in a hospital or center.	one and the availability of
ata	Judge	Bar no.
ate	-	
REPORT OF	NADEQUACY AND SUITABILITY OF ALTERNATIVE TREATM	ENT
3. I,	, as	of the
. I,	, as	
	the second s	aroarom, roport og followg
	community mental health services p	
4. I have reviewed the notificati	community mental nealth services provide the court to report as to spoken with the person who not	
		ified the court to report as to
	ion to the court to report as to spoken with the person who not	ified the court to report as to
reviewed other availa	ion to the court to report as to spoken with the person who not	ified the court to report as to ble persons to report as to
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reviewed other availa	ion to the court to report as to spoken with the person who not ble records to report as to spoken with other knowledgea the adequacy of the ordered care or treatment:	ified the court to report as to ble persons to report as to
reviewed other available a. the reason for concern about the continued suitability of the continued sui	ion to the court to report as to spoken with the person who not ble records to report as to spoken with other knowledgea the adequacy of the ordered care or treatment:	ified the court to report as to ble persons to report as to
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reviewed other available a. the reason for concern about the continued suitability of the continued sui	ion to the court to report as to spoken with the person who not ble records to report as to spoken with other knowledgea the adequacy of the ordered care or treatment:	ified the court to report as to ble persons to report as to

# (SEE SECOND PAGE)

- 5. I recommend that the court
  - a. set a date for hearing.

b. modify the order for alternative care and treatment program 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 \_\_\_\_\_\_ center.
- e. order a peace officer to take the individual into protective custody and transport the individual to the hospital or center 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.

FILE NO.

#### ORDER AFTER HEARING ON OBJECTION TO HOSPITALIZATION

In the matter of	
1. Date of hearing: Judge:	
	Bar no.
2. After placement in an alternative treatment program,	
was hospitalized without a hearing, and the individual has filed an objection to that hospitalization.	
THE COURT FINDS:	
3. Notice of hearing was given to or waived by all interested persons.	
4. The individual was present in court. was not present for reasons stated on the record.	
Present were:	
5. Testimony by a physician or licensed psychologist was waived by the individual and the individual's attor	ney.
6. Testimony was given by	
Testimony was not given because the parties stipulated to entry of the order.	
7. The individual has withdrawn the objection to hospitalization.	
8. There is is not clear and convincing evidence that the individual requires hospitalization.	
IT IS ORDERED:	
9. The objection to hospitalization is withdrawn and the individual shall remain in the hospital.	
10. The objection is dismissed and the individual shall remain in the hospital.	
11. The individual is discharged from the hospital. The order dated	_ shall continue.

Date

Judge

# **REQUEST TO DEFER**

PCS CODE: RTD TCS CODE: RDHC

FILE NO.

# **HEARING ON COMMITMENT**

. I state that I have met with my legal counsel, a representative from the county community mental health prog member of the treatment team assigned to provide treatment. I agree to one of the following:	
	ram, and a
a. Inpatient hospital treatment not to exceed 60 days.	
b. Treatment in a community alternative not to exceed 90 days.	
c. Combined hospitalization and alternative treatment up to 90 days with hospitalization not to exceed 60	days.
2. The treatment program will be as follows:	
Hospitalization:	
Alternative treatment under the supervision of:	
B. I request that the court hearing be deferred for not longer than 60 days from today if I have chosen to remain h	

Date

Patient's signature

Witness/Legal counsel

Bar no.

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.

Approved,	SCAO
-----------	------

FILE NO.

In the matter of	irst, middle, and last name
E.	
1. I am the ind	ividual, and I demand a court hearing.
2. I am the because	hospital director/designee, alternative treatment provider/designee, and I demand a court hearing the individual refuses to accept prescribed treatment. the individual orally demanded a hearing.
	ecutive director of the community mental health services program. The individual deferred the initial hearing and ing in an alternative treatment program in the community. The deferral period ends on Date
l believe court hea	s/he continues to require treatment, but s/he refuses to sign a voluntary treatment form, and I demand a aring.
l believe court hea	s/he continues to require treatment, but s/he is found not suitable for voluntary treatment, and I demand a aring.
4 I am the dire	ector of the hospital where the individual has remained hospitalized since deferring the initial hearing on

arm 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.)	ORI	DER	
1. Date of hearing:	Judge:		Denne
			Bar no
2. A peace officer shall take the individua	al into protective custo	dy and transport him/her to the hospital stated above.	
		Signature	

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.

#### PCS CODE: NRR TCS CODE: NRTO

#### NOTICE OF RIGHT TO OBJECT TO HOSPITALIZATION AND OBJECTION AND DEMAND FOR HEARING

FILE NO.

In the matter of First, middle, and last name

1. On \_\_\_\_\_\_, after a hearing required by statute, the court found you to be a person requiring

treatment and entered an order for a program of alternative treatment.

2. a. After being notified that the alternative program was insufficient, you did not comply with the alternative program,

the court entered an order (form PCM 217a) that resulted in your hospitalization and/or placement in a different

alternative treatment program. A copy of the amended order (form PCM 217a) is attached.

b. The court has been notified that you have been hospitalized by a psychiatrist's order under MCL 330.1474a.

### NOTICE OF RIGHT TO OBJECT

TO: .

You are notified that you may object to the court's or psychiatrist's order to hospitalize you by completing the objection below and returning it to the court no later than 7 days after receiving this notice. The court will schedule a hearing within 10 days after receiving your objection.

#### PROOF OF SERVICE

I certify that on \_\_\_\_\_\_ at \_\_\_\_\_ I personally served this notice on the individual named in the \_\_\_\_\_\_

Notice of Right to Object.

Date

Signature

# **OBJECTION TO HOSPITALIZATION AND DEMAND FOR HEARING**

I object to my hospitalization and demand a hearing.

I request court-appointed legal counsel.

Date

Signature

Name (type or print)

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

In the matter of
1. Date of hearing (if one): Judge:
2. This court issued an order on directing the individual named above to undergo a program of
<ul> <li>assisted outpatient treatment or combined hospitalization and assisted outpatient treatment.</li> <li>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.</li> <li>THE COURT FINDS:</li> </ul>
<ul> <li>IT IS ORDERED:</li> <li>5. 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.</li> <li>Designated facility</li> <li>6. The individual shall be hospitalized at</li></ul>
<ul> <li>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 custod.</li> <li>7. The individual may return to assisted outpatient treatment before the expiration of the prior order of assisted outpatient treatment treatment before the expiration of the prior order of assisted outpatient treatment treatment as follows:</li> </ul>
Date Judge
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 object, complete the objection below and send a copy to the court within 7 days of receiving this notice.
I certify that this notice was personally served on the above individual on
and a copy mailed to the Court on
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
Do not write below this line - For court use only

MCL 330.1475(3), (4), (5), (6), MCR 5.744 PCM 244 (9/16) ORDER AFTER NOTICE OF NONCOMPLIANCE WITH ASSISTED OUTPATIENT TREATMENT OR COMBINED HOSPITALIZATION AND ASSISTED OUTPATIENT TREATMENT ORDER