



Michigan Supreme Court

State Court Administrative Office

Trial Court Services Division

Michigan Hall of Justice

P.O. Box 30048

Lansing, Michigan 48909

Phone (517) 373-4835

Jennifer Warner
Director

November 20, 2015

TO: Michigan Court Forms Committee, Mental Health/Commitment Work Group

FROM: Matthew Walker, Forms and Manuals Analyst

RE: Agenda and Materials for **December 3, 2015 Meeting**

PLACE: **Michigan Hall of Justice**, 925 West Ottawa, downtown Lansing (map enclosed)

Below is the agenda for the December 3, 2015 meeting of the Michigan Court Forms Committee, Mental Health/Commitment Work Group. The meeting starts at 9:30 a.m. and ends at approximately 3:30 p.m. Lunch reservations have been made for you. **If you cannot attend, please contact me at least two days before the meeting.** Please note that our office is located at 925 W. Ottawa in Lansing. A map and directions are provided.

Please bring these agenda materials to the meeting. Although documentation is provided with the agenda, it would also be helpful to bring a copy of the Michigan Court Rules and any other resources you believe are necessary.

1. **PCM 201, Petition for Treatment**

Modifications are suggested to accommodate repeal of MCL 330.1424 and changes to MCL 330.1401 and 330.1434 with regard to assisted outpatient treatment.

Other suggested changes are applying design standards with regard to the masthead.

In addition, after posting for public comment SCAO-staff became aware that the draft language in item 3.d was incorrect and is revised for the work group meeting.

2. **PCM 208, Clinical Certificate**

Modifications are suggested to accommodate changes to MCL 330.1401. Also note the recommended change as to who may sign. MCL 330.1425 refers only to a physician or a licensed psychologist, not a psychiatrist. However, if this form is also intended to be used by a psychiatrist under MCL 330.1430 and 330.1431(1), should that use be clarified by adding these two cites to the foot of the form and retaining the reference to the psychiatrist in the signature line?

Other suggested changes are replacing references to alcoholism and drug dependence in item 4 with “substance use disorder” pursuant to 2014 PA 200 and applying design standards with regard to the masthead and reference to second pages.

3. **PCM 208a, Supplement to Clinical Certificate on Appeal of Return to Hospital**

Modifications are suggested to accommodate changes to MCL 330.1401 and 330.1434 with regard to assisted outpatient treatment.

Other suggested changes are applying design standards with regard to the masthead.

4. **PCM 209, Supplemental Petition to Application for Hospitalization and Order for Examination**

Recommend deleting form because of repeal of MCL 330.1428.

5. **PCM 209a, Supplemental Petition for Treatment and Order**

Modifications are suggested to accommodate repeal of MCL 330.1424 and changes to MCL 330.1401 and 330.1434 with regard to assisted outpatient treatment.

It is also suggested that the affidavit be removed because there appears to be no requirement for it. See MCL 330.1435(2).

A comment was received for this form from Laura Plachta, Isabella County Probate Register. Her comment states that PCM 209a improperly implements the requirements of MCL 330.1438 in item 10 of the form. Her comment and the statute are attached.

Other suggested changes are applying design standards with regard to the masthead.

6. **PCM 211, Notice of Hospitalization and Certificate of Service**

Modifications are suggested to update the term “application” to “petition.

Other suggested changes are applying design standards with regard to the masthead

7. **PCM 212, Notice of Hearing on Petition for Treatment/Judicial Admission**

It is suggested an additional “right” be added to the form pursuant to MCL 330.1455(2).

Also, reference to MCL 330.1433 is deleted because it was repealed.

Other suggested changes are applying design standards with regard to the masthead.

8. **PCM 214, Initial Order After Hearing on Petition for Treatment**

Modifications are suggested to accommodate repeal of MCL 330.1424 and changes to MCL 330.1401 and 330.1434 with regard to assisted outpatient treatment.

There is a question as to the authority of item 11 as there does not appear to any particular reference to this language in the code.

It is suggested items 8 and 9 be made options because they are not relevant if item 19 is checked.

Also, reference to MCL 330.1475 is deleted because it is not relevant to the form.

Other suggested changes are applying design standards with regard to the masthead and various word choices.

In addition, after posting for public comment SCAO-staff became aware that the draft language in item 7.d was incorrect and is revised for the work group meeting.

9. **PCM 216, Order for Report on Alternative Treatment and Report**

Modifications are suggested to accommodate changes to MCL 330.1401 and 330.1434 with regard to assisted outpatient treatment, specifically the addition of an option for assisted outpatient treatment in item 6.

There is also a question as to the authority of item 4 as there does not appear to any particular reference to this language in the code.

10. **PCM 217a, Order to Modify Order for Alternative Treatment or Combined Hospitalization and Alternative Treatment**

Modifications include the addition of cites to the foot of the form, change in language in item 3 pursuant to MCL 330.1475(2), language change in the Notice of Right to Object to Hospitalization to better track the restrictions in MCR 5.744, and the addition of a reference in the Objection to Hospitalization.

It is questioned whether item 8 should be modified as well to reflect that hospitalization isn't necessarily due to a "return."

Also a use note to make clear that this form is not used to modify orders pertaining to assisted outpatient treatment (AOT) programs. While references to AOT can be included with certain forms, adding it here unnecessarily complicates the form because the criteria for noncompliance with AOT is different and there are reasons other than noncompliance for modifying an order for alternative treatment (not AOT). It would seem preferable to maintain PCM 244

Other suggested changes are applying design standards with regard to the masthead and reference to second pages.

11. **PCM 218, Petition for Second or Continuing Treatment Order**

Modifications are suggested to accommodate changes to MCL 330.1401 and 330.1434 with regard to assisted outpatient treatment, specifically the addition of a reference to assisted outpatient treatment in items 1, 5, and 14.

Also, rather than repeating the criteria for determining that a person requires treatment found in MCL 330.1401 and that was provided in the initial petition and initial order, it is suggested that item 7 be modified for free-form language. The court will be making the same findings, by clear and convincing evidence at the hearing that the individual requires treatment based on the criteria in MCL 330.1401, so it seems unnecessary to repeat them at this phase in treatment.

There is also a question as to whether item 3 is necessary now because of the repeal of MCL 330.1433.

MCL 330.1434(6) doesn't require a certificate with the initial petition, but MCL 330.1473 doesn't provide this same exception for a petition on a second or continuing AOT issued under MCL 330.1472a, so it seems item 13 must remain as is.

It is suggested that reference to MCL 330.1472a be deleted from the foot of the form because it doesn't apply to the petition, but only to the order (PCM 219).

12. **PCM 219, Second or Continuing Order for Treatment**

Modifications are suggested to accommodate changes to MCL 330.1401 and 330.1434 with regard to assisted outpatient treatment.

There is also a question as to whether item 3 is necessary now because of the repeal of MCL 330.1433.

It is suggested item 17 be modified to reflect the style in item 19 of PCM 214.

It is suggested items 8 and 9 be made options because they are not relevant if item 17 is checked.

There is a question as to the authority of item 11 as there does not appear to any particular reference to this language in the code.

Also, reference to MCL 330.1468 and 330.1470 were added to the foot of the form and MCL 330.1472a was modified.

Other suggested changes are applying design standards with regard to the masthead and various word choices.

13. **PCM 220, Petition for Discharge from Continuing Treatment**

Modifications are suggested to accommodate changes to MCL 330.1401 and 330.1434 with regard to assisted outpatient treatment.

14. **PCM 222, Order After Hearing on Petition for Discharge from Continuing Treatment**

Modifications are suggested to accommodate repeal of MCL 330.1424 and changes to MCL 330.1401 and 330.1434 with regard to assisted outpatient treatment. There is a question as to the authority for the 3-day time frame in item 11.

Other suggested changes are applying design standards with regard to reference to second pages.

15. **PCM 226, Six-Month Review Report**

Modifications are suggested to accommodate changes to MCL 330.1401 and 330.1434 with regard to assisted outpatient treatment.

Also, rather than repeating the criteria for believing that a person requires treatment found in MCL 330.1401 that was provided in the initial petition and initial order, it is suggested that item 4 be deleted and that item 10 be moved to follow item 3 instead. It would seem that claiming the individual continues to required treatment (based on the findings made in the order), the conclusions specified in item 5 would provide sufficient details for a report following a six-month review.

Other suggested changes are applying design standards with regard to the masthead and either removing the term “envisaged” at the end of item 6 or replacing it with another term. In a similar parenthetical statement found in item 12 of PCM 218, there is no such term.

16. **PCM 230, Notification of Noncompliance and Request for Modified Order**

The only suggested change is applying design standards with regard to the masthead.

17. **PCM 231, Order for Report After Notification and Report**

It is suggested that reference to MCL 330.1475(2) be added to the foot of the form.

Other suggested changes are applying design standards with regard to the masthead and word choices.

18. **PCM 232, Order After Hearing on Appeal of Return to Hospital/Center From Authorized Leave**

The only suggested change is applying design standards with regard to the masthead, but there is also a question as to whether the intent was that this should apply to assisted outpatient treatment (AOT). If so, MCR 5.743(F)(2) should first be amended to allow for AOT.

19. **PCM 234, Order After Hearing on Objection to Hospitalization**

It is suggested the title and item 2 be modified to reflect that hospitalization isn't necessarily due to a "return" and to better track the language in the rule.

Also, there is a question about the authority for the standard in item 8. MCL 330.1465 requires clear and convincing evidence and MCR 5.744 only says that the individual seeking hospitalization must provide evidence. It seems this should be changed.

Other suggested changes include applying a change in design standards in item 4.

20. **PCM 235, Request to Defer Hearing on Commitment**

Suggested changes are applying design standards with regard to the masthead and correcting the citation at the foot of the form.

21. **PCM 236, Demand for Hearing**

The only suggested change is correcting the citation at the foot of the form.

22. **PCM 241, Notice of Right to Object to Hospitalization and Objection and Demand for Hearing**

The only suggested change is applying design standard with regard to the masthead.

23. **PCM 242, Petition for Assisted Outpatient Treatment**

Recommend deleting form because of it was merged with PCM 201.

24. **PCM 243, Initial Order Following Hearing on Petition for Assisted Outpatient Treatment**

Recommend deleting form because of it was merged with PCM 214.

25. **PCM 244, Order After Notice of Noncompliance with Assisted Outpatient Treatment or Combined Hospitalization and Assisted Outpatient Treatment**

It is suggested the Notice of Right to Object to Hospitalization be modified to better track the restrictions in MCR 5.744.

It is also suggested that reference to MCR 5.744 be added to the Objection to Hospitalization.

The other suggested change is applying design standard with regard to the masthead.

Attachments

MICHIGAN HALL OF JUSTICE

Driving Directions, Visitor Parking Information, and Maps

The Michigan Hall of Justice is located at 925 West Ottawa Street in Lansing—between Ottawa Street on the north, Allegan Street on the south, and Martin Luther King, Jr. Boulevard on the west. It is on the opposite end of the mall from the Capitol Building.

All visitors to the Hall of Justice will enter through the front doors (facing the Capitol Building) and must pass through a security check. No weapons are permitted in the Hall of Justice.

The conference center is located directly across from the main entrance on the first floor.

From the North (Mackinac Island, Traverse City)

- Take I-75 South to US-27 South (Lansing).
- Take I-69 (Flint)/US-127 (Lansing).
- Continue on US-127 South to I-496 West (DOWNTOWN LANSING) to Martin Luther King, Jr. (MLK) Boulevard North, Exit 5.
- Take MLK Boulevard north to Allegan Street and turn right. The Hall of Justice will be the large building on your left.

From the Northeast (Flint, Saginaw, Bay City)

- Take I-69 West to US-127 South to I-496 West (DOWNTOWN LANSING) to Martin Luther King, Jr. (MLK) Boulevard North, Exit 5.
- Take MLK Boulevard north to Allegan Street and turn right. The Hall of Justice will be the large building on your left.

From Detroit

- Take I-96 West to US-127 North.
- Take US-127 North to I-496 West (DOWNTOWN LANSING) to Martin Luther King, Jr. (MLK) Boulevard North, Exit 5.
- Take MLK Boulevard north to Allegan Street and turn right.
- The Hall of Justice will be the large building on your left.

From the Southeast (Ann Arbor)

- Take 23 North to I-96.
- Take I-96 West to US-127 North.
- Take US-127 North to I-496 West (DOWNTOWN LANSING) to Martin Luther King, Jr. (MLK) Boulevard North, Exit 5.
- Take MLK Boulevard north to Allegan Street and turn right. The Hall of Justice will be the large building on your left.

From the Southwest (Kalamazoo, Battle Creek)

- Take I-94 East to I-69 North.
- Follow I-69 North to I-496 East (DOWNTOWN LANSING) to Martin Luther King, Jr. (MLK) Boulevard North, Exit 5.
- Take MLK Boulevard north to Allegan Street and turn right. The Hall of Justice will be the large building on your left.

From the West (Grand Rapids, Muskegon)

- Take I-96 East to I-496 East (DOWNTOWN LANSING) to Martin Luther King, Jr. (MLK) Boulevard North, Exit 5.
- Take MLK Boulevard north to Allegan Street and turn right. The Hall of Justice will be the large building on your left.

Visitor Parking

Parking for people visiting the Hall of Justice is located on Allegan Street (across from the north side of the Michigan Library and Historical Center (MLHC), southeast of the Hall of Justice, and east of the Veteran's Memorial Park). When entering the lot, turn left into the unattended lot where pushing a button will produce a parking entry ticket. Once the ticket is in hand, proceed and park in any available spot.

Paying for Parking

- When leaving, visitors may make payment (the rate is \$1.00/hour, with a daily maximum of \$8.00) from their vehicles at the pay-in-lane machine as they exit the HOJ visitor lot or in person at the south entrance to the MLHC. Insert the entry ticket into the machine and your parking fee will be calculated.
- The machines cannot calculate a parking fee without an entry ticket. Customers that lose their entry ticket will be charged \$8.00 at the machine. To avoid the full charge, customers can go to the DMB Customer Service Center in the Hannah Building (first building east of the parking lot) on the first floor and they will be charged as if they arrived at 7:00 a.m.

Pay-in-Lane Accepts Only Credit Card Payments (No Cash!)

The visitor parking lot pay-in-lane machines have been converted to credit card payment only. Visa, MasterCard and Discover will be accepted (and pre-purchased vouchers).

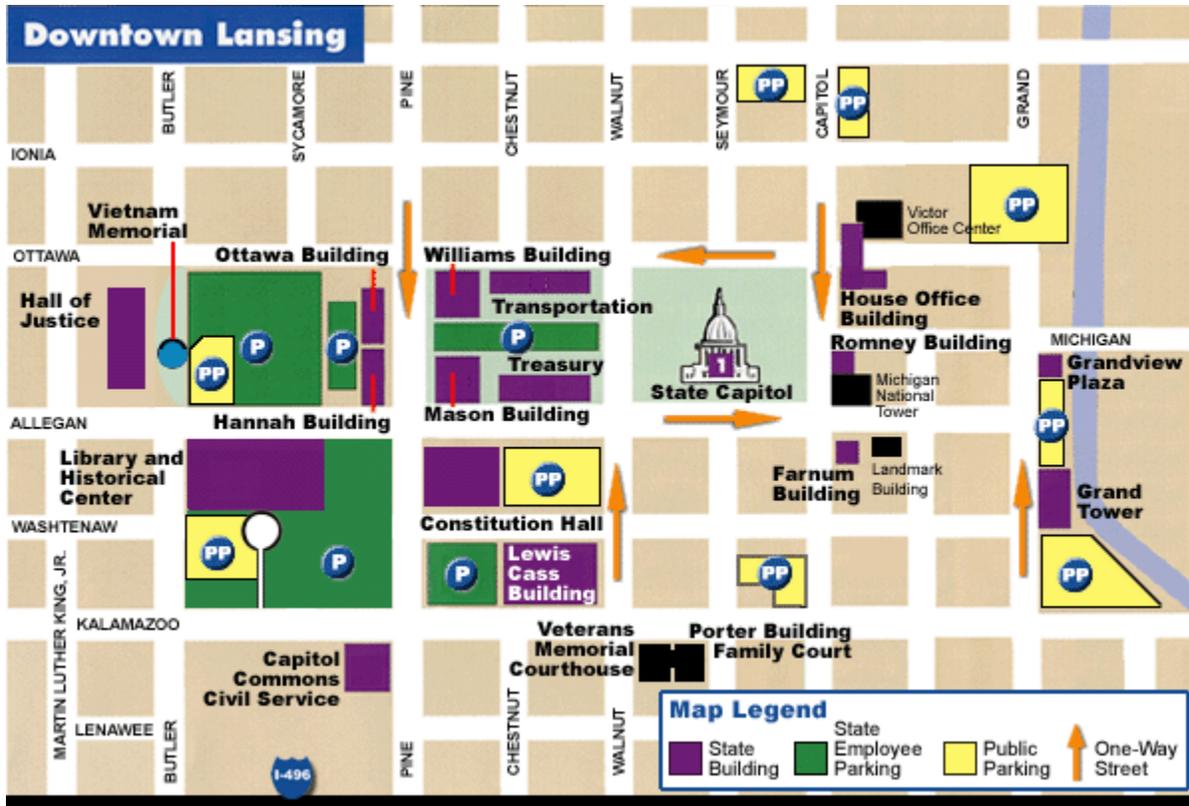
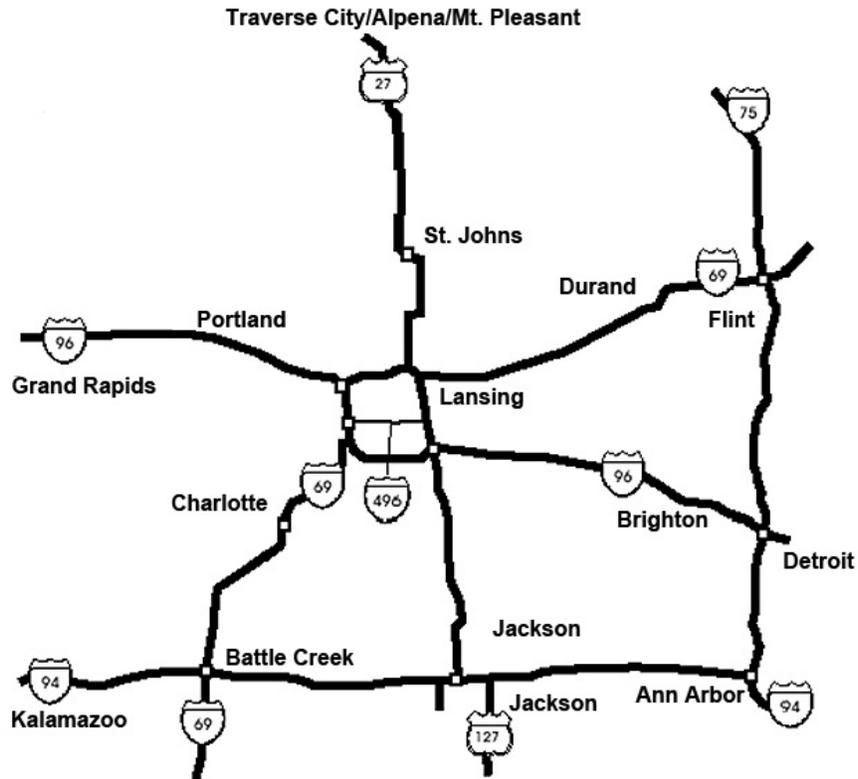
For Cash Payments

The Automated Pay Station inside the south entrance to the Michigan Library and Historical Center will accept cash and credit card payments. Also, the DTMB Parking office on the first floor of the Hannah building will accept cash, check and credit card payments Monday thru Friday from 7am to 5pm.

If Visitor Parking Is Full

In the unlikely event that the lot is full, continue east on Allegan to Pine Street. Turn right on Pine and take it one block to Kalamazoo Street. Turn right on Kalamazoo, go to the next street (Butler) and turn right, and then enter the parking lot behind the Michigan Library and Historical Center.

Maps



From: Mark Witte <markw@lsre.org>
Sent: Thursday, October 22, 2015 9:46 AM
To: Court Forms Info
Subject: Public Comment re Mental Health/Commitment Work Group

I have reviewed the documents proposed for revision by the Mental Health/Commitment Work Group related to Kevin's Law and have a very specific request of the group.

As you contemplate revisions to support the changes which – presumably – will be required to align with currently pending legislation (House Bill 4674 of 2015), I ask that you do so with the needs of persons with substance use disorders as well. Public Act 200 of 2014 established a process of involuntary commitment through probate courts for persons with substance use disorders. However, unlike the work of the State Court Administrator's Office to support the implementation of Kevin's Law, the work of developing forms and processes to implement PA 200 (2014) has been left to local judges to "figure out". Your work so far to draft changes to form PCM 208 makes reference to the reality of PA 200, but the rest of the documentation lacks any such sensitivity – at least to my eye.

I worked with Representative Walsh and his staff to develop the language of the bill that became PA 200, and a key principle fostered by the participation of an advocate from the probate judges association was to align the PA 200 commitment process to the process for involuntary commitment for persons with mental health needs. To date, that appears not to have happened.

My request to you is to not miss this opportunity to make such alignment happen. The plain language of HB 4674 that affords the latitude for judges to order substance use disorder treatment under the Kevin's law statute seems to require such alignment – if for no other reason than to not create a problem in the implementation of these revisions to Kevin's Law that would make it less effective in a time of complex need for a person who falls under its provisions.

Thank you and I look forward to an improved process through your work.

Sincerely

Mark A. Witte, MSW, LMSW
Director of Substance Abuse Services
Lakeshore Regional Partners (Region 3 PIHP)
376 E. Apple Avenue
Muskegon, MI 49442

Email: markw@lsre.org

Desk: (231) 332-3838

Main: (231) 332-3836

Cell: (616) 745-4539

Fax: (888) 409-9320

www.lakeshoreregionalpartners.org

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF

PETITION FOR TREATMENT

FILE NO.

DRAFT

In the matter of _____ . **XXX-XX-**
Last four digits of SSN

Court ORI	Date of Birth	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 _____
Date County name
County at _____
Address
and can presently be found at _____
Address

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

3. I believe the individual has mental illness and
(Certificate required for items a, b, and c.)

- a. as a result of this mental illness, the individual can be reasonably 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. 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 that s/he is unable to understand the need for treatment, and whose impaired judgment, on the basis of competent clinical opinion, presents a substantial risk of harm to the individual or others in the near future.
- d. the individual's understanding of the need for treatment is impaired to the point that s/he is unlikely to voluntarily participate in or to adhere to treatment that has been determined necessary to prevent a relapse or harmful deterioration of his or her condition.

The individual's noncompliance with this treatment has been a factor in the individual's

- i. placement in a psychiatric hospital jail prison at least two times within the last 48 months.
(Specify the name[s] and location[s] of the hospital, jail, or prison and the date[s] of hospitalization or incarceration on a separate sheet.)
- ii. committing one or more acts, attempts, or threats of serious violent behavior within the last 48 months.
(Specify the acts, attempts, or threats of serious violent behavior on a separate sheet.)

(SEE SECOND PAGE)

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

4. The conclusions stated above are based on

a. my personal observation of the person doing the following acts and saying the following things: (Attach separate sheet.)

b. the following conduct and statements that others have seen or heard and have told me about: (Attach separate sheet.)

by: _____
Witness name Complete address Telephone no.

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. I request the court to determine the individual to be a person requiring treatment under MCL 330.1468(2) and

the individual be hospitalized pending a hearing. (Cannot be checked if only item 3d is checked.)

- Attached is a clinical certificate by physician or licensed psychologist taken within the last 72 hours.
 clinical certificate by psychiatrist taken within the last 72 hours.
 petition/affidavit for examination (form PCM 209a) because examination could not be secured.

order the individual to participate in assisted outpatient treatment without hospitalization.

I declare under the penalties of perjury that this petition/application 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.

This petition for treatment was filed with the hospital on _____ at _____ m.

FOR HOSPITAL
USE ONLY

Signature of hospital representative

Saginaw County Community Mental Health Authority Comment

PCM 201, PETITION FOR TREATMENT:

Item 3- d might read as follows:

d. the individual's understanding of the need of treatment is impaired to the point that s/he is unlikely to voluntarily participate in or adhere to recommended treatment.

e. the individual is currently noncompliant with the treatment recommended by *name of mental health provider or agency.*

Item 4— The conclusions stated above are based on... *Is a separate sheet of explanation required for every petition completed that is not a petition for Kevin's Law treatment? Does this mean every petition whether completed by a police officer in the field, clinician in an emergency room or medical floor setting, etc. requires a second sheet of explanation attached? Below is my recommendation:*

#4. The conclusions stated above are based on *(if pertaining to assisted outpatient treatment, please attach a separate sheet).*

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.

Two witness lines should not be needed as the person represented in (a) is the person who signs the petition.

Item 5. The persons interested in these proceedings are: *As a space saver, probably only three lines are needed as it is clear the person signing the petition (clinician/police officer, etc.) is an interested person. Leaving "Spouse" and "Guardian" and one other option should suffice.*

STATE OF MICHIGAN PROBATE COURT COUNTY OF	CLINICAL CERTIFICATE	FILE NO.
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In the matter of _____

1. TO THE EXAMINER: The following is a statement that must be read 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 certify that on this date I read the above statement to the individual before asking any questions or conducting any examination.

2. I further certify that I, _____, personally examined _____
Name of examiner (type or print) Patient

at _____
Name of place where examined and its address

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.

3. 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.

4. (if applicable) The person has
 convulsive disorder. alcoholism. other drug dependence. **substance use disorder.**
 mental processes weakened by reason of advanced years.
 other (specify): _____
 been hospitalized involuntarily two or more times within the two-year period immediately preceding the filing of the petition and has rejected aftercare programs and treatment.

New - do we want this?

5. My diagnosis is: _____

6. Facts serving as the basis for my determination are: _____

(SEE SECOND PAGE)

Do not write below this line - For court use only

6. (continued) _____

7. 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.

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 that s/he is unable to understand the need for treatment, and whose impaired judgment presents a substantial risk of harm to the individual or others in the near future.

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

9. (optional) I recommend hospitalization alternative treatment

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

Title (physician or licensed psychologist)

Print or type name and business telephone no.

Saginaw County Community Mental Health Authority Comment

PCM 208, CLINICAL CERTIFICATE

The first certification can be done by a fully licensed Ph.D as well so that could be noted.

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF

SUPPLEMENT TO CLINICAL CERTIFICATE
ON APPEAL OF RETURN TO HOSPITAL

FILE NO.

DRAFT

In the matter of _____

Attached is my certificate (form PCM 208) setting forth why the above person requires treatment. I further certify and report as follows.

1. The reason(s) for this individual's return to the hospital or center from authorized leave, and the need for treatment in a hospital or center are _____

2. The plans for further treatment of the individual are _____

3. Should the court rule against the return of this individual, I recommend the court consider the following alternatives instead of a return to authorized leave status, if any of these options are available.

- Day treatment in a hospital or center
- Residential placement
- Inpatient treatment at a private psychiatric hospital, at a general hospital's psychiatric unit, or a private residential facility
- Night treatment in a hospital or center
- Custody of a friend or relative
- Assisted outpatient treatment
- Home care or homemaker service
- Day activity programs

Other: _____

None of the above merits exploration. _____
State reasons

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

Signature

Title (physician, psychiatrist, etc.)

Do not write below this line - For court use only

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF _____

**SUPPLEMENTAL PETITION TO
APPLICATION FOR HOSPITALIZATION
AND ORDER FOR EXAMINATION**

FILE NO. _____

In the matter of _____

PETITION

1. I executed the attached Application for Hospitalization (PCM 201). I have been unable to have the individual examined by a physician or licensed psychologist although I have made the following efforts:

2. I request the court to order

a. the individual to be examined at _____
the preadmission screening unit designated by the community mental health services program.

b. a peace officer to take the individual into protective custody and transport him/her to the preadmission screening unit named above for the examination.

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 of petitioner

Attorney name (type or print)

Bar no.

Name (type or print)

Address

City, state, zip

Telephone no.

City, state, zip

ORDER

THE COURT FINDS:

3. The application is is not reasonable and in full compliance with section 424 of the Mental Health Code.

4. A reasonable effort was was not made to secure an examination.

5. It is necessary that a peace officer take the individual into protective custody and immediately transport him or her to the designated preadmission screening unit for the examination.

6. There does not appear to be probable cause to take action on this petition.

IT IS ORDERED:

7. The individual be examined at the designated preadmission screening unit.

8. A peace officer shall take the individual into protective custody and immediately transport him or her to the designated preadmission screening unit provided that the individual is presented for examination by _____, which is within 10 days of the date of execution of the application. _____
Date

9. The petition is denied.

Date

Judge _____
Bar no.

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF

SUPPLEMENTAL PETITION FOR TREATMENT
AND ORDER

FILE NO.

DRAFT

In the matter of _____

PETITION

I executed the attached Petition for Treatment (form PCM 201) and I request:

- 1. The court order the individual to be examined at _____, the preadmission screening unit or hospital designated by the community mental health services program, by
 - a psychiatrist.
 - a psychiatrist and either a physician or licensed psychologist.
- 2. a. The court order the individual be examined by a psychiatrist. Attached is one clinical certificate that was executed within the last 72 hours.
 - b. The court find that a reasonable effort was made to secure an examination based on the affidavit below. No clinical certificate is attached. Not required by 330.1435
- 3. If it appears to the court that the individual will not comply with the order, the court order a peace officer to take the individual into protective custody and transport the individual to the site named in item 1.
- 4. The court immediately order the individual be hospitalized in order to prevent harm to self or others.
 - I also request that the court order a peace officer to take the individual into protective custody and transport the individual to the site named in item 1.

I declare under the penalties of perjury that this supplemental petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Date

Signature of petitioner

~~Use Note. Complete this affidavit only if paragraph 2.b above has been checked.~~

AFFIDAVIT

~~There is no requirement that this statement be in the form of an affidavit. See MCL 330.1435(2), therefore, it can included in item 2b.~~

- 5. No clinical certificate is attached because I have been unable, after reasonable effort, to secure an examination by a physician or licensed psychologist. The reasons I was not able to secure an examination are: (Specify reasons.)

Signature of petitioner

Subscribed and sworn to before me on _____, _____ County, Michigan.
Date

My commission expires: _____ Date Signature: _____

Notary public, State of Michigan, County of _____

(SEE SECOND PAGE)

Do not write below this line - For court use only

add Use Note:

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

add 330.1438;
authority for item 4.

MCL 330.1434, MCL 330.1435, MCL 330.1436

ORDER

THE COURT FINDS:

6. A petition alleging the individual is a person requiring treatment 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.
7. The individual will not comply with an order of examination and it is necessary that a peace officer immediately take the individual into protective custody and transport the individual to the site named in item 1.
8. The individual needs immediate hospitalization to prevent ~~physical~~ harm to self or others.
- It is necessary that a peace officer immediately take the individual into protective custody and transport the individual to the site named in item 1.
9. There does not appear to be probable cause to take action on this petition.

IT IS ORDERED:

10. The individual be examined by a psychiatrist psychiatrist and a physician or licensed psychologist at the site named in item 1. 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 the individual to the site named in item 1.
11. The petition is denied.

Date

Judge

Bar no.

Saginaw County Community Mental Health Authority Comment

PCM 209a, Supplemental Petition to Application for Hospitalization and Order for Examination

I agree with omission of the PCM 209 form, and the proposed changes to the PCM 209a.

From: Laura Plachta
Sent: Wednesday, October 28, 2015 11:15 AM
To: Court Forms Info
Subject: PCM209 and PCM209a

Comment:

It is proposed that form PCM209 be eliminated because of the proposed changes/deletions to the “hospitalization by application” section of the mental health code. That would leave us with form PCM209a. The language of form 209a does not completely incorporate the language of MCL 330.1438. Specifically, this portion:

“If the preadmission screening unit authorized hospitalization, the peace officer shall transport the individual to a hospital designated by the CMH program . . .”

As it is, form PCM209a allows the Judge to order that the patient be examined by either:

- 1) A psychiatrist OR 2) a psychiatrist and a physician

Form 209a does not provide for the fact that many county hospitals do not have a psych ward or even a psychiatrist on staff. At the PSU (pre-screening unit), the patient will see a physician, and never a psychiatrist. And that doctor might NOT certify the patient as suitable for hospitalization. So even though the statute DOES allow for the fact that the PSU might not authorize or “certify” hospitalization, and therefore the patient might not need to be transported to see a psychiatrist at a psychiatric hospital, the form doesn’t give us that choice. In my county, even if the PSU physician failed to certify the individual and believed that they should be allowed to leave and go home, the physician felt that they must transport the individual by ambulance to see a psychiatrist in another hospital, because form PC209a Orders the patient to see a psychiatrist. That is a huge waste of time, money and resources.

It would be helpful to change the wording in Item #10 of the ORDER to allow the Judge to order the individual to be examined by a physician or psychiatrist at the PSU, and then, **if** the PSU authorizes hospitalization, to be transported to a psychiatric hospital for the second certification and hospitalization.

Thank you for your consideration

Laura Plachta, Isabella County Probate Register

MENTAL HEALTH CODE (EXCERPT)
Act 258 of 1974

330.1438 Order of hospitalization; protective custody; transportation; conditions to release after 24 hours.

Sec. 438. If it appears to the court that the individual requires immediate involuntary mental health treatment in order to prevent physical harm to himself or herself, or others, the court may order the individual hospitalized and may order a peace officer to take the individual into protective custody and transport the individual to a preadmission screening unit designated by the community mental health services program. If the preadmission screening unit authorizes hospitalization, the peace officer shall transport the individual to a hospital designated by the community mental health services program, unless other arrangements are provided by the preadmission screening unit. If the examinations and clinical certificates of the psychiatrist, and the physician or the licensed psychologist, are not completed within 24 hours after hospitalization, the individual shall be released.

History: 1974, Act 258, Eff. Nov. 6, 1974;—Am. 1982, Act 402, Imd. Eff. Dec. 28, 1982;—Am. 1995, Act 290, Eff. Mar. 28, 1996.

STATE OF MICHIGAN PROBATE COURT COUNTY OF	NOTICE OF HOSPITALIZATION AND CERTIFICATE OF SERVICE	FILE NO.
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In the matter of _____ .

NOTICE

TO THE PROBATE COURT: Attached is a **petition** for hospitalization and two clinical certificates. You are notified that

1. The individual named above was hospitalized on _____ at _____ at _____ .
Date Time Name of hospital
2. The clinical certificate of the psychiatrist that is required for hospitalization was completed on _____ at _____ .
Date Time

CERTIFICATE OF SERVICE ON PATIENT

3. I certify that on the dates and times indicated a copy of each of the following documents was given to the individual named above.

- a. **Petition**
Date _____ Time _____ Signature _____
- b. Statement explaining individual's rights
Date _____ Time _____ Signature _____
- c. Clinical certificate of psychiatrist
Date _____ Time _____ Signature _____
- d. Clinical certificate of licensed psychologist/physician/psychiatrist
Date _____ Time _____ Signature _____
- e. Notice of hearing
Date _____ Time _____ Signature _____

CERTIFICATE OF SERVICE ON OTHERS

4. I certify that copies of the **petition**, two clinical certificates, statement explaining rights, and notice of hearing were served
- by first-class mail
 personally on _____ on _____
Date and time Individual's guardian nearest relative
- and**
- by first-class mail
 personally on _____ on _____
Date and time Individual's attorney

5. I further certify that the individual was asked if s/he desired that other persons be served with copies of the above documents,

and the individual designated _____
Name(s)

a. **Copies were served** **personally** **by first-class mail** on _____ **on each designated**
Date person.

b. Service was not made because the person(s) could not be located.

Date

Signature

Do not write below this line - For court use only

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF**

**NOTICE OF HEARING ON
PETITION FOR TREATMENT/
JUDICIAL ADMISSION**

FILE NO.

DRAFT

In the matter of _____

1. This court is requested to

- detain you for treatment in a hospital/center or order some other treatment program on the basis of the grounds and reasons stated in the petition and the clinical certificates or report that were served on you.
- order assisted outpatient treatment on the basis of the grounds and reasons stated in the petition that was served on you.

2. A hearing on the petition will be held at:

Location

Date

Time

before Judge _____
Bar no.

3. You are entitled to be represented by an attorney at a full court hearing. The court has appointed:

Attorney name

Bar no.

Address

City, state, zip

Telephone no.

as your attorney. If an attorney of your choice agrees to represent you and notifies the court of his/her appearance on your behalf, that attorney may replace the court-appointed attorney. If you believe you are unable to pay for an attorney, and the court agrees, your attorney will be reasonably compensated from public funds.

4. You have the right to be present at the hearing. If you fail to attend the hearing after having an opportunity to meet with your attorney, you will be considered to have waived your right to attend and the hearing may be held without you.

5. You have a right to an independent clinical evaluation, except that if the petition is for judicial admission, you also have the right to an independent psychological evaluation instead of a clinical evaluation. If you believe you are unable to pay for this, and the court agrees, the evaluation will be paid for from public funds. You also have the right to a jury trial.

6. After consultation with an attorney, you may stipulate to the entry of an order for treatment.

7. You should discuss your rights with your attorney.

Date

Deputy probate register/clerk

Do not write below this line - For court use only

Deleted MCL 330.1433

Saginaw County Community Mental Health Authority Comment

PCM 212, Notice of hearing on Petition for Treatment/Judicial Admission

You might also add at #6... After consultation with an attorney, you may *waive attendance by stipulating* to the entry of an order for treatment.

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF _____

INITIAL ORDER AFTER HEARING
ON PETITION FOR TREATMENT

FILE NO. _____

DRAFT

In the matter of _____

Court ORI	Date of Birth	Place of Birth	Race	Sex
Current address of individual				

1. Date of Hearing: _____ Judge: _____ Bar no. _____

2. A petition has been filed by _____ asserting that the individual named
Petitioner name (type or print)
above is a person requiring treatment.

THE COURT FINDS:

3. Notice of hearing has been given according to law.

4. The individual was present in court. not present for reasons stated on the record.
The hearing was with without a jury.

Present were: _____, attorney for the individual, and

_____, attorney for the petitioner.

5. Testimony of a physician or licensed psychologist was waived by the individual and the individual's attorney.

6. Testimony was given by _____

Testimony was not given because the parties stipulated to entry of the order.

7. By clear and convincing evidence, the individual is a person requiring treatment because the individual has a mental illness,

a. and as a result of that mental illness 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 that expectation.

b. and as a result of that mental illness 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. whose judgment is so impaired by that mental illness that s/he is unable to understand the need for treatment, and whose impaired judgment, on the basis of competent clinical opinion, presents a substantial risk of harm to the individual or others in the near future.

d. and as a result of that mental illness, the individual's understanding of the need for treatment is impaired to the point that s/he is unlikely to voluntarily participate in or to adhere to recommended treatment that has been determined necessary to prevent a relapse or harmful deterioration of his or her condition, and the individual's noncompliance with this treatment has been a factor in the individual's placement in a psychiatric hospital, jail, and /or prison at least two times within the last 48 months and/or in committing one or more acts, attempts, or threats of serious violent behavior within the last 48 months.

8. There is is not an available treatment program that is an alternative to hospitalization or that follows an initial period of hospitalization adequate to meet the individual's treatment needs and is sufficient to prevent harm that the individual may inflict upon self or others within the near future.

9. _____ hospital can provide treatment which is adequate and appropriate to the individual's condition.

(SEE SECOND PAGE)

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- 10. The individual is not a person requiring treatment.
- 11. The individual has been hospitalized involuntarily two or more times within the two-year period immediately preceding the filing of the petition and has rejected aftercare programs and treatment.

IT IS ORDERED: Where does item 11 come from? There is no reference to this in the code, so what particular relevance does it have?

- 12. The individual be hospitalized in the hospital stated in item 9 for a period not to exceed 60 days.
- 13. The individual undergo combined hospitalization and alternative treatment for a period not to exceed 90 days. Hospitalization in the hospital stated in item 9 shall not exceed 60 days. Alternative treatment shall be under the supervision of
 - a community mental health services program
 - a mental health agency or professional

as follows: _____

An initial hospitalization period shall not exceed _____ days.

- 14. The individual is discharged from the hospital and shall undergo an alternative treatment program under the supervision of
 - a community mental health services program
 - a mental health agency or professional

should "is" be changed to "be"?

for a period not to exceed 90 days as follows: _____

- 15. The individual receive assisted outpatient treatment through _____ Community mental health services program or other publicly-funded entity for a period not to exceed 180 days. Case management services shall be as follows:

Additionally, one or more of the following is ordered: (See MCL 330.1468[2][e] for specific provisions that may be ordered.)

- 16. The individual undergo combined hospitalization and assisted outpatient treatment for a period not to exceed 180 days. Hospitalization in the hospital stated in item 9 shall not exceed 60 days. Assisted outpatient treatment shall be under the supervision of _____ as follows:
Name of local community mental health services program or other publicly-funded entity

should "is" be changed to "be"?

An initial hospitalization period shall not exceed _____ days.

- 17. If the individual refuses to comply with a psychiatrist's order to return to the hospital, a peace officer shall take the individual into protective custody and transport the individual to the hospital designated by the psychiatrist.
- 18. Unless the petition is denied, dismissed, or withdrawn, the Michigan Department of State Police shall immediately enter the individual's identifying information in this court order on the law enforcement information network.
- 19. The individual is discharged from the hospital and the petition is denied on the merits. dismissed/withdrawn.
- 20. If felony charges have been previously dismissed under MCL 330.2044(1)(b) and the time for petitioning to refile charges has not elapsed:
 - a. not less than 30 days before the scheduled release or discharge, the director of the treating facility shall notify the prosecutor's office in the county in which charges against the person were originally brought that the patient's release or discharge is pending.
 - b. not less than 30 days before the scheduled release or discharge, the patient to be released or discharged shall undergo a competency examination as described in MCL 330.2026. A copy of the written report of the examination along with the notice required in item 20.a. above shall be submitted to the prosecutor's office in the county in which the charges against the patient were originally brought. The written report is admissible as provided in MCL 330.2030(3).

Saginaw County Community Mental Health Authority Comment

PCM 214, Initial Order After Hearing on Petition for Treatment

Item 12— The standard mental health order is a combined order. When a Judge orders a “ hospital days only “ order does not allow us to provide any outpatient follow up. The statement at item 12. Should read “with no alternative treatment required”

Item 11— I agree with the statement in regard to "Where does item 11 come from? This language would be used during the petitioning process.

Item 14— I agree, "is" should be changed to "be."

Item 19— I agree, "is" should be changed to "be."

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF _____

ORDER FOR REPORT ON
ALTERNATIVE TREATMENT AND REPORT

FILE NO.

DRAFT

In the matter of _____, an alleged mentally ill person

ORDER

IT IS ORDERED that _____ shall prepare a report assessing the current
Name (type or print) availability and appropriateness of alternatives to hospitalization for the individual named above including alternatives available following an initial period of court-ordered hospitalization.

The report shall be made to the court before the hearing on _____ for
Date and time of hearing

Petition for 60-day order, discharge, etc.

Date

Judge

Bar no.

REPORT ON EVALUATION OF HOSPITAL TREATMENT AND/OR ALTERNATIVE PROGRAMS

1. I, _____, as _____, report as follows.
Name Profession, organization, and position

2. I have reviewed, as to their availability in or near the individual's home community, treatment resources alternative to hospitalization and report as follows: (If practical, give name of agency, program, etc.)

a. Independent mental health professional: _____

b. Community mental health day treatment, aftercare service, work activity, or other program: _____

c. Substance abuse, rehabilitation service, or similar program of public or private agency: _____

d. Other: _____

(SEE SECOND PAGE)

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3. I have reviewed, as to their availability in or near the individual's home community, residential accommodations and report as follows: (If practical, give name of residence, location, etc.)

a. Independent: _____
Individual's own house, apartment, etc.

b. Residence of relative or friend: _____

c. Foster care home: _____

d. Nursing home: _____

e. Other: _____

4. The individual has been hospitalized involuntarily two or more times within the two-year period immediately preceding the filing of the petition and has rejected aftercare programs and treatment.

Where does item 4 come from? There is no reference to this in the code, so what particular relevance does it have?

5. I recommend release.

6. I recommend a course of treatment of hospitalization for _____ days, followed by an alternative program hospitalization an alternative program **assisted outpatient treatment** as follows:

7. My recommendation is based upon the following described interviews, observations, and information:

8. I believe the hospital to which admission is proposed can cannot provide its prescribed treatment program appropriately and adequately because _____

9. I recommend the following agency or independent mental health professional to supervise the alternative treatment:

Name _____ Complete address _____

The agency or professional has has not indicated capability and willingness to supervise the recommended program.

10. The individual currently has the following source(s) of funds to cover his or her care in the community:

11. The individual does not currently have sufficient sources of funds for community living.

a. Application for supplemental funds has been made. They should be available _____.

b. Application for supplemental funds has not been made because _____.
Application will be made on _____ and should be available about _____.

c. Pending receipt of supplemental funds, the following funds will be available:

Direct relief.

CMH emergency care funds.

Other assistance: _____

None. Reason: _____

Date

Signature

Saginaw County Community Mental Health Authority Comment

PCM 216, Order for Report on Alternative Treatment and Report

Saginaw County Probate Court requires Alternative Treatment Reports for individuals who are hospitalized involuntarily to a mental health unit pending their hearing as well as individuals who sign a deferral so their proposed plan of treatment is recognized (See MCL 330.1455(5); therefore, should the opening statement read:

IT IS ORDERED that _____ shall prepare a report assessing the current [sic] following an initial period of court-ordered hospitalization **or deferral**.

Item 4—I agree with the statement in regard to "Where does item 4 come from? This language would be used when petitioning someone. The PCM 216 is used as a plan for an alternative to hospitalization/outpatient treatment for at least the course of the court order or deferral period.

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF

ORDER TO MODIFY ORDER FOR
ALTERNATIVE TREATMENT OR
COMBINED HOSPITALIZATION AND
ALTERNATIVE TREATMENT

FILE NO.

DRAFT

In the matter of _____

1. Date of hearing (if one): _____ Judge: _____ Bar no. _____

2. This court issued an initial second continuing order on _____ directing the individual
Date named above to undergo a program of alternative treatment or combined hospitalization and alternative treatment.

3. The court has been notified that
 the individual is not complying with the order for alternative treatment or combined hospitalization and alternative treatment.
 alternative treatment has not been or will not be sufficient to prevent harm to the individual or others.
 the individual believes that the alternative treatment program is not appropriate.

4. THE COURT FINDS:

IT IS ORDERED:

5. The order for alternative treatment or combined hospitalization and alternative treatment is modified and the individual shall undergo a program of alternative treatment under the supervision of _____
 a community mental health services program
 a mental health agency or professional

as follows: _____

This alternative treatment shall not exceed the time from the date of issuance of the
 initial second continuing order.

6. The order for alternative treatment or combined hospitalization and alternative treatment is modified and the individual shall be hospitalized at _____
for a period not to exceed the remainder of the previously-ordered hospitalization portion of the
 initial second continuing combined order.

(SEE SECOND PAGE)

USE NOTE: Use form PCM 244 to modify an order for assisted outpatient treatment or an order for combined hospitalization and assisted outpatient treatment.

Do not write below this line - For court use only

7. The order for alternative treatment or combined hospitalization and alternative treatment is modified and the individual shall continue to undergo combined hospitalization and alternative treatment for the remainder of the previously-ordered period. The individual shall be hospitalized at _____ for a period not to exceed the remainder of the initially ordered hospitalization portion of the
 initial second continuing combined order. Alternative treatment shall be under the supervision of
_____ a community mental health services program
_____ a mental health agency or professional

as follows: _____

NOTICE: The court must be promptly notified of the individual's release from the hospital to the alternative treatment program, along with a psychiatrist's statement that the individual is clinically appropriate for alternative treatment.

