

**STATE OF MICHIGAN
PROBATE COURT
COUNTY**

PETITION FOR JUDICIAL ADMISSION

CASE NO. and JUDGE

Court address

Court telephone no.

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

Put last 4 digits of SSN in
XXX-XX- Ref. No. row 2 on MC 97.
Last four digits of SSN

1. I, _____, am interested in this matter and make this petition as
Name (type or print)

State your interest/relationship

2. The individual named above, born _____, is a resident of _____,
Put DOB in Ref. No.
row 1 on MC 97.
Date County

Michigan, and can be found at _____.
Address City, state, zip

3. The individual is a person with an intellectual disability and
- a. can be reasonably expected within 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.
 - b. has been arrested and charged with an offense that was a result of the intellectual disability.

4. This allegation is based upon:

a. My personal observation of the individual doing the following acts and saying the following things:

4. b. The following conduct and statements by the individual, which I have been informed others have seen or heard:

by _____
Witness name Complete address Telephone no.

by: _____
Witness name Complete address Telephone no.

5. Persons interested in these proceedings are:

NAME	RELATIONSHIP	ADDRESS	TELEPHONE NO.

6. The individual will not comply with an order for examination because _____

I REQUEST

7. The court order the individual to be examined at _____
Facility

8. The court order a peace officer to take the individual into protective custody. After the individual is taken into protective custody, a peace officer or security transport officer shall transport the individual immediately to

_____ for examination.
Facility

9. The individual be determined by the court to be a person meeting the criteria for judicial admission for 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 Telephone no.