PCS Code: NCA
TCS Code: NCAD

STATE OF MICHIGAN PROBATE COURT COUNTY	NOTIFICATION OF NONCOMPLIANCE ☐ REQUEST FOR MODIFIED ORDER	CASE NO. and JUDGE
Court address		**Court telephone no.**

In the matter of _____
First, middle, and last name

1. I, _____ , make this notification as the
Name (type or print)
   - ☐ agency.
   - ☐ mental health professional who is supervising the individual's assisted outpatient treatment program.
   - ☐ individual.
   - ☐ other _____ .
State interest/relationship

2. The individual who is the subject of this notification was ordered to undergo a program of assisted outpatient treatment or combined hospitalization and assisted outpatient treatment.
   - ☐ a. The assisted outpatient treatment has not been or will not be sufficient to prevent the individual from inflicting harm or injuries to self or others.
   - ☐ b. The individual is not complying with the order for assisted outpatient treatment or combined hospitalization and assisted outpatient treatment.
   - ☐ c. I believe that my assisted outpatient treