

INVOLUNTARY **MENTAL HEALTH TREATMENT**

PLEASE NOTE THAT THE COURT IS NOT ALLOWED TO GIVE LEGAL ADVICE
OR HELP YOU FILL OUT THESE FORMS
IF YOU NEED ASSISTANCE, PLEASE CONSULT AN ATTORNEY.

FORMS INCLUDED IN THIS PACKET:

- Petition for Mental Health Treatment PCM201 (no filing fee according to Probate Court Fee Schedule)
- Protected Personal Identifying Information MC 97
- Order for Examination/Transport PCM 209a
- Clinical Certificate (if applicable) PCM 208

EPIC FORMS

These forms and additional SCAO approved forms are available and can be viewed, printed, and completed at:

<https://www.courts.michigan.gov/SCAO-forms/mental-health-treatment-forms/>

In order for a person to be involuntarily hospitalized, they must meet the Michigan Mental Health Code definition of a person requiring treatment (MCL 330.1401).

STATE OF MICHIGAN PROBATE COURT COUNTY Osceola	PETITION FOR MENTAL HEALTH TREATMENT <input type="checkbox"/> AMENDED	CASE NO. and JUDGE Hon. Tyler Thompson P70870
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Court address Courthouse Annex, 410 W Upton Ave, Reed City MI 49677	Court telephone no. 231-832-6124
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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 4 digits of SSN

Court ORI 67-0013 J	Date of birth Put DOB in Ref. No. row 1 on MC 97.	Place of birth	Race	Sex
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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 Osceola	PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE Hon. Tyler Thompson P70870
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Court address Court telephone no.
 Courthouse Annex, 410 W Upton Ave, Reed City MI 49677 231-832-6124

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 Osceola	ORDER FOR EXAMINATION/TRANSPORT	FILE NO.
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In the matter of _____
First, middle, and last name

DOB: _____

1. Date of hearing: _____ Judge: Tyler Thompson P70870
Bar no.

THE COURT FINDS:

- 2. A petition alleging the individual is a person requiring treatment and requesting hospitalization or a combined treatment order has been filed with the court, and
 - a. one clinical certificate accompanies the petition. The individual must be examined by a psychiatrist.
 - b. no clinical certificate accompanies the petition. A reasonable effort was made to secure an examination. The individual must be examined by a psychiatrist and either a physician or a licensed psychologist.
- 3. The court has received information that a petition for assisted outpatient treatment has been filed, the petitioner has made reasonable efforts to secure an examination, and the individual will not make himself/herself available for evaluation.
- 4. The individual requires immediate assessment because the individual presents a substantial risk of significant physical or mental harm to himself/herself in the near future or presents a substantial risk of significant physical harm to others in the near future.
- 5. There does not appear to be probable cause to order the individual be taken into protective custody and transported to the designated prescreening unit or hospital.

IT IS ORDERED:

- 6. The individual be examined by a psychiatrist. psychiatrist and a physician or licensed psychologist at _____
Prescreening unit or hospital

Upon completion of the examination(s), the executed clinical certificate(s) shall be filed with the court or a report that a clinical certificate is not warranted shall be made to the court.

- The individual shall be hospitalized. If the examinations and clinical certificates are not completed within 24 hours after hospitalization, the individual shall be released.
- A peace officer shall take the individual into protective custody and transport him/her to the designated prescreening unit or hospital. If the order is not executed by _____, the law enforcement
10 days from entry of order
agency must report to the court the reason the order was not executed within the prescribed time period.
- 7. A peace officer shall take the individual into protective custody and transport him/her to the designated prescreening unit or hospital for assessment for assisted outpatient treatment. If the order is not executed by _____, the law enforcement agency must report to the court the reason the order
10 days from entry of order
was not executed within the prescribed time period.
- 8. The request to take the individual into protective custody for transport is denied.

Date _____

Judge _____ Bar no. _____

Do not write below this line - For court use only

REPORT OF NON-EXECUTION

The Order for Examination/Transport issued on _____ has not been executed. The reason the order was
not executed within 10 days after entry is: _____

Date

Name

Law enforcement agency

Telephone no.

TO THE LAW ENFORCEMENT AGENCY: Under MCL 330.1436(2), this report must be filed with the court that issued the Order for Examination/Transport if the order is not executed within 10 days after entry of the order.

STATE OF MICHIGAN PROBATE COURT COUNTY OF Osceola	CLINICAL CERTIFICATE	FILE NO.
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In the matter of _____
First, middle, and last name

TO THE EXAMINER: You must read the following statement to the individual before proceeding with any questions.

I am authorized by law to examine you for the purpose of advising the court if you have a mental condition which needs treatment and whether such treatment should take place in a hospital or in some other place. I am also here to determine if you should be hospitalized or remain hospitalized before a court hearing is held. I may be required to tell the court what I observe and what you tell me.

- I am a psychiatrist. licensed psychologist. physician.
- I certify that on this date I read the above statement to the individual before asking any questions or conducting any examination.
- I further certify that I, _____, personally examined _____
Name (type or print) Patient
at _____
Name and address where examination took place
on _____ starting at _____ and continuing for _____ minutes.
Date Time

INSTRUCTIONS: Describe in detail the specific actions, statements, demeanor, and appearance of the individual, together with other information which underlie your conclusion. **Indicate the source of any information not personally known or observed.** If this certificate is to accompany a petition for discharge, state why the individual continues to be or is no longer a person requiring treatment or in need of hospitalization.

- My determination is that the person is
 mentally ill (has a substantial disorder of thought or mood that significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life).
 not mentally ill.
5. (if applicable) The person has
 convulsive disorder. alcoholism. other drug dependence.
 mental processes weakened by reason of advanced years.
 other (specify): _____
- My diagnosis is: _____
- Facts serving as the basis for my determination are: _____

(SEE SECOND PAGE)

Do not write below this line - For court use only

8. Explain in the space below the facts which lead you to believe that future conduct may result in (check applicable box)

a. likelihood of injury to self. Facts:

Therefore, I believe that the examined person, as a result of mental illness, can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure self.

b. likelihood of injury to others. Facts:

Therefore, I believe that the examined person, as a result of mental illness, can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure others.

c. inability to attend to basic physical needs. Facts:

Therefore, I believe that the examined person, as a result of mental illness, is unable to attend to those basic physical needs (such as food, clothing or shelter) 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.

d. inability to understand need for treatment. Facts:

Therefore, I believe that the examined person, as a result of mental illness, 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 himself/herself or others.

9. I conclude the individual is is not a person requiring treatment.

10. (optional) I recommend hospitalization only
 a combination of hospitalization and assisted outpatient treatment
 assisted outpatient treatment without hospitalization

as follows: _____

I certify that I am a person authorized by law to certify as to the individual's mental condition. I am not related by blood or marriage either to the person about whom this certificate is concerned or to any person who has filed, or whom I know to be planning to file, a petition in this proceeding. I declare under the penalties of perjury that this certificate has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Time of signing

Signature

Print or type name and business telephone no.