



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, [320 Public Act 2016](#) 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.
 - 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

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.

- 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 <http://courts.mi.gov/Administration/SCAO/Forms/Pages/Recent-Form-Revisions.aspx> 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.

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 TrialCourtServices@courts.mi.gov.

STATE OF MICHIGAN PROBATE COURT COUNTY OF	PETITION FOR MENTAL HEALTH TREATMENT	FILE NO.
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In the matter of _____ **XXX-XX-**
First, middle, and last name Last four digits of SSN

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

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

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

3. I believe the individual has mental illness and

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

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

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

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

AND/OR

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

(SEE SECOND PAGE)

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

Do not write below this line - For court use only

4. The conclusions stated above are based on

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

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

by: _____
Witness name Complete address Telephone no.

5. The persons interested in these proceedings are:

NAME	RELATIONSHIP	ADDRESS	TELEPHONE
	Spouse		
	Guardian*		

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

6. The individual is is not a veteran.

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

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

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

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

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

Signature of attorney _____ Date _____

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

Address _____ Address _____

City, state, zip _____ Telephone no. _____ City, state, zip _____

Home telephone no. _____ Work telephone no. _____

FOR HOSPITAL USE ONLY

This petition for mental health treatment was received by the hospital on _____ at _____ .
Date Time

Signature of hospital representative _____

STATE OF MICHIGAN PROBATE COURT COUNTY OF	CLINICAL CERTIFICATE	FILE NO.
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In the matter of _____
First, middle, and last name

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, _____, personally examined _____
Name (type or print) Patient
at _____
Name and address where examination took place
on _____ starting at _____ and continuing for _____ minutes.
Date Time

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.

5. (if applicable) The person has
 convulsive disorder. alcoholism. other drug dependence.
 mental processes weakened by reason of advanced years.
 other (specify): _____

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

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.

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF

SUPPLEMENTAL PETITION TO
APPLICATION FOR HOSPITALIZATION
AND ORDER FOR EXAMINATION

FILE NO.

In the matter of _____

PETITION

1. I executed the attached Application for Hospitalization (PCM 201). I have been unable to have the individual examined by a physician or licensed psychologist although I have made the following efforts:

2. I request the court to order _____
- a. the individual to be examined at _____ the preadmission screening unit designated by the community mental health services program.
 - b. a peace officer to take the individual into protective custody and transport him/her to the preadmission screening unit named above for the examination.

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

Attorney name (type or print) Bar no.

Name (type or print)

Address

Address

City, state, zip Telephone no.

City, state, zip

ORDER

THE COURT FINDS:

- 3. The application is is not reasonable and in full compliance with section 424 of the Mental Health Code.
- 4. A reasonable effort was was not made to secure an examination.
- 5. It is necessary that a peace officer take the individual into protective custody and immediately transport him or her to the designated preadmission screening unit for the examination.
- 6. There does not appear to be probable cause to take action on this petition.

IT IS ORDERED:

- 7. The individual be examined at the designated preadmission screening unit.
- 8. A peace officer shall take the individual into protective custody and immediately transport him or her to the designated preadmission screening unit provided that the individual is presented for examination by _____, which is within 10 days of the date of execution of the application. Date
- 9. The petition is denied.

Date

Judge 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.

Do not write below this line - For court use only

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

PETITION

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

I request the court to order:

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

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

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

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

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

Date

Signature of petitioner

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

AFFIDAVIT

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

Signature of petitioner

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

My commission expires: _____ Signature: _____
Date 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.

Do not write below this line - For court use only

ORDER FOR EXAMINATION/TRANSPORT

THE COURT FINDS:

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

IT IS ORDERED:

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

at _____
Prescreening unit or hospital

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

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

Date

Judge

Bar no.

STATE OF MICHIGAN PROBATE COURT COUNTY OF	NOTICE OF HOSPITALIZATION AND CERTIFICATE OF SERVICE	FILE NO.
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In the matter of _____
First, middle, and last name

NOTICE

TO THE PROBATE COURT: Attached is a **petition** for hospitalization and two clinical certificates. You are notified that

1. The individual named above was hospitalized on _____ at _____ at _____ .
Date Time Name of hospital
2. The clinical certificate of the psychiatrist that is required for hospitalization was completed on _____ at _____ .
Date Time

CERTIFICATE OF SERVICE ON PATIENT

3. I certify that on the dates and times indicated a copy of each of the following documents was 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
- d. Clinical certificate of licensed
psychologist/physician/psychiatrist
Date Time Signature
- e. Notice of hearing
Date Time Signature

CERTIFICATE OF SERVICE ON OTHERS

4. I certify that copies of the **petition**, two clinical certificates, statement explaining rights, and notice of hearing were served

- by first-class mail personally on _____ on _____
Date and time Individual's guardian nearest relative
- by first-class mail personally on _____ on _____
Date and time Individual's attorney

5. I further certify that the individual was asked whether to serve other persons with copies of the above documents.

- a. _____ **was designated.**
Name
 Copies could not be served. **Copies were served** **by first-class mail** **personally** on _____
Date
- b. _____ **was designated.**
Name
 Copies could not be served. **Copies were served** **by first-class mail** **personally** on _____
Date

Date Signature

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

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

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

Location

Date and time

before Judge _____
Bar no.

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

Attorney name Bar no.

Address

City, state, zip Telephone no.

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

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

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

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

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

8. You should discuss your rights with your attorney.

Date

Deputy probate register/clerk

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STATE OF MICHIGAN
PROBATE COURT
COUNTY OF

INITIAL ORDER AFTER
HEARING ON PETITION FOR
MENTAL HEALTH TREATMENT

FILE NO.

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

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

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

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

THE COURT FINDS:

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

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

Present were: _____, attorney for the individual, and

_____, attorney for the petitioner.

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

6. Testimony was given by _____

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

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

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

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

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

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

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

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

10. The individual is not a person requiring treatment.

(SEE SECOND PAGE)

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IT IS ORDERED:

This page was completely revised.

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

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

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

Community mental health services or other designated entity

as follows: _____

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

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

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

Community mental health services or other designated entity

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

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

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

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

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

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

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

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

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

Date

Judge

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

ORDER

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

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

Petition for 60-day order, discharge, etc.

Date

Judge

Bar no.

REPORT ON EVALUATION OF HOSPITAL TREATMENT AND/OR ALTERNATIVE PROGRAMS

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

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

a. Independent mental health professional: _____

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

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

d. Other: _____

(SEE SECOND PAGE)

Do not write below this line - For court use only

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

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

b. Residence of relative or friend: _____

c. Foster care home: _____

d. Nursing home: _____

e. Other: _____

4. I recommend release.

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

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

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

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

Name _____ Complete address _____

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

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

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

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

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

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

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

Direct relief.

DHHS/CMH emergency care funds.

Other assistance: _____

None. Reason: _____

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

1. I, _____, state that I am
Name (type or print)

the authorized representative of the agency or mental health professional supervising the individual's alternative or **assisted outpatient treatment** program.

_____ of _____
Director or authorized representative Name of hospital

2. The individual is currently residing hospitalized at _____
Address and telephone no.

3. The initial second continuing order entered by this court for the individual expires on _____
Date

4. The individual continues to be a person requiring treatment and is in need of

hospitalization for not more than 90 days. continuing hospitalization for a period of 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.

5. The individual is likely to refuse treatment on a voluntary basis when the order expires.

INSTRUCTIONS: In answering items 6 and 7, include a description of the observed or reported behavior of the individual including, but not limited to, how behavior and conditions have changed since the last order and whether any stabilization or remission is contingent on continued medication or other treatment. Avoid medical terms and conclusions other than diagnosis.

6. The basis for this allegation is that I believe the individual has a mental illness and: (Check all that apply.)

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.

Do not write below this line - For court use only

7. This conclusion is based upon

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

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

by: _____
Witness name Complete address Telephone no.

8. The diagnoses of physical and mental conditions are _____

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

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

to provide the required treatment is _____

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

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

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

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

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

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

Date

Signature of petitioner

Address

City, state, zip Telephone no.

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

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

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

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

THE COURT FINDS:

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

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

Present were: _____, attorney for the individual, and

_____, attorney for the petitioner.

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

6. Testimony was given by _____.

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

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

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

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

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

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

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

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

10. The individual is not a person requiring treatment.

(SEE SECOND PAGE)

Do not write below this line - For court use only

This page was completely revised.

IT IS ORDERED:

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

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

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

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

Community mental health services or other designated entity

as follows: _____

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

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

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

Community mental health services or other designated entity

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

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

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

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

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

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

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

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

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

Date

Judge

STATE OF MICHIGAN PROBATE COURT COUNTY OF	PETITION FOR DISCHARGE FROM CONTINUING MENTAL HEALTH TREATMENT	FILE NO.
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In the matter of _____
First, middle, and last name

1. I, _____, state that the individual is subject to a one-year order
Name (type or print)
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 _____
Name of patient/resident
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

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF _____

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

FILE NO. _____

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

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

2. A petition has been filed by _____ asserting that the individual named
Petitioner name (type or print)
above be discharged from the treatment program.

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 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.

7. a. There is clear and convincing evidence that the individual has a mental illness and continues to require treatment.
 b. The individual no longer is a person requiring treatment.

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)

Do not write below this line - For court use only

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 _____ days of the one-year alternative treatment period.
1 to 90 days

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

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

Community mental health services or other designated entity

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

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

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

Date

Judge

STATE OF MICHIGAN PROBATE COURT COUNTY OF	SIX-MONTH REVIEW REPORT	FILE NO.
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In the matter of _____
First, middle, and last name

1. The individual presently resides at
- own home or with relatives
 - a center
 - a hospital
 - a private facility
 - _____

and the address is _____ .

2. The individual was placed on authorized leave on _____ and continues on leave status.
3. By order of this court dated _____ the individual was placed in a
- a. one-year alternative treatment program.
 - b. one-year assisted outpatient treatment program.
 - c. one-year combined treatment program.
 - d. one-year continuing hospitalization program.
 - e. center or private facility as a judicial admission.

4. 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.)

5. I believe the individual has an intellectual disability and can be reasonably expected in the near future to intentionally or unintentionally seriously physically injure self or another person and has overtly acted in a manner substantially supportive of that expectation.

(SEE SECOND PAGE)

Do not write below this line - For court use only

6. This conclusion is based on
a. the following facts of which I have personal knowledge:

b. the following facts, which are based on reports by others whose names and addresses, if known, are:

7. The alternative treatment program assisted outpatient treatment program provided to the individual since the order, and the results are:

8. This treatment is is not adequate and appropriate to the individual's condition. The estimated time required 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, and will be adequate and appropriate to the individual's condition: (Write "none" if no modifications are expected.)

9. The individual should be discharged from the treatment program.
 continues to be a person requiring treatment.
 continues to be a person meeting the criteria for judicial admission.

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

Date

Signature of physician or licensed psychologist

Name (type or print)

Title

Telephone no.

STATE OF MICHIGAN PROBATE COURT COUNTY OF	NOTIFICATION OF NONCOMPLIANCE <input type="checkbox"/> REQUEST FOR MODIFIED ORDER	FILE NO.
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In the matter of _____ **DOB:** _____
First, middle, and last name

1. I, _____, make this notification as the
Name (type or print)
- agency.
 - mental health professional who is supervising the individual's alternative/assisted outpatient treatment program.**
 - individual.
2. The individual who is the subject of this notification was ordered to undergo a program of alternative/assisted outpatient treatment or combined hospitalization and alternative/assisted outpatient treatment.
- a. The alternative treatment has not been or will not be sufficient to prevent the individual from inflicting harm or injuries to self or others.
 - b. The individual is not complying with the order for alternative/assisted outpatient treatment or combined hospitalization and alternative/assisted outpatient treatment.
 - c. I believe that my alternative treatment program is not appropriate.
3. **The individual was in the hospital** _____ **days for mental health treatment.** The individual needs immediate hospitalization.
4. This conclusion is based upon
- a. my personal observation of the individual doing the following acts and saying the following things:

- b. conduct and statements seen or heard by others and related to me: **State the conduct and statements and the name, address, and telephone number of each witness.**

- 5. A psychiatrist has ordered the individual to return to the hospital.
- 6. **I request** the court to modify its last order of alternative treatment assisted outpatient treatment combined hospitalization and alternative/assisted outpatient treatment to direct the individual to:
 - a. undergo another alternative/assisted outpatient treatment program.
 - b. undergo hospitalization or combined hospitalization and alternative/assisted outpatient treatment, with hospitalization not to exceed _____ days.
 - c. be transported to the hospital by a peace officer if the individual refuses to comply with the psychiatrist's order to return to the hospital.

_____ Date

_____ Signature

_____ Title

_____ Business Address

_____ Agency

_____ City, state, zip Telephone 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.

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STATE OF MICHIGAN PROBATE COURT COUNTY OF	ORDER FOR REPORT AFTER NOTIFICATION AND REPORT	FILE NO.
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In the matter of _____
First, middle, and last name

1. The court has received notification that
 - a. the 90-day order for alternative treatment has not been sufficient to prevent the individual from inflicting harm or injuries upon self or others.
 - b. the one-year order for alternative treatment has not been or will not be sufficient to prevent the individual from inflicting harm or injuries upon self or others.
 - c. the individual named above is not complying with the order of alternative treatment.
 - d. it is believed that the alternative treatment program is not appropriate.
2. **IT IS ORDERED** that the _____ community mental health services program prepare and file a report on the adequacy and suitability of the present alternative care or treatment and the availability of care and treatment in another alternative treatment program or in a hospital or center.

Date Judge Bar no.

REPORT ON ADEQUACY AND SUITABILITY OF ALTERNATIVE TREATMENT

3. I, _____, as _____ of the

_____ community mental health services program, report as follows.

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

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

b. the continued suitability of the care or treatment: _____

c. the adequacy, for the needs of the individual, of care or treatment available at a hospital or center: _____

(SEE SECOND PAGE)

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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.

STATE OF MICHIGAN PROBATE COURT COUNTY OF	ORDER AFTER HEARING ON OBJECTION TO HOSPITALIZATION	FILE NO.
--	--	----------

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

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

2. After placement in an alternative treatment program, _____
Name

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 attorney.

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

Do not write below this line - For court use only

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF**

**REQUEST TO DEFER
HEARING ON COMMITMENT**

FILE NO.

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.

