

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>SIX-MONTH REVIEW REPORT</b>	<b>FILE NO.</b>
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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 facility
- 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 assisted outpatient treatment program.
- b. one-year combined treatment program.
- c. one-year continuing hospitalization program.
- d. 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 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.

5. I believe the individual has an intellectual disability and

- a. 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.
- b. has been arrested and charged with an offense that was a result of the intellectual disability.

(SEE SECOND PAGE)

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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 treatment 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  assisted outpatient treatment,  (For judicial admission) outpatient program of care and 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 for treatment.

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.