

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF _____

PETITION FOR
 SECOND CONTINUING
TREATMENT ORDER

FILE NO. _____

In the matter of _____ DOB: _____

1. I, _____, state that I am
Name (type or print)
 the authorized representative of the agency or mental health professional supervising the individual's alternative treatment program.
 _____ of _____
Director or authorized representative of director Name of hospital
2. The individual is currently residing/hospitalized at _____
Address
3. The initial order for mental health treatment was made pursuant to a petition filed under MCL 330.1434.
 initial
4. The second continuing order entered by this court for the individual expires on _____
Date
5. The individual continues to be a person requiring treatment and is in need of
 hospitalization for not more than 90 days.
 continuing hospitalization for a period of 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.
6. The individual is likely to refuse treatment on a voluntary basis when the order expires.

INSTRUCTIONS: In answering items 7 and 8, include a description of the observed or reported behavior of the individual including, but not limited to, how behavior and conditions have changed since the last order and whether any stabilization or remission is contingent on continued medication or other treatment. Avoid medical terms and conclusions other than diagnosis.

7. The basis for this allegation is that I believe the individual has a mental illness and (Check as many as are applicable.)
 as a result, can reasonably be expected in the near future to intentionally or unintentionally seriously physically injure another person or can reasonably be expected in the near future to intentionally or unintentionally seriously physically injure him/herself.
 is unable to attend to basic physical needs such as food, clothing, or shelter that must be attended to in order to avoid serious harm.
 is unable to understand the need for treatment because of impaired judgment, and continued behavior can reasonably be expected, on the basis of competent clinical opinion, to result in significant physical harm to self or others.
8. This conclusion is based upon
a. my personal observation of the person doing the following acts and saying the following things:

(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

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.

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.