Do not write below this line - For court use only

STATE OF MICHIGAN PROBATE COURT COUNTY OF	DEMAND FOR HEARING	FILE NO.
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In the matter of _____
First, middle, and last name

- 1. I am the individual, and I demand a court hearing.
- 2. I am the hospital director/designee, alternative treatment provider/designee, and I demand a court hearing because the individual refuses to accept prescribed treatment. the individual orally demanded a hearing.
- 3. I am the executive director of the community mental health services program. The individual deferred the initial hearing and is participating in an alternative treatment program in the community. The deferral period ends on _____ Date.
 - I believe s/he continues to require treatment, but s/he refuses to sign a voluntary treatment form, and I demand a court hearing.
 - I believe s/he continues to require treatment, but s/he is found not suitable for voluntary treatment, and I demand a court hearing.
- 4. I am the director of the hospital where the individual has remained hospitalized since deferring the initial hearing on _____ Date. I believe the individual continues to require treatment and
 - will not agree to sign a formal voluntary admission, and I demand a court hearing.
 - is not suitable for voluntary admission, and I demand a court hearing.
- 5. The individual requires hospitalization pending the hearing and it is necessary that the court order a peace officer to transport the individual to the _____ hospital pending the hearing.
- 6. The individual is located at _____

Date

Signature

Name (type or print)

Address

City, state, zip

(Complete only if item 5 is checked.)

ORDER

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

2. A peace officer shall take the individual into protective custody 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.

Do not write below this line - For court use only

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF**

**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
Date 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
Date Time 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)

Do not write below this line - For court use only

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	PETITION FOR ASSISTED OUTPATIENT TREATMENT	FILE NO.
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In the matter of _____

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

2. The individual was born _____, has a permanent residence in _____
Date
County at _____,
Street address City State Zip
and can presently be found at _____.
Address

3. I believe the individual has mental illness and as a result of this mental illness the individual's understanding of the need for treatment is impaired to the point that the individual is unlikely to participate in treatment voluntarily.

4. The individual is currently noncompliant with treatment, recommended by _____
Name of mental health provider

Address of mental health provider City State Telephone no.
which has been determined to be necessary to prevent relapse or harmful deterioration of the individual's condition.

5. The individual's noncompliance with this treatment has been a factor in the individual's
 a. 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.)
 b. 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.)

6. The above statements are based on
a. my personal observation of the person doing the following acts and saying the following things:

(SEE SECOND PAGE)

Do not write below this line - For court use only

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

by _____
Witness name Complete address Telephone no.

by _____
Witness name Complete address Telephone no.

7. The persons interested in these proceedings are:

NAME	RELATIONSHIP	ADDRESS	TELEPHONE
	Spouse		
	Guardian		

8. The individual is 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 PCM 201

STATE OF MICHIGAN PROBATE COURT COUNTY	INITIAL ORDER FOLLOWING HEARING ON PETITION FOR ASSISTED OUTPATIENT TREATMENT	FILE NO.
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In the matter of _____

Court ORI	Date of birth	Place of birth	Race	Sex
-----------	---------------	----------------	------	-----

Current address of individual

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

2. A petition has been filed by _____ pursuant to MCL 330.1433 asserting
Petitioner name (type or print)
that the individual named above is a person requiring treatment.

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

4. The individual was present in court. 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 or licensed psychologist was waived by the individual and the individual's attorney.

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

THE COURT FINDS:

7. By clear and convincing evidence, the individual is a person requiring treatment because the individual has a mental illness, and as a result of that mental illness, the individual's understanding of the need for treatment is impaired to the point that he or she is unlikely to participate in treatment voluntarily.

8. The individual is currently noncompliant with treatment that was recommended by a mental health professional and that has been determined to be necessary to prevent a relapse or harmful deterioration of the individual's condition, and the individual's noncompliance with this treatment has been a factor in his/her 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.

9. The individual is is not scheduled to begin a course of outpatient mental health treatment that includes case management services or assertive community treatment team services.

10. There is an existing advance directive. durable power of attorney. individual plan of services developed pursuant to MCL 330.1712.

11. The individual is is not a person requiring treatment.

(SEE SECOND PAGE)

Do not write below this line - For court use only

IT IS ORDERED:

12. The individual receive assisted outpatient treatment through the _____
Name of the local community mental health services program
local community mental health services program to expire on _____ . Case management services shall
Date be provided as follows:

Additionally, one or more of the following is ordered: (see MCL 330.1433[3] for specific provisions that may be ordered)

13. To fulfill the requirements of the above treatment plan, _____
shall: (specify role) Publicly-funded entity other than the community mental health services program

14. Unless the petition is denied, dismissed, or withdrawn, the Michigan Department of State Police shall immediately enter the individual's identifying information in this court order on the law enforcement information network.

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

Date

Judge

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 _____
First, middle, and last name

1. Date of hearing (if one): _____ Judge: _____ Bar no. _____
2. This court issued an order on _____ directing the individual named above to undergo a program of
Date assisted outpatient treatment or combined hospitalization and assisted outpatient treatment.
3. The court has been notified that the individual is not complying with the order for assisted outpatient treatment or combined hospitalization and assisted outpatient treatment.
4. **THE COURT FINDS:**

IT IS ORDERED:

- 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. _____
Designated facility
- 6. The individual shall be hospitalized at _____
 - for a period of not more than 10 days. If necessary, a peace officer shall take the individual into protective custody.
 - as recommended by the community mental health services program, more than 10 days but not longer than the duration of the order for assisted outpatient treatment or a combination of hospitalization and assisted outpatient treatment, or not longer than 90 days, whichever is less. If necessary, a peace officer shall take the individual into protective custody.
- 7. The individual may return to assisted outpatient treatment before the expiration of the prior order of assisted outpatient treatment or combined hospitalization and assisted outpatient treatment as follows:

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 to object, complete the objection below and send a copy to the court within 7 days of receiving this notice.

