## CASE NO. and JUDGE

STATE OF MICHIGAN
PROBATE COURT
COUNTY

## **PETITION FOR MENTAL** HEALTH TREATMENT

Court address	·			C	Court telephone no.
In the matter of				Put last 4 XXX-XX- Ref. No. rc	digits of SSN in w 2 on MC 97.
Fir	st, middle, and last name			Last 4 digits of SSN	
Court ORI	Date of birth Put DOB in Ref. No. row 1 on MC 97	Driver's license no. Put DLN in Ref. No. row 3 on MC 97	Place of birth	Race	Sex
	rint) dividual named above Put DOB in Re was born <u>row 1 on MC S</u> Date	needs treatment. ef. No.	a relative, neighbor, pea permanent resider	ace officer, etc.	petition because
County at	taddress		City, state,	zin	
and can prese	ntly be found at		Oity, State,	zip	
and can preser	ntly be found at Facility n	ame or other address			·
	is for a person who wa		reason of insanity	in this county (NGRI).	
unintentio threats th b. as a resu attended attend to c. the indivio has cause	onally seriously physica at are substantially sup It of that mental illness, to in order to avoid ser those basic physical ne dual's judgment is so imp ed him or her to demor	ally injure self or other oportive of this expect , the individual is unal ious harm in the near eeds. paired by that mental illunstrate an unwillingne	s, and has engage ation. ble to attend to the future, and has de ness, and whose lac ss to voluntarily pa	ted within the near future t ad in an act or acts or mad use basic physical needs the emonstrated that inability to ck of understanding of the n articipate in or adhere to tr	le significant hat must be by failing to eed for treatment eatment that is
				se or harmful deterioration al harm to the individual o	
	ns stated above are bas observation of the per		ng acts and saying	the following things:	
b. the following	g conduct and statemer	nts that others have s	een or heard and l	nave told me about:	
by:	ame	Complete address			Telephone no.
Approved, SCAO					

Form PCM 201, Rev. 3/23 MCL 330.1100a, MCL 330.1401, MCL 330.1423, MCL 330.1427, MCL 330.1434, MCL 330.1438, MCL 330.2050, MCR 5.125(C)(18) Page 1 of 2

## Petition for Mental Health Treatment (3/23) Page 2 of 2

Case	No.	
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## 5. The persons interested in these proceedings are:

NAME	RELATIONSHIP	ADDRESS	TELEPHONE		
	Spouse				
	Guardian*				
*(Specify the county where the guardia	anship was established and the	case number.)			
6. The individual $\Box$ is	is not a veteran.				
	al certificate by a psychia	an or licensed psychologist taken within the atrist taken within the last 72 hours. ed because only assisted outpatient treatme			
$\Box$ 8. (For hospitalization and combined	ed treatment only.) An exam	ination could not be secured because:			
☐ b. a peace officer take the	ening unit or hospital des e individual into protectiv	ignated by the community mental health ser e custody. After the individual is taken into p ransport the individual to			
<ul> <li>9. I request the court to determ</li> <li>a. hospitalization only.</li> <li>b. a combination of hosp</li> <li>c. assisted outpatient tree</li> </ul>	italization and assisted o				
$\square$ 10. I request the individual b	be hospitalized pending a	hearing.			
I declare under the penalties of of my information, knowledge,		has been examined by me and that its conte	nts are true to the best		
Signature of attorney		Date	Date		
Name (type or print)	Bai	no. Signature of petitioner			
Address		Address			
City, state, zip	Telephone	no. City, state, zip			
		Home telephone no. Work tele	phone no.		
This petition for FOR HOSPITAL USE ONLY	mental health treatment	was received by the hospital on	at		
		Signature of hospital representative			