



## Michigan Supreme Court

State Court Administrative Office

**Field Services Division**

Michigan Hall of Justice

P.O. Box 30048

Lansing, Michigan 48909

Phone (517) 373-4835

Ryan P. Gamby  
Field Services Director

### MEMORANDUM

DATE: October 6, 2023

FROM: SCAO Forms Team

RE: Changes to: PC 631, Order Regarding Appointment of Guardian of Incapacitated Individual  
PCM 208, Clinical Certificate  
PCM 230, Notification of Noncompliance and Request for Modified Order

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

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

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

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#### **[PC 631, Order Regarding Appointment of Guardian of Incapacitated Individual](#)**

**Most recent update:** (9/23) version

**Use of existing paper stock:** (5/22) version may be used until January 2, 2024.

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

Language regarding authority to consent to mental health treatment was modified.

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#### **[PCM 208, Report on Examination and Clinical Certificate](#)**

**Most recent update:** (9/23) version

**Use of existing paper stock:** (12/19) version may be used until November 3, 2023.

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

Changes were made to improve the usability and clarity of the form and the title was modified.

October 6, 2023

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**[PCM 230, Notification of Noncompliance/Request for Modified Order](#)**

**Most recent update:** (9/23) version

**Use of existing paper stock:** (1/21) version may be used until December 4, 2023.

➤ [Click here to see the form.](#)

An option for “other” was added to item 1 of the form.

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>ORDER REGARDING APPOINTMENT OF GUARDIAN OF INCAPACITATED INDIVIDUAL</b>	<b>CASE NO. and JUDGE</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

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

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

**THE COURT FINDS:**

1. Notice of hearing was given to or waived by all interested persons.
2. The individual is not in need of a guardian.
3. Upon the presentation of clear and convincing evidence, the individual named above, by reason of
  - mental illness       mental deficiency       chronic use of drugs
  - chronic intoxication       physical illness or disability       other: \_\_\_\_\_
 is impaired to the extent of lacking sufficient understanding or capacity to make or communicate informed decisions and is an incapacitated individual.
4. Upon the presentation of clear and convincing evidence, appointment of a guardian is necessary as a means of providing continuing care and supervision of the individual.
5. The individual is  partially  totally without the capacity to care for himself/herself.
6. There is no competent, suitable person willing to act as guardian, and the appointment of a professional guardian is in the best interests of the adult. A bond must be filed.
7. Financial protection is required for the individual.

**IT IS ORDERED:**

8. The petition for appointment of guardian is  granted.  denied on the merits.  dismissed/withdrawn.
9. \_\_\_\_\_, whose address and telephone number are:

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ Telephone no. \_\_\_\_\_

is appointed guardian of the adult and shall qualify by filing an acceptance of appointment.

a. The guardian shall have the following powers:

- full guardian with all authority and responsibilities granted and imposed by law.
- except as follows: \_\_\_\_\_
- limited guardian with only the following powers: \_\_\_\_\_

In addition, the guardian has the authority to execute a written consent for formal voluntary mental health treatment. \_\_\_\_\_

b. Bond of \$ \_\_\_\_\_ must be filed.

10. The guardian is not permitted to act until letters of guardianship are issued. After qualification, the guardian shall comply with all relevant requirements under the law.
11. Upon acceptance of appointment, the guardian shall petition for the appointment of a conservator or for another protective order under MCL 700.5401 *et seq.*
12. If a guardian is appointed, the Michigan Department of State Police shall immediately enter the legally incapacitated individual's identifying information in this court order on the law enforcement information network.
13. **IT IS FURTHER ORDERED:**

14. The  attorney  guardian ad litem for the individual is discharged.

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

\_\_\_\_\_  
Attorney name (type or print) Bar no.

\_\_\_\_\_  
Address City State Zip Telephone no.

STATE OF MICHIGAN  
PROBATE COURT  
COUNTY

REPORT ON EXAMINATION AND  
CLINICAL CERTIFICATE

CASE NO. and JUDGE

Court address

Court telephone no.

In the matter of \_\_\_\_\_

First, middle, and last name

REPORT

**TO THE EXAMINER:**

**You must read the following statement 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, if so, whether such treatment should take place in a hospital **or through outpatient treatment**. 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.

- I am a  psychiatrist.  licensed psychologist.  physician.
- I certify that on this date I read the above statement to the individual before asking any questions or conducting any examination.
- 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

Additionally, I:  reviewed records.  consulted with current treatment providers.

**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.

1. My determination is that the individual:

- is not a person requiring treatment under the Mental Health Code and a clinical certificate is not warranted. (Proceed to item 3.)
- is a person requiring treatment under the Mental Health Code and requires hospitalization pending the hearing.
- is a person requiring treatment under the Mental Health Code and does not require hospitalization pending the hearing.

CLINICAL CERTIFICATE

2. I believe the individual has mental illness and

- a. as a result of that mental illness, the individual can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure self or others, and has engaged in an act or acts or made significant threats that are substantially supportive of this expectation.
- b. as a result of that mental illness, the individual is unable to attend to those basic physical needs that must be attended to in order to avoid serious harm in the near future, and has demonstrated that inability by failing to attend to those basic physical needs.
- c. the individual's judgment is so impaired by that mental illness, and whose lack of understanding of the need for treatment has caused him or her to demonstrate an unwillingness to voluntarily participate in or adhere to treatment that is necessary, on the basis of competent clinical opinion, to prevent a relapse or harmful deterioration of his or her condition, and presents a substantial risk of significant physical or mental harm to the individual or others.

3. The information that underlies the conclusion that the individual  is  is not a person requiring treatment:

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4. (optional) My recommendation is: \_\_\_\_\_

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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 document 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.

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>NOTIFICATION OF NONCOMPLIANCE <input type="checkbox"/> REQUEST FOR MODIFIED ORDER</b>	<b>CASE NO. and JUDGE</b>
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**Court address** \_\_\_\_\_ **Court telephone no.** \_\_\_\_\_

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

1. I, \_\_\_\_\_, make this notification as the  
Name (type or print)

- agency.
- mental health professional who is supervising the individual's assisted outpatient treatment program.
- individual.
- other \_\_\_\_\_  
State interest/relationship

2. The individual who is the subject of this notification was ordered to undergo a program of assisted outpatient treatment or combined hospitalization and assisted outpatient treatment.

- a. The assisted outpatient 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 assisted outpatient treatment or combined hospitalization and assisted outpatient treatment.
- c. I believe that my assisted outpatient 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  assisted outpatient treatment

combined hospitalization and assisted outpatient treatment to direct the individual to:

- a. undergo another assisted outpatient treatment program.
- b. undergo hospitalization or combined hospitalization and 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.