

STATE OF MICHIGAN PROBATE COURT COUNTY	PETITION FOR MENTAL HEALTH TREATMENT <input type="checkbox"/> AMENDED	CASE NO. and JUDGE
---	---	---------------------------

Court address _____ Court telephone no. _____

In the matter of _____ Put last 4 digits of SSN in
First, middle, and last name **XXX-XX-** Ref. No. row 2 on MC 97.
Last 4 digits of SSN

Court ORI	Date of birth Put DOB in Ref. No. row 1 on MC 97.	Place of birth	Race	Sex
-----------	---	----------------	------	-----

1. I, _____, an adult _____ petition because
Name (type or print) specify whether a relative, neighbor, peace officer, etc.
I believe the individual named above needs treatment.

2. The individual was born _____ has a permanent residence in _____
Put DOB in Ref. No. row 1 on MC 97.
Date
County at _____
Street address City, state, zip
and can presently be found at _____
Facility name or other address

This petition is for a person who was found not guilty by reason of insanity in this county (NGRI).

3. 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.

4. The conclusions stated above are based on
a. my personal observation of the person doing the following acts and saying the following things:

b. the following conduct and statements that others have seen or heard and have told me about:

by: _____
Witness name Complete address Telephone no.

5. The persons interested in these proceedings are:

NAME	RELATIONSHIP	ADDRESS	TELEPHONE
	Spouse		
	Guardian*		

*(Specify the county where the guardianship was established and the case number.) _____

6. The individual is is not a veteran.

7. Attached is a clinical certificate by a physician or licensed psychologist taken within the last 72 hours.
 clinical certificate by a psychiatrist taken within the last 72 hours.
 no clinical certificate is attached because only assisted outpatient treatment is requested.

8. (For hospitalization and combined treatment only.) An examination could not be secured because: _____

I request:

a. the individual be examined at _____,
 the preadmission screening unit or hospital designated by the community mental health services program.
 b. a peace officer take the individual into protective custody and transport the individual to _____

9. I request the court to determine the individual to be a person requiring treatment and to order:

a. hospitalization only.
 b. a combination of hospitalization and assisted outpatient treatment.
 c. assisted outpatient treatment without hospitalization.

10. I request the individual be hospitalized pending a hearing.

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 _____
 Home telephone no. _____ Work telephone no. _____

FOR HOSPITAL USE ONLY

This petition for mental health treatment was received by the hospital on _____ at _____
 Date Time

Signature of hospital representative _____

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY	PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE
--	---	---------------------------

Court address _____ Court telephone no. _____

Plaintiff's/Petitioner's name	v	Defendant's/Respondent's name
-------------------------------	----------	-------------------------------

In the matter of _____

This form is nonpublic because it contains personal identifying information (PII) that is protected from public inspection under MCR 1.109(D)(9)(a). Use this form to provide PII only for a person who is a defendant, respondent, or decedent. If the person is a plaintiff, petitioner, or other individual, use form MC 97a.

Instructions:

- When PII (such as date of birth) must be filed with the court on a public document, **DO NOT** include it on that public document. Instead, you must provide it on this form.
- **Provide only** the protected PII required for your particular case. For example, if you are filing a public document that requires you to provide a date of birth to the court, complete only that field on this form.

Name of form/document that this MC 97 is being filed with: _____

Printed name of individual completing form and date

Instructions: Provide the name of the person that the PII applies to, followed by the specific PII that is required to be provided. For Other, specify the type of PII in addition to the PII itself. Use the below reference number (Ref. No.) in the public document in place of the protected PII. For example, insert "Ref. No. 1" in place of the DOB in the public document.

Ref. No.	Name (required)
1	Date of birth
2	National ID no. / Last 4 digits of SSN XXX-XX-_____
3	Driver's License / State-issued ID no.
4	Passport no.
5	Other

Ref. No.	Instructions: List the name of the financial institution and the account number. List the paragraph that references the account, if needed for clarity. Use reference number (Ref. No.) when necessary to refer to account in public documents.		
6	Financial institution	Account no.	Paragraph no.
7	Financial institution	Account no.	Paragraph no.
8	Financial institution	Account no.	Paragraph no.
9	Financial institution	Account no.	Paragraph no.

STATE OF MICHIGAN PROBATE COURT COUNTY OF	NOTICE OF INABILITY TO SECURE EVALUATION/EXAMINATION	FILE NO.
--	---	-----------------

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

1. A petition for mental health treatment was filed on _____ .
Date

2. The individual has failed to make himself or herself available for an evaluation/examination.

3. I am interested in this matter as

- petitioner.
- caseworker.
- psychiatrist/psychologist/physician.
- interested person.
- other _____ .

4. The following reasonable attempts were made to obtain the individual's cooperation:

Date

Signature

Name (type or print)

Agency

Address

City, state, zip

Telephone no.

Do not write below this line - For court use only