

<b>STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION</b>	<b>PETITION/APPLICATION FOR HOSPITALIZATION</b>	<b>FILE NO.</b>
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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 at \_\_\_\_\_  
Street address City State Zip  
 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
- 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 s/he is unable to understand the need for treatment. Continued behavior as the result of this mental illness can be reasonably expected, on the basis of competent clinical opinion, to result in significant physical harm to self or others. (If this is the only item checked, you must file this petition with the court before the person can be hospitalized.)

4. The conclusions stated above are based on

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

