

STATE OF MICHIGAN PROBATE COURT COUNTY OF	PETITION AND ORDER REGARDING TRANSPORT OF MINOR	FILE NO.
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In the matter of _____, a minor (date of birth _____)

PETITION

I represent that:

1. The minor can be currently found at: _____
2. I have authority as _____ and I have requested voluntary hospitalization of the minor pursuant to MCL 330.1498d or MCL 330.1498h.
State your relationship
3. The minor has been hospitalized pursuant to Chapter 4A of the Mental Health Code, and the director of _____ hospital believes the minor should be returned to the hospital following an authorized unauthorized absence.
4. The following unsuccessful efforts by _____ were made to transport the minor for evaluation or hospitalization pursuant to Chapter 4A of the Mental Health Code:
Name
5. I request that the court order the minor to be transported for evaluation and/or hospitalization pursuant to Chapter 4A of the Mental Health Code.

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

Address

Name (type or print)

City, state, zip

Telephone no.

ORDER

THE COURT FINDS:

6. A request for hospitalization has been made pursuant to Chapter 4A of the Mental Health Code and the petitioner has been unable to transport the minor for an evaluation.
7. The minor was hospitalized pursuant to Chapter 4A of the Mental Health Code, is on an authorized unauthorized absence, and should be returned to the hospital.
8. Reasonable effort to transport the minor has been made.

IT IS ORDERED:

9. The petition is denied.
10. That a peace officer take the minor into protective custody and transport him/her immediately to _____ for an evaluation pursuant to Chapter 4A of the Mental Health Code, and if necessary thereafter, to _____ hospital, and that the person requesting the transport order shall meet the minor at the evaluation site and remain with the minor for the duration of the evaluation.
11. That a peace officer take the minor into protective custody and transport him/her immediately to _____ hospital.
12. That this order expires on _____.

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