

STATE OF MICHIGAN PROBATE COURT COUNTY OF	SUPPLEMENT TO PETITION FOR MENTAL HEALTH TREATMENT AND ORDER	FILE NO.
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In the matter of _____ DOB: _____
First, middle, and last name

PETITION

1. I executed the attached petition for mental health treatment (form PCM 201). I have been unable to have the individual examined by a physician, psychiatrist, or licensed psychologist although I have made the following efforts:

I request the court to order:

2. a. the individual be examined at _____ ,
the preadmission screening unit or hospital designated by the community mental health services program.

b. a peace officer take the individual into protective custody and transport the individual to _____ .

3. the individual be examined by a psychiatrist. Attached is one clinical certificate that was executed within the last 72 hours.

4. the individual be hospitalized in order to prevent harm to self or others.

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 no clinical certificate is attached.

AFFIDAVIT

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 efforts I have made to secure an examination are specified in item 1.

Signature of petitioner

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

My commission expires: _____ Signature: _____
Date Deputy clerk/Notary public

Notary public, State of Michigan, County of _____

(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

ORDER FOR EXAMINATION/TRANSPORT

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 requires immediate assessment because the individual presents a substantial risk of significant physical or mental harm to himself/herself in the near future or presents a substantial risk of significant physical harm to others in the near future.
- 8. There does not appear to be probable cause to take action on this petition.

IT IS ORDERED:

9. The individual be examined by a _____ psychiatrist. _____ psychiatrist and a physician or licensed psychologist

at _____
Prescreening unit or hospital

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

The individual shall be hospitalized. If the examinations and clinical certificates are not completed within 24 hours after hospitalization, the individual shall be released.

A peace officer shall immediately take the individual into protective custody and transport him/her to the designated prescreening unit or hospital.

10. The petition is denied.

Date

Judge

Bar no.