8. If the individual refuses to comply with a psychiatrist's order to return to the hospital, a peace officer shall take the individual into protective custody and transport the individual to the hospital designated by the psychiatrist.

9. This order expires on _____
Date

"or hospitalization" because it doesn't have to be a "return."

Date

Judge

NOTICE OF RIGHT TO OBJECT TO HOSPITALIZATION

If the court has ordered, without a hearing, that you be hospitalized, you have a right to object to this hospitalization. If you wish to object, complete the objection below and send a copy to the court within 7 days of receiving this notice.

PROOF OF SERVICE

I certify that this notice was personally served on the individual named above on _____ at _____
Date Time
and a copy was mailed to the _____ Court on _____
Date

Signature

OBJECTION TO HOSPITALIZATION

I object to my hospitalization and request that the court schedule a hearing on the objection in accordance with MCR 5.744.

Date

Signature

b. the following conduct and statements seen or heard by others:

by _____
Name of witness Complete address Telephone no.

by _____
Name of witness Complete address Telephone no.

9. The diagnoses of physical and mental conditions are _____

10. The treatment program(s) provided to the individual thus far, and the results, are _____

11. The present treatment is is not adequate and appropriate to the individual's condition. The individual is is not

motivated to participate in this treatment program. The estimate of further time necessary to provide the required treatment is

_____. The following modifications are currently planned for the next period of treatment: (Write "none" if continuation of previous treatment program[s] is/are the only course of treatment.)

12. The interested parties, their addresses, and their representatives are identical to those appearing on the initial petition except as follows:

13. Attached is a clinical certificate executed by a psychiatrist. **MCL 330.1434(6) doesn't require a certificate with the initial petition, but MCL 330.1473 doesn't provide this same exception for a petition on a second or continuing AOT issued under 472a. So, seems that it is required.**

14. **I REQUEST** the court to order the individual to receive
- hospitalization for not more than 90 days.
 - continuing hospitalization for not more than one year.
 - combined hospitalization and alternative/assisted outpatient treatment for not more than one year.
 - alternative/assisted outpatient treatment for not more than one year.

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 of petitioner

Address

City, state, zip Telephone no.

Saginaw County Community Mental Health Authority Comment

PCM 218, Petition for Second or Continuing Treatment Order

item 2— A phone number of the individual should be included on the address line so an attorney may contact.

Item 3— Was probably included due to the fact that this petition would not be filed IF it was completed outside of the 14 day window i.e., MCL 330.1473 Not less than 14 days before the expiration of an initial, second, or continuing order of involuntary mental health treatment— not serving much relevance.

Item 7— Is redundant; therefore, could be omitted.

Item 13— Understanding the importance of an individual's treating psychiatrist in an outpatient setting conducting a personal exam as stated at item two on the PCM 208, clinical certificate⇒ 2. I further certify that I, personally examined this patient prior to recommending a 1 year order; the order will be allowed to expire if the individual does not show for their scheduled continuing court order appointment. This often results in the petitioning process beginning all over again with hospitalization (should they be a harm to self or others), and the deferral or hearing, all because they missed that crucial appointment. And with the psychiatrists certification warrants their testimony at the hearing. I presume there is no way around this predicament.

STATE OF MICHIGAN PROBATE COURT COUNTY OF	<input type="checkbox"/> SECOND <input type="checkbox"/> CONTINUING ORDER FOR TREATMENT	FILE NO.
--	---	-----------------

In the matter of _____

1. Date of hearing: _____ Judge: _____ Bar no. _____

2. A petition has been filed by _____ asserting that the individual named
Petitioner name (type or print)

above is a person requiring treatment.

~~3. The initial order for mental health treatment was made pursuant to a petition filed under MCL 330.1434. Is this relevant now?~~

THE COURT FINDS:

3. Notice of hearing has been given according to law.

4. The individual was present in court. not present for reasons stated on the record.

The hearing was with without a jury.

Present were: _____, attorney for the individual, and

_____, attorney for the petitioner.

5. Testimony of a physician or licensed psychologist was waived by the individual and the individual's attorney.

6. Testimony was given by _____.

Testimony was not given because the parties stipulated to entry of the order.

7. By clear and convincing evidence, the individual continues to be a person requiring treatment because the individual has a mental illness, ~~and as a result of that mental illness~~

a. **and as a result of that mental illness** 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 that expectation.

b. **and as a result of that mental illness** 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. whose judgment is so impaired by that mental illness that s/he is unable to understand the need for treatment, and whose **impaired judgment, on the basis of competent clinical opinion, presents a substantial risk of harm to the individual** or others in the near future.

d. **and as a result of that mental illness, the individual's understanding of the need for treatment is impaired to the point that s/he is unlikely to voluntarily participate in or to adhere to recommended treatment that has been determined necessary to prevent a relapse or harmful deterioration of his or her condition, and the individual's noncompliance with this treatment has been a factor in the individual's placement in a psychiatric hospital, jail, and/or prison at least two times within the last 48 months and/or in committing one or more acts, attempts, or threats of serious violent behavior within the last 48 months.**

8. There is is not an available treatment program that is an alternative to hospitalization or that follows an initial period of hospitalization adequate to meet the individual's treatment needs and is sufficient to prevent harm that the individual may inflict upon self or others within the near future.

9. _____ hospital can provide treatment that is adequate and appropriate to the individual's condition.

(SEE SECOND PAGE)

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- 10. The individual is not a person requiring treatment.
- 11. The individual has been hospitalized involuntarily two or more times within the two-year period immediately preceding the filing of the petition and has rejected aftercare programs and treatment.

Where does item 11 come from? There is no reference to this in the code, so what particular relevance does it have?

IT IS ORDERED:

- 12. The individual undergo a second order of treatment and be hospitalized in the hospital stated in item 9 for a period not to exceed 90 days.
- 13. The individual undergo a continuing order of treatment and be hospitalized in the hospital stated in item 9 for a period not to exceed one year.
- 14. The individual undergo a second or continuing order of combined hospitalization and alternative/assisted outpatient treatment for a period not to exceed one year. Hospitalization in the hospital stated in item 9 shall not exceed 90 days. Alternative assisted outpatient treatment shall be under the supervision of

- a community mental health services program
- a mental health agency or professional

as follows: _____

An initial hospitalization period shall not exceed _____ days.

should "is" be changed to "be"?

- 15. The individual is discharged from the hospital and shall undergo an alternative/assisted outpatient treatment program under the supervision of _____

- a community mental health services program
- a mental health agency or professional

for a period not to exceed one year as follows: _____

Additionally, one or more of the following is ordered: (See MCL 330.1468[2][e] for specific provisions that may be ordered.)

- 16. If the individual refuses to comply with a psychiatrist's order to return to the hospital, a peace officer shall take the individual into protective custody and transport the individual to the hospital designated by the psychiatrist.

should "is" be changed to "be"?

- 17. The individual is discharged from the hospital and the petition is denied on the merits. dismissed/withdrawn.

- 18. If felony charges have been previously dismissed under MCL 330.2044(1)(b) and the time for petitioning to refile charges has not elapsed,
 - a. not less than 30 days before the scheduled release or discharge, the director of the treating facility shall notify the prosecutor's office in the county in which charges against the person were originally brought that the patient's release or discharge is pending.
 - b. not less than 30 days before the scheduled release or discharge, the patient to be released or discharged shall undergo a competency examination as described in MCL 330.2026. A copy of the written report of the examination along with the notice required in item 19.a. above shall be submitted to the prosecutor's office in the county in which the charges against the patient were originally brought. The written report is admissible as provided in MCL 330.2030(3).

Date

Judge

Saginaw County Community Mental Health Authority Comment

PCM 219, Second or Continuing Order for Treatment

Item 3—I agree is not relevant.

Item 11—I agree with the statement in regard to "Where does item 11 come from? This language would be used during the petitioning process.

Item 15—I agree, "is" should be changed to "be."

Item 17—I agree, "is" should be changed to "be."

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF

PETITION FOR DISCHARGE
FROM CONTINUING TREATMENT

FILE NO.

DRAFT

In the matter of _____

1. I, _____, state that the individual is subject to a one-year order
Name (type or print)
of involuntary mental health treatment and I am

the executive director of the community mental health services program for the county of residence of the individual.

hospitalized in _____
Name of hospital

under a one-year alternative/assisted out patient or a one-year combined treatment order under the supervision of

2. I object to the conclusion(s) in the periodic review report of _____
Name of patient/resident
dated _____ and filed with this court. The individual named in that report is not a person requiring
continuing involuntary mental health treatment and should be discharged from the program.

3. The interested parties, their addresses, and their representatives are identical to those appearing on the initial petition, except
as follows:

4. **I REQUEST** that the court set a hearing and order a discharge.

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 of petitioner

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

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Saginaw County Community Mental Health Authority Comment

PCM 220, Petition for Discharge from Continuing Treatment

To guarantee compliance in regard to the presentation of offering the individual the opportunity for petitioning for discharge from a 90-1 year/1 year order; I would propose an **Item 5. I AGREE to remain without prejudice for the duration of the order.**

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF _____

ORDER **AFTER** HEARING
ON PETITION FOR DISCHARGE
FROM CONTINUING TREATMENT

FILE NO. _____

DRAFT

In the matter of _____

1. Date of hearing: _____ Judge: _____ Bar no. _____

2. A petition has been filed by _____ requesting that the individual named
Petitioner name (type or print)
above be discharged from the treatment program.

THE COURT FINDS:

3. Notice of hearing has been given according to law.

4. The individual was present in court. not present for reasons stated on the record.
The hearing was with without a jury.

Present were _____, the attorney for the individual, and
_____, the attorney for the hospital.

5 Testimony was given by _____ .

Testimony was waived and the parties consented to entry of the order.