PROOF OF SERVICE

I certify that this notice was personally served on the above individual on _____ at _____
Date Time
and a copy mailed to the _____ Court on _____
Date

Signature

OBJECTION TO HOSPITALIZATION

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

Date Signature

Do not write below this line - For court use only

STATE OF MICHIGAN PROBATE COURT COUNTY OF	PETITION FOR MENTAL HEALTH TREATMENT	FILE NO.
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In the matter of _____ **XXX-XX-**
First, middle, and last name Last four digits of SSN

<small>Court ORI</small>	<small>Date of Birth</small>	<small>Place of Birth</small>	<small>Race</small>	<small>Sex</small>
--------------------------	------------------------------	-------------------------------	---------------------	--------------------

1. I, _____, an adult _____ petition because
Name (type or print) specify whether a relative, neighbor, peace officer, etc.
 I believe the individual named above needs treatment.

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

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

3. I believe the individual has mental illness and
- a. as a result of that mental illness, the individual can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure self or others, and has engaged in an act or acts or made significant threats that are substantially supportive of this expectation.
 - b. as a result of that mental illness, the individual is unable to attend to those basic physical needs that must be attended to in order to avoid serious harm in the near future, and has demonstrated that inability by failing to attend to those basic physical needs.
 - c. the individual's judgment is so impaired by that mental illness that s/he is unable to understand his/her need for treatment, and whose impaired judgment, on the basis of competent clinical opinion, presents a substantial risk of significant physical or mental harm to the individual or presents a substantial risk of physical harm to others in the near future.
 - d. the individual's understanding of the need for treatment is impaired to the point that s/he is unlikely to voluntarily participate in or to adhere to treatment that has been determined necessary to prevent a relapse or harmful deterioration of his/her condition. The individual's noncompliance with treatment has been a factor in the individual's
 - i. placement in _____ a psychiatric hospital _____ jail _____ prison _____ at least two times within the last 48 months.
(Specify the name[s] and location[s] of the hospital, jail, or prison and the date[s] of hospitalization or incarceration.)

AND/OR

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

(SEE SECOND PAGE)

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

Do not write below this line - For court use only

4. The conclusions stated above are based on

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

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

by: _____
Witness name Complete address Telephone no.

5. The persons interested in these proceedings are:

NAME	RELATIONSHIP	ADDRESS	TELEPHONE
	Spouse		
	Guardian*		

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

6. The individual is is not a veteran.

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

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

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

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

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

Signature of attorney Date

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

Address Address

City, state, zip Telephone no. City, state, zip

Home telephone no. Work telephone no.

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

STATE OF MICHIGAN PROBATE COURT COUNTY OF	CLINICAL CERTIFICATE	FILE NO.
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In the matter of _____
First, middle, and last name

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, _____, personally examined _____
Name (type or print) Patient
at _____
Name and address where examination took place
on _____ starting at _____ and continuing for _____ minutes.
Date Time

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.
5. (if applicable) The person has
convulsive disorder. alcoholism. other drug dependence.
mental processes weakened by reason of advanced years.
other (specify): _____
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

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.

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

PETITION

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

I request the court to order:

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

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

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

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

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

Date

Signature of petitioner

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

AFFIDAVIT

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

Signature of petitioner

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

My commission expires: _____ Signature: _____
Date 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.

Do not write below this line - For court use only

ORDER FOR EXAMINATION/TRANSPORT

THE COURT FINDS:

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

IT IS ORDERED:

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

at _____
Prescreening unit or hospital

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

The individual shall be hospitalized. If the examinations and clinical certificates are not completed within 24 hours after hospitalization, the individual shall be released.

A peace officer shall immediately take the individual into protective custody and transport him/her to the designated prescreening unit or hospital.

10. The petition is denied.

Date

Judge

Bar no.

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF**

**NOTICE OF HOSPITALIZATION AND
CERTIFICATE OF SERVICE**

FILE NO.

