

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>PETITION REGARDING TRANSPORT OF MINOR</b>	<b>CASE NO. and JUDGE</b>
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**Court address** \_\_\_\_\_ **Court telephone no.** \_\_\_\_\_

In the matter of \_\_\_\_\_ Put DOB in Ref. No.  
First, middle, and last name row 1 on MC 97.  
Date of birth

I represent that:

1. The minor can be currently found at: \_\_\_\_\_

2.  I have authority as \_\_\_\_\_ and I have requested voluntary hospitalization of the minor pursuant to  
State your relationship  
 MCL 330.1498d or MCL 330.1498h.

3. An action within the jurisdiction of the family division of circuit court involving the family or family members of the minor  
 has been previously filed in \_\_\_\_\_ Court, Case Number \_\_\_\_\_, was  
 assigned to Judge \_\_\_\_\_, and  remains  is no longer pending.

4.  The minor has been hospitalized pursuant to Chapter 4A of the Mental Health Code, and the director of \_\_\_\_\_  
 \_\_\_\_\_ hospital believes the minor should be returned to the hospital following an  
 authorized  unauthorized absence.

5. The following unsuccessful efforts by \_\_\_\_\_ were made to transport the minor for  
Name  
 evaluation or hospitalization pursuant to Chapter 4A of the Mental Health Code: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

6. I request that the court order the minor to be transported for evaluation and/or hospitalization pursuant to Chapter 4A  
 of the Mental Health Code.

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

\_\_\_\_\_  
 Address

\_\_\_\_\_  
 Name (type or print)

\_\_\_\_\_  
 City, state, zip

\_\_\_\_\_  
 Telephone no.