6. The individual is under a one-year order of involuntary mental health treatment.

7. a. There is clear and convincing evidence that the individual has a mental illness and continues to require treatment.
 b. The individual no longer is a person requiring treatment.

IT IS ORDERED:

8. The individual be discharged from _____ hospital and/or from the
treatment program.

9. The order requiring involuntary mental health treatment be continued.

10. The individual be hospitalized at _____ hospital under a continuing
order for a period not to exceed one year from the date of this order.

11. The individual undergo combined hospitalization and alternative **assisted outpatient** treatment for a period not to exceed one
year from the date of this order.

Hospitalization at _____ shall not exceed 90 days.

(SEE SECOND PAGE)

Do not write below this line - For court use only

11. (continued) Alternative/assisted outpatient treatment shall be under the supervision of _____
_____ a community mental health services program
_____ a mental health agency or professional

as follows: _____

What is the authority for the 3 days? The only 3-day time frame is in MCL 330.1420 and MCR 5.743, which is not applicable.

The agency or practitioner responsible for the alternative/assisted outpatient treatment program shall, at least three days before the individual's discharge from the hospital, submit to the court a written report as to the capability to supervise the program.

12. The individual be discharged from the hospital and undergo an alternative/assisted outpatient treatment program under the supervision of _____ a community mental health services program
_____ a mental health agency or professional

for a period not to exceed one year, as follows: _____

Additionally, one or more of the following is ordered: (See MCL 330.1468[2][e] for specific provisions that may be ordered.)

Date

Judge

Saginaw County Community Mental Health Authority Comment

PCM 222, Order After Hearing on Petition for Discharge from Continuing Order

I also found no reference to the 3-Day time frame in the mental health code. We are unaware of this item.

5. continued

b. the following facts, which are based on reports by others whose names and addresses, if known, are:

6. The alternative/assisted outpatient treatment program provided to the individual since the order, and the results are:

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 alternative/assisted outpatient treatment, and will be adequate and appropriate to the individual's condition: (Write "none" if continuation of previous treatment program[s] is/are the only course of treatment currently envisaged.)

**replace this term with
"anticipated, expected,
considered, or available."**

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.

Saginaw County Community Mental Health Authority Comment

PCM 226, Six-Month Review Report

Item 6—I vote for "anticipated."

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF

NOTIFICATION OF NONCOMPLIANCE
 REQUEST FOR MODIFIED ORDER

FILE NO.

DRAFT

In the matter of _____

1. I, _____, make this notification as the
Name (type or print)
- agency. mental health professional who is supervising the individual's alternative/assisted outpatient treatment program.
 - individual.
2. The individual who is the subject of this notification was ordered to undergo a program of alternative/assisted outpatient treatment or combined hospitalization and alternative/assisted outpatient treatment.
- a. The alternative treatment has not been or will not be sufficient to prevent the individual from inflicting harm or injuries to self or others.
 - b. The individual is not complying with the order for alternative/assisted outpatient treatment or combined hospitalization and alternative/assisted outpatient treatment.
 - c. I believe that my alternative treatment program is not appropriate.
3. There remain _____ days of hospitalization under the last order. The individual needs immediate hospitalization.
4. This conclusion is based upon
- a. my personal observation of the individual doing the following acts and saying the following things:

- b. conduct and statements seen or heard by others and related to me: **S**tate the conduct and statements and the name, address, and telephone number of each witness.

- 5. A psychiatrist has ordered the individual to return to the hospital.
- 6. **I request** the court to modify its last order of alternative treatment assisted outpatient treatment combined hospitalization and alternative/assisted outpatient treatment to direct the individual to:
 - a. undergo another alternative/assisted outpatient treatment program.
 - b. undergo hospitalization or combined hospitalization and alternative/assisted outpatient treatment, with hospitalization not to exceed _____ days.
 - c. to be transported to the hospital by a peace officer if the individual refuses to comply with the psychiatrist's order to return to the hospital.

Date

Signature

Title

Business address

Agency

City, state, zip

Telephone no.

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

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STATE OF MICHIGAN
PROBATE COURT
COUNTY OF

ORDER FOR REPORT
AFTER NOTIFICATION
AND REPORT

FILE NO.

DRAFT

In the matter of _____

1. The court has received notification that
 - a. the 90-day order for alternative treatment has not been sufficient to prevent the individual from inflicting harm or injuries upon self or others.
 - b. the one-year order for alternative treatment has not been or will not be sufficient to prevent the individual from inflicting harm or injuries upon self or others.
 - c. the individual named above is not complying with the order of alternative treatment.
 - d. it is believed that the alternative treatment program is not appropriate.
2. **IT IS ORDERED** that the _____ community mental health services program prepare and file a report on the adequacy and suitability of the present alternative care or treatment and the availability of care and treatment in another alternative treatment program or in a hospital or center.

_____ Date

_____ Judge

REPORT ON ADEQUACY AND SUITABILITY OF ALTERNATIVE/TREATMENT

3. I, _____, as _____ of the

_____ community mental health services program, report as follows.

4. I have reviewed the notification to the court to report **as to** spoken with the person who notified the court to report **as to**
 reviewed other available records to report **as to** spoken with other knowledgeable persons to report **as to**

a. the reason for concern about the adequacy of the ordered care or treatment: _____

b. the continued suitability of the care or treatment: _____

c. the adequacy, for the needs of the individual, of care or treatment available at a hospital or center: _____

(SEE **SECOND PAGE**)

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5. I recommend that the court

a. set a date for hearing.

change "on" with "for"?

b. modify the order on alternative care and treatment program as follows: _____

c. order the individual to be hospitalized in _____ hospital, which I believe has an adequate and appropriate treatment program of the type and extent to meet the individual's needs and condition.

d. order the individual be judicially admitted to _____ center.

e. order a peace officer to take the individual into protective custody and transport the individual to the hospital or center if the individual refuses to comply with the order of hospitalization or judicial admission.

6. My recommendation is based upon the following described interviews, observations, and information:

Date

Signature

Business address

City, state, zip

Telephone no.

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF

ORDER AFTER HEARING ON APPEAL OF
RETURN TO HOSPITAL/CENTER
FROM AUTHORIZED LEAVE

FILE NO.

DRAFT

In the matter of _____

1. Date of hearing: _____ Judge: _____ Bar no. _____

2. An appeal of return to the hospital or center from an authorized leave in excess of 10 days was filed by _____ .

THE COURT FINDS:

3. Notice of hearing has been given according to law.

4. The individual was present in court. not present for reasons stated on the record.

The hearing was with without a jury.

Present were _____, attorney for the individual, and
_____, attorney for the hospital/center.

5. Testimony was given by _____ .

6. A clinical certificate has been filed with this court stating reasons for the return and the belief that the individual continues to be a person requiring treatment in a hospital or center and has set forth a plan for further treatment.

7. The individual does does not require treatment.

a. There is clear and convincing evidence that the individual requires treatment at a hospital.

b. The director of the hospital or center lacked an adequate basis for concluding that the individual requires further treatment in the hospital or center.

c. The individual meets the criteria for judicial admission.

IT IS ORDERED:

8. The appeal is dismissed and the individual is returned to the hospital/center.

9. The individual is discharged from the hospital or center.

10. The individual is returned to authorized leave status.

11. The individual is discharged from the hospital and shall undergo an alternative ^{AOT}/treatment program under the supervision of _____ for a period of _____ days, under the order of hospitalization of up to 60 days or a continuing order, in any event not to exceed the difference between 90 days and the combined time the individual has been hospitalized and on authorized leave status as follows:

12. The individual is discharged from the hospital and shall undergo an alternative ^{AOT}/treatment program under the supervision of _____ for a period of _____ days, under the order of hospitalization of up to 90 days or a continuing order, in any event not to exceed the difference between one year and the combined time the individual has been hospitalized and on authorized leave status as follows:

Should MCR 5.743(F)(2) be amended to allow for AOT? It seems, irrespective of this rule, that before ordering alternatives, the court needs to find by clear and convincing evidence that the person is an individual requiring treatment as defined in 330.1401, which would then allow the court to order anything under 1468 or 1469a. But maybe not.

13. The individual shall receive care and treatment through an alternative to admission to a center for a period not to exceed one year.

Date

Judge

STATE OF MICHIGAN
PROBATE COURT
COUNTY

ORDER AFTER HEARING ON
OBJECTION TO HOSPITALIZATION

FILE NO.

DRAFT

In the matter of _____

1. Date of hearing: _____ Judge: _____ Bar no. _____

2. After placement in an alternative treatment program, _____
Name

was hospitalized without a hearing, and the individual has filed an objection to that hospitalization.

THE COURT FINDS:

3. Notice of hearing was given to or waived by all interested persons.

4. The individual was present in court. not present for reasons stated on the record.

Present were: _____

5. Testimony by a physician or licensed psychologist was waived by the individual and the individual's attorney.

6. Testimony was given by _____

Testimony was not given because the parties stipulated to entry of the order.

7. The individual has withdrawn the objection to hospitalization.

8. There is is not a preponderance of evidence that the individual requires hospitalization.

IT IS ORDERED: Where does this standard come from? MCL 330.1465 requires clear and convincing evidence and MCR 5.744 only says that the individual seeking hospitalization must provide evidence. This should be changed to clear and convincing.

9. The objection to hospitalization is withdrawn and the individual shall remain in the hospital.

10. The objection is dismissed and the individual shall remain in the hospital.

11. The individual is discharged from the hospital. The order dated _____ shall continue.

Date

Judge

Do not write below this line - For court use only

**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF**

**REQUEST TO DEFER
HEARING ON COMMITMENT**

FILE NO.

