

<b>STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION</b>	<b>PETITION FOR ASSISTED OUTPATIENT TREATMENT</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_

Court ORI	Date 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.