

<p align="center">STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION</p>	<p align="center">PETITION FOR ASSISTED OUTPATIENT TREATMENT</p>	<p>FILE NO.</p>
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In the matter of _____

Court ORI	Date of birth	Place of birth	Race	Sex
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1. I, _____, an adult _____, petition because I believe the individual named above needs treatment.

Name (type or print) Specify whether a relative, neighbor, peace officer, etc.

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

3. I believe the individual has mental illness and as a result of this mental illness the individual's understanding of the need for treatment is impaired to the point that the individual is unlikely to participate in treatment voluntarily.

4. The individual is currently noncompliant with treatment, recommended by _____

Name of mental health provider

Address of mental health provider City State Telephone no.

which has been determined to be necessary to prevent relapse or harmful deterioration of the individual's condition.

5. The individual's noncompliance with this treatment has been a factor in the individual's

a. placement in a psychiatric hospital jail prison at least two times within the last 48 months. (Specify the name[s] and location[s] of the hospital, jail, or prison and the date[s] of hospitalization or incarceration.)

b. committing one or more acts, attempts, or threats of serious violent behavior within the last 48 months. (Specify the acts, attempts, or threats of serious violent behavior.)

6. The above statements are based on

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

(SEE SECOND PAGE)

Do not write below this line - For court use only

b. conduct and statements that others have seen or heard and have told me about.

by _____
Witness name Complete address Telephone no.

by _____
Witness name Complete address Telephone no.

7. The persons interested in these proceedings are:

NAME	RELATIONSHIP	ADDRESS	TELEPHONE
	Spouse		
	Guardian		

8. The individual is is not a veteran.

9. I request that the court determine the individual to be a person who requires assisted outpatient treatment.

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.

Signature of attorney

Date

Name (type or print) Bar no.

Signature of petitioner

Address

Address

City, state, zip Telephone no.

City, state, zip

Home telephone no.

Work telephone no.