DRAFT

In the matter of _____

PLEASE PRINT OR TYPE CLEARLY

1. I state that I have met with my legal counsel, a representative from the county community mental health program, and a member of the treatment team assigned to provide treatment. I agree to one of the following:

- a. Inpatient hospital treatment not to exceed 60 days.
- b. Treatment in a community alternative not to exceed 90 days.
- c. Combined hospitalization and alternative treatment up to 90 days with hospitalization not to exceed 60 days.

2. The treatment program will be as follows:

Hospitalization: _____

Alternative treatment under the supervision of: _____

3. I request that the court hearing be deferred for not longer than 60 days from today if I have chosen to remain hospitalized, or 90 days from today if I have chosen alternative treatment or a combination of hospitalization and alternative treatment.

4. I understand that I may refuse this treatment at any time during this deferral period and demand a court hearing.

Date

Patient's signature

Witness/Legal counsel

Bar no.

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

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Saginaw County Community Mental Health Authority Comment

PCM 235, Request to Defer hearing on Commitment

I suggest adding an item 5—I understand that if I refuse the prescribed treatment provided by a hospital or assigned alternative treatment provider any time during the deferral period; treatment shall cease and the court shall be notified to have the hearing convened MCL 330.1455(5).

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF

DEMAND FOR HEARING

FILE NO.

DRAFT

In the matter of _____

- 1. I am the individual, and I demand a court hearing.
- 2. I am the hospital director/designee, alternative treatment provider/designee, and I demand a court hearing because the individual refuses to accept prescribed treatment. the individual orally demanded a hearing.
- 3. I am the executive director of the community mental health services program. The individual deferred the initial hearing and is participating in an alternative treatment program in the community. The deferral period ends on _____ .
Date
 - I believe s/he continues to require treatment, but s/he refuses to sign a voluntary treatment form, and I demand a court hearing.
 - I believe s/he continues to require treatment, but s/he is found not suitable for voluntary treatment, and I demand a court hearing.
- 4. I am the director of the hospital where the individual has remained hospitalized since deferring the initial hearing on _____ . I believe the individual continues to require treatment and
Date
 - will not agree to sign a formal voluntary admission, and I demand a court hearing.
 - is not suitable for voluntary admission, and I demand a court hearing.
- 5. The individual requires hospitalization pending the hearing and it is necessary that the court order a peace officer to transport the individual to the _____ hospital pending the hearing.
- 6. The individual is located at _____

Date

Signature

Name (type or print)

Address

City, state, zip Telephone no.

(Complete only if item 5 is checked.)

ORDER

1. Date of hearing: _____ Judge: _____ Bar no.

2. A peace officer shall take the individual into protective custody and transport him/her to the hospital stated above.

Signature

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

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**STATE OF MICHIGAN
PROBATE COURT
COUNTY OF**

**NOTICE OF RIGHT TO
OBJECT TO HOSPITALIZATION AND
OBJECTION AND DEMAND FOR HEARING**

FILE NO.

DRAFT

In the matter of _____, a mentally ill person

1. On _____, after a hearing required by statute, the court found you to be a person requiring
Date treatment and entered an order for a program of alternative treatment.
2. a. After being notified that the alternative program was insufficient, you did not comply with the alternative program, the court entered an order (form PCM 217a) that resulted in your hospitalization and/or placement on a different alternative treatment program. A copy of the amended order (form PCM 217a) is attached.
- b. The court has been notified that you have been hospitalized by a psychiatrist's order under MCL 330.1474a.

NOTICE OF RIGHT TO OBJECT

TO: _____

You are notified that you may object to the court's or psychiatrist's order to hospitalize you by completing the objection below and returning it to the court no later than 7 days after receiving this notice. The court will schedule a hearing within 10 days after receiving your objection.

PROOF OF SERVICE

I certify that on _____ at _____ I personally served this notice on the individual named in the
Date Time Notice of Right to Object.

Date

Signature

OBJECTION TO HOSPITALIZATION AND DEMAND FOR HEARING

I object to my hospitalization and demand a hearing.

I request court-appointed legal counsel.

Date

Signature

Name (type or print)

Do not write below this line - For court use only

STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION	PETITION FOR ASSISTED OUTPATIENT TREATMENT	FILE NO.
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In the matter of _____

Court ORI	Date of birth	Place of birth	Race	Sex
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1. I, _____, an adult _____, petition because I believe the individual named above needs treatment.

Name (type or print) Specify whether a relative, neighbor, peace officer, etc.

2. The individual was born _____, has a permanent residence in _____

Date

County at _____

Street address City State Zip

and can presently be found at _____

Address

3. I believe the individual has mental illness and as a result of this mental illness the individual's understanding of the need for treatment is impaired to the point that the individual is unlikely to participate in treatment voluntarily.

4. The individual is currently noncompliant with treatment, recommended by _____

Name of mental health provider

Address of mental health provider City State Telephone no.

which has been determined to be necessary to prevent relapse or harmful deterioration of the individual's condition.

5. The individual's noncompliance with this treatment has been a factor in the individual's

a. placement in a psychiatric hospital jail prison at least two times within the last 48 months. (Specify the name[s] and location[s] of the hospital, jail, or prison and the date[s] of hospitalization or incarceration.)

b. committing one or more acts, attempts, or threats of serious violent behavior within the last 48 months. (Specify the acts, attempts, or threats of serious violent behavior.)

6. The above statements are based on

a. my personal observation of the person doing the following acts and saying the following things:

(SEE SECOND PAGE)

Do not write below this line - For court use only

DROP FORM - MERGED WITH PCM 201

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

by _____
Witness name Complete address Telephone no.

by _____
Witness name Complete address Telephone no.

7. The persons interested in these proceedings are:

NAME	RELATIONSHIP	ADDRESS	TELEPHONE
	Spouse		
	Guardian		

8. The individual is is not a veteran.

9. I request that the court determine the individual to be a person who requires assisted outpatient treatment.

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.

STATE OF MICHIGAN PROBATE COURT COUNTY	INITIAL ORDER FOLLOWING HEARING ON PETITION FOR ASSISTED OUTPATIENT TREATMENT	FILE NO.
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In the matter of _____

Court ORI	Date of birth	Place of birth	Race	Sex
Current address of individual				

1. Date of hearing: _____ Judge: _____ Bar no. _____
2. A petition has been filed by _____ pursuant to MCL 330.1433 asserting
Petitioner name (type or print)
that the individual named above is a person requiring treatment.
3. Notice of hearing has been given according to law.
 present in court. with
4. The individual was not present for reasons stated on the record. The hearing was without a jury.
Present were _____, attorney for the individual, and
_____, attorney for the petitioner.
5. Testimony of a physician or licensed psychologist was waived by the individual and the individual's attorney.
6. Testimony was given by _____
 Testimony was not given because the parties stipulated to entry of the order.

THE COURT FINDS:

7. By clear and convincing evidence, the individual is a person requiring treatment because the individual has a mental illness, and as a result of that mental illness, the individual's understanding of the need for treatment is impaired to the point that he or she is unlikely to participate in treatment voluntarily.
8. The individual is currently noncompliant with treatment that was recommended by a mental health professional and that has been determined to be necessary to prevent a relapse or harmful deterioration of the individual's condition, and the individual's noncompliance with this treatment has been a factor in his/her placement in a psychiatric hospital, jail, and/or prison at least two times within the last 48 months and/or in committing one or more acts, attempts, or threats of serious violent behavior within the last 48 months.
9. The individual is is not scheduled to begin a course of outpatient mental health treatment that includes case management services or assertive community treatment team services.
10. There is an existing advance directive. durable power of attorney. individual plan of services developed pursuant to MCL 330.1712.
11. The individual is is not a person requiring treatment.

(SEE SECOND PAGE)

Do not write below this line - For court use only

DROP FORM - MERGED WITH PCM 214

STATE OF MICHIGAN PROBATE COURT COUNTY OF	ORDER AFTER NOTICE OF NONCOMPLIANCE WITH ASSISTED OUTPATIENT TREATMENT OR COMBINED HOSPITALIZATION AND ASSISTED OUTPATIENT TREATMENT ORDER	FILE NO.
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In the matter of _____

1. Date of hearing (if one): _____ Judge: _____ Bar no. _____
2. This court issued an order on _____
Date directing the individual named above to undergo a program of assisted outpatient treatment or combined hospitalization and assisted outpatient treatment.
3. The court has been notified that the individual is not complying with the order for assisted outpatient treatment or combined hospitalization and assisted outpatient treatment.

4. THE COURT FINDS:

IT IS ORDERED:

- 5. A peace officer shall take the individual into protective custody and transport the individual to
 - the preadmission screening unit established by the community mental health services program serving the community in which the individual resides. _____
Designated facility
- 6. The individual shall be hospitalized at _____
 - for a period of not more than 10 days. If necessary, a peace officer shall take the individual into protective custody.
 - as recommended by the community mental health services program, more than 10 days but not longer than the duration of the order for assisted outpatient treatment or a combination of hospitalization and assisted outpatient treatment, or not longer than 90 days, whichever is less. If necessary, a peace officer shall take the individual into protective custody.
- 7. The individual may return to assisted outpatient treatment before the expiration of the prior order of assisted outpatient treatment or combined hospitalization and assisted outpatient treatment as follows:

Date

Judge

NOTICE OF RIGHT TO OBJECT TO HOSPITALIZATION

If the court ordered, without a hearing, that you be hospitalized, you have a right to object to this hospitalization. If you wish to object, complete the objection below and send a copy to the court within 7 days of receiving this notice.

PROOF OF SERVICE

I certify that this notice was personally served on the above individual on _____ at _____
Date Time
and a copy mailed to the _____ Court on _____
Date

Signature

OBJECTION TO HOSPITALIZATION

I object to my hospitalization and request that the court schedule a hearing on the objection in accordance with MCR 5.744.

Date

Signature

Do not write below this line - For court use only