

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>SUPPLEMENTAL PETITION TO APPLICATION FOR HOSPITALIZATION AND ORDER FOR EXAMINATION</b>	<b>FILE NO.</b>
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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) <span style="float: right;">Bar no.</span>	Name (type or print)
Address	Address
City, state, zip <span style="float: right;">Telephone no.</span>	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 <span style="float: right;">Bar no.</span>
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**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