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

NOTICE

TO THE PROBATE COURT: Attached is a petition for hospitalization and two clinical certificates. You are notified that

1. The individual named above was hospitalized on _____ at _____ at _____ .
Date Time Name of hospital
2. The clinical certificate of the psychiatrist that is required for hospitalization was completed on _____ at _____ .
Date Time

CERTIFICATE OF SERVICE ON PATIENT

3. I certify that on the dates and times indicated a copy of each of the following documents was 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 _____
- d. Clinical certificate of licensed
psychologist/physician/psychiatrist
Date _____ Time _____ Signature _____
- e. Notice of hearing
Date _____ Time _____ Signature _____

CERTIFICATE OF SERVICE ON OTHERS

4. I certify that copies of the petition, two clinical certificates, statement explaining rights, and notice of hearing were served

- by first-class mail personally on _____ on _____
Date and time Individual's guardian nearest relative
and
by first-class mail personally on _____ on _____
Date and time Individual's attorney

5. I further certify that the individual was asked whether to serve other persons with copies of the above documents.

- a. _____ was designated.
Name
Copies could not be served. Copies were served by first-class mail personally on _____ .
Date
- b. _____ was designated.
Name
Copies could not be served. Copies were served by first-class mail personally on _____ .
Date

Date

Signature

Do not write below this line - For court use only

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF**

**NOTICE OF HEARING AND
ADVICE OF RIGHTS**

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

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

Do not write below this line - For court use only

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF**

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

FILE NO.

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

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

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

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

THE COURT FINDS:

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

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

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

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

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

7. By clear and convincing evidence, the individual is a person requiring treatment because the individual has a mental illness,
a. and as a result of that mental illness can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure self or others, and has engaged in an act or acts or made significant threats that are substantially supportive of this expectation.
b. and as a result of that mental illness is unable to attend to those basic physical needs that must be attended to in order to avoid serious harm in the near future, and has demonstrated that inability by failing to attend to those basic physical needs.
c. whose judgment is so impaired by that mental illness that s/he is unable to understand his/her need for treatment, and whose impaired judgment, on the basis of competent clinical opinion, presents a substantial risk of significant physical or mental harm to the individual or presents a substantial risk of physical harm to others in the near future.
d. and as a result of that mental illness, the individual's understanding of the need for treatment is impaired to the point that s/he is unlikely to voluntarily participate in or to adhere to recommended treatment that has been determined necessary to prevent a relapse or harmful deterioration of his/her condition, and the individual's noncompliance with treatment has been a factor in the individual's placement in a psychiatric hospital, jail, and/or prison at least two times within the last 48 months and/or in committing one or more acts, attempts, or threats of serious violent behavior within the last 48 months.

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

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

10. The individual is not a person requiring treatment.

(SEE SECOND PAGE)

Do not write below this line - For court use only

IT IS ORDERED:

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

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

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

Community mental health services or other designated entity

as follows: _____

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

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

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

Community mental health services or other designated entity

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

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

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

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

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

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

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

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

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

Date

Judge

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

ORDER

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

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

Petition for 60-day order, discharge, etc.

Date

Judge

Bar no.

REPORT ON EVALUATION OF HOSPITAL TREATMENT AND/OR ALTERNATIVE PROGRAMS

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

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

a. Independent mental health professional: _____

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

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

d. Other: _____

(SEE SECOND PAGE)

Do not write below this line - For court use only

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

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

b. Residence of relative or friend: _____

c. Foster care home: _____

d. Nursing home: _____

e. Other: _____

4. I recommend release.

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

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

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

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

Name _____ Complete address _____

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

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

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

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

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

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

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

Direct relief.

DHHS/CMH emergency care funds.

Other assistance: _____

None. Reason: _____

STATE OF MICHIGAN PROBATE COURT COUNTY OF	PETITION FOR SECOND CONTINUING MENTAL HEALTH TREATMENT ORDER	FILE NO.
--	---	-----------------

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

1. I, _____, state that I am
Name (type or print)
the authorized representative of the agency or mental health professional supervising the individual's alternative or assisted outpatient treatment program.

_____ of _____
Director or authorized representative Name of hospital

2. The individual is currently residing hospitalized at _____
Address and telephone no.

3. The initial second continuing order entered by this court for the individual expires on _____
Date

4. The individual continues to be a person requiring treatment and is in need of
hospitalization for not more than 90 days. continuing hospitalization for a period of 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.

5. The individual is likely to refuse treatment on a voluntary basis when the order expires.

INSTRUCTIONS: In answering items 6 and 7, include a description of the observed or reported behavior of the individual including, but not limited to, how behavior and conditions have changed since the last order and whether any stabilization or remission is contingent on continued medication or other treatment. Avoid medical terms and conclusions other than diagnosis.

6. The basis for this allegation is that I believe the individual has a mental illness and: (Check all that apply.)
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.

Do not write below this line - For court use only

7. This conclusion is based upon

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

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

by: _____
Witness name Complete address Telephone no.

8. The diagnoses of physical and mental conditions are _____

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

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

to provide the required treatment is _____

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

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

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

13. I REQUEST the court to order the individual to receive
hospitalization for not more than 90 days.
continuing hospitalization for not more than one year.
combined hospitalization and alternative/assisted outpatient treatment for not more than one year.
alternative/assisted outpatient treatment for not more than one year.

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

Date

Signature of petitioner

Address

City, state, zip Telephone no.

STATE OF MICHIGAN PROBATE COURT COUNTY OF	SECOND CONTINUING ORDER FOR MENTAL HEALTH TREATMENT	FILE NO.
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In the matter of _____
First, middle, and last name

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

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

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

THE COURT FINDS:

3. Notice of hearing has been given according to law.
4. The individual _____ was present in court. _____ was not present for reasons stated on the record.
The hearing was _____ with _____ without a jury.
Present were: _____, attorney for the individual, and

_____ , attorney for the petitioner.

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

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

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

- a. and as a result of that mental illness can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure self or others, and has engaged in an act or acts or made significant threats that are substantially supportive of this expectation.
- b. and as a result of that mental illness is unable to attend to those basic physical needs that must be attended to in order to avoid serious harm in the near future, and has demonstrated that inability by failing to attend to those basic physical needs.
- c. whose judgment is so impaired by that mental illness that s/he is unable to understand his/her need for treatment, and whose impaired judgment, on the basis of competent clinical opinion, presents a substantial risk of significant physical or mental harm to the individual or presents a substantial risk of physical harm to others in the near future.
- d. and as a result of that mental illness, the individual's understanding of his/her need for treatment is impaired to the point that s/he is unlikely to voluntarily participate in or to adhere to recommended treatment that has been determined necessary to prevent a relapse or harmful deterioration of his/her condition, and the individual's noncompliance with treatment has been a factor in the individual's placement in a psychiatric hospital, jail, and/or prison at least two times within the last 48 months and/or in committing one or more acts, attempts, or threats of serious violent behavior within the last 48 months.

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

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

10. The individual is not a person requiring treatment.

(SEE SECOND PAGE)

Do not write below this line - For court use only

IT IS ORDERED:

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

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

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

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

Community mental health services or other designated entity

as follows: _____

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

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

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

Community mental health services or other designated entity

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

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

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

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

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

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

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

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

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

Date

Judge

STATE OF MICHIGAN PROBATE COURT COUNTY OF	PETITION FOR DISCHARGE FROM CONTINUING MENTAL HEALTH TREATMENT	FILE NO.
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In the matter of _____
First, middle, and last name

1. I, _____, state that the individual is subject to a one-year order
Name (type or print)
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 _____
Name of patient/resident

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.

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**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF**

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

FILE NO.

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

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

2. A petition has been filed by _____ asserting that the individual named
Petitioner name (type or print)
above be discharged from the treatment program.

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 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.

7. a. There is clear and convincing evidence that the individual has a mental illness and continues to require treatment.
b. The individual no longer is a person requiring treatment.

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)

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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 _____ days of the one-year alternative treatment period.
1 to 90 days

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

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

Community mental health services or other designated entity

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

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

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

Date

Judge

STATE OF MICHIGAN PROBATE COURT COUNTY OF	SIX-MONTH REVIEW REPORT	FILE NO.
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In the matter of _____
First, middle, and last name

1. The individual presently resides at
 own home or with relatives
 a center
 a hospital
 a private facility

and the address is _____ .

2. The individual was placed on authorized leave on _____ and continues on leave status.
3. By order of this court dated _____ the individual was placed in a
 a. one-year alternative treatment program.
 b. one-year assisted outpatient treatment program.
 c. one-year combined treatment program.
 d. one-year continuing hospitalization program.
 e. center or private facility as a judicial admission.

4. 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.)

5. I believe the individual has an intellectual disability and can be reasonably expected in the near future to intentionally or unintentionally seriously physically injure self or another person and has overtly acted in a manner substantially supportive of that expectation.

(SEE SECOND PAGE)

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6. This conclusion is based on
a. the following facts of which I have personal knowledge:

b. the following facts, which are based on reports by others whose names and addresses, if known, are:

7. The _____ alternative treatment program _____ assisted outpatient treatment program _____ provided to the individual since the order, and the results are:

8. This treatment _____ is _____ is not adequate and appropriate to the individual's condition. The estimated time required 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, and will be adequate and appropriate to the individual's condition: (Write "none" if no modifications are expected.)

9. The individual _____ should be discharged from the treatment program.
_____ continues to be a person requiring treatment.
_____ continues to be a person meeting the criteria for judicial admission.

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

Date

Signature of physician or licensed psychologist

Name (type or print)

Title

Telephone no.

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF**

**NOTIFICATION OF NONCOMPLIANCE
REQUEST FOR MODIFIED ORDER**

FILE NO.

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

1. I, _____, make this notification as the
Name (type or print)
agency.
mental health professional who is supervising the individual's alternative/assisted outpatient treatment program.
individual.

2. The individual who is the subject of this notification was ordered to undergo a program of alternative/assisted outpatient treatment or combined hospitalization and alternative/assisted outpatient treatment.
a. The alternative treatment has not been or will not be sufficient to prevent the individual from inflicting harm or injuries to self or others.
b. The individual is not complying with the order for alternative/assisted outpatient treatment or combined hospitalization and alternative/assisted outpatient treatment.
c. I believe that my alternative treatment program is not appropriate.

3. The individual was in the hospital _____ days for mental health treatment. The individual needs immediate hospitalization.

4. This conclusion is based upon
a. my personal observation of the individual doing the following acts and saying the following things:

b. conduct and statements seen or heard by others and related to me: State the conduct and statements and the name, address, and telephone number of each witness.

5. A psychiatrist has ordered the individual to return to the hospital.

6. I **request** the court to modify its last order of _____ alternative treatment _____ assisted outpatient treatment _____ combined hospitalization and alternative/assisted outpatient treatment _____ to direct the individual to:
a. undergo another alternative/assisted outpatient treatment program.
b. undergo hospitalization or combined hospitalization and alternative/assisted outpatient treatment, with hospitalization not to exceed _____ days.
c. be transported to the hospital by a peace officer if the individual refuses to comply with the psychiatrist's order to return to the hospital.

Date

Signature

Title

Business Address

Agency

City, state, zip Telephone 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.

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STATE OF MICHIGAN PROBATE COURT COUNTY OF	ORDER FOR REPORT AFTER NOTIFICATION AND REPORT	FILE NO.
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In the matter of _____
First, middle, and last name

1. The court has received notification that
 - a. the 90-day order for alternative treatment has not been sufficient to prevent the individual from inflicting harm or injuries upon self or others.
 - b. the one-year order for alternative treatment has not been or will not be sufficient to prevent the individual from inflicting harm or injuries upon self or others.
 - c. the individual named above is not complying with the order of alternative treatment.
 - d. it is believed that the alternative treatment program is not appropriate.
2. **IT IS ORDERED** that the _____ community mental health services program prepare and file a report on the adequacy and suitability of the present alternative care or treatment and the availability of care and treatment in another alternative treatment program or in a hospital or center.

Date Judge Bar no.

REPORT ON ADEQUACY AND SUITABILITY OF ALTERNATIVE TREATMENT

3. I, _____, as _____ of the

_____ community mental health services program, report as follows.

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

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

b. the continued suitability of the care or treatment: _____

c. the adequacy, for the needs of the individual, of care or treatment available at a hospital or center: _____

(SEE SECOND PAGE)

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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.

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF**

**ORDER AFTER HEARING ON
OBJECTION TO HOSPITALIZATION**

FILE NO.

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

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

2. After placement in an alternative treatment program, _____
Name

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 attorney.

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

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**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF**

**REQUEST TO DEFER
HEARING ON COMMITMENT**

FILE NO.

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.

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STATE OF MICHIGAN PROBATE COURT COUNTY OF	DEMAND FOR HEARING	FILE NO.
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In the matter of _____
First, middle, and last name

1. I am the individual, and I demand a court hearing.
2. I am the hospital director/designee, alternative treatment provider/designee, and I demand a court hearing because the individual refuses to accept prescribed treatment. the individual orally demanded a hearing.
3. I am the executive director of the community mental health services program. The individual deferred the initial hearing and is participating in an alternative treatment program in the community. The deferral period ends on _____ Date .
I believe s/he continues to require treatment, but s/he refuses to sign a voluntary treatment form, and I demand a court hearing.
I believe s/he continues to require treatment, but s/he is found not suitable for voluntary treatment, and I demand a court hearing.
4. I am the director of the hospital where the individual has remained hospitalized since deferring the initial hearing on _____ Date . I believe the individual continues to require treatment and will not agree to sign a formal voluntary admission, and I demand a court hearing.
is not suitable for voluntary admission, and I demand a court hearing.
5. The individual requires hospitalization pending the hearing and it is necessary that the court order a peace officer to transport the individual to the _____ hospital pending the hearing.
6. The individual is located at _____

Date

Signature

Name (type or print)

Address

City, state, zip

(Complete only if item 5 is checked.)

ORDER

1. Date of hearing: _____ Judge: _____ Bar no. _____
2. A peace officer shall take the individual into protective custody 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.

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**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF**

**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
Date 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
Date Time 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)

Do not write below this line - For court use only

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

1. Date of hearing (if one): _____ Judge: _____ Bar no. _____
2. This court issued an order on _____ directing the individual named above to undergo a program of _____
Date assisted outpatient treatment or combined hospitalization and assisted outpatient treatment.
3. The court has been notified that the individual is not complying with the order for assisted outpatient treatment or combined hospitalization and assisted outpatient treatment.
4. **THE COURT FINDS:**

IT IS ORDERED:

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. _____
Designated facility
6. The individual shall be hospitalized at _____ for a period of not more than 10 days. If necessary, a peace officer shall take the individual into protective custody, as recommended by the community mental health services program, more than 10 days but not longer than the duration of the order for assisted outpatient treatment or a combination of hospitalization and assisted outpatient treatment, or not longer than 90 days, whichever is less. If necessary, a peace officer shall take the individual into protective custody.
7. The individual may return to assisted outpatient treatment before the expiration of the prior order of assisted outpatient treatment or combined hospitalization and assisted outpatient treatment as follows:

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 to object, complete the objection below and send a copy to the court within 7 days of receiving this notice.

PROOF OF SERVICE

I certify that this notice was personally served on the above individual on _____ at _____
Date Time
and a copy mailed to the _____ Court on _____
Date

Signature

OBJECTION TO HOSPITALIZATION

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

Date Signature

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