

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>INITIAL ORDER FOLLOWING HEARING ON PETITION FOR ASSISTED OUTPATIENT TREATMENT</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_

Court ORI	Date of birth	Place of birth	Race	Sex
Current address of individual				

1. Date of hearing: \_\_\_\_\_ Judge: \_\_\_\_\_ Bar no. \_\_\_\_\_
  2. A petition has been filed by \_\_\_\_\_ pursuant to MCL 330.1433 asserting  
Petitioner name (type or print)  
 that the individual named above is a person requiring treatment.
  3. Notice of hearing has been given according to law.
  4. The individual was  present in court.  with  
 not present for reasons stated on the record. The hearing was  without a jury.
- Present were \_\_\_\_\_, attorney for the individual, and  
 \_\_\_\_\_, attorney for the petitioner.
5. Testimony of a physician or licensed psychologist was waived by the individual and the individual's attorney.
  6.  Testimony was given by \_\_\_\_\_ .  
 Testimony was not given because the parties stipulated to entry of the order.

**THE COURT FINDS:**

7. By clear and convincing evidence, the individual is a person requiring treatment because the individual has a mental illness, and as a result of that mental illness, the individual's understanding of the need for treatment is impaired to the point that he or she is unlikely to participate in treatment voluntarily.
8. The individual is currently noncompliant with treatment that was recommended by a mental health professional and that has been determined to be necessary to prevent a relapse or harmful deterioration of the individual's condition, and the individual's noncompliance with this treatment has been a factor in his/her placement in a psychiatric hospital, jail, and/or prison at least two times within the last 48 months and/or in committing one or more acts, attempts, or threats of serious violent behavior within the last 48 months.
9. The individual  is  is not scheduled to begin a course of outpatient mental health treatment that includes case management services or assertive community treatment team services.
10. There is an existing  advance directive.  durable power of attorney.  individual plan of services developed pursuant to MCL 330.1712.
11. The individual  is  is not a person requiring treatment.

(SEE SECOND PAGE)

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