

STATE OF MICHIGAN PROBATE COURT COUNTY OF	PETITION FOR AUTHORITY TO PLACE INDIVIDUAL WITH DEVELOPMENTAL DISABILITY IN A FACILITY	FILE NO.
--	---	-----------------

In the matter of _____, an individual with a developmental disability

1. I, _____, am interested in this matter and make this petition as guardian of
Name
 the individual.

2. The individual is presently residing at _____
Address

City _____ State _____ Zip _____

3. It is necessary that I be authorized by this court to admit the individual
 a. temporarily for a period not to exceed 30 days to _____
Name of center
 located at _____ to receive clinical services.

b. to _____, located at _____
Name of center
 for up to 10 days for a preadmission examination and subsequent administrative admission if suitable.

c. to _____, located at _____
Name of facility

4. A report and evaluation required by law and court rule is filed with this petition.

5. The following are all the interested persons in this proceeding, none of which are under legal disability except as noted:

NAME	AGE	RELATIONSHIP	ADDRESS AND TELEPHONE NUMBER			
			Street address			
			City	State	Zip	Telephone no.
			Street address			
			City	State	Zip	Telephone no.

6. **I REQUEST** that I be authorized to execute the necessary applications for the administrative admission of the individual to

Name of facility

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.

 Attorney signature

 Date

 Name (type or print) Bar no.

 Petitioner signature

 Address

 Address

 City, state, zip Telephone no.

 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.

Do not write below this line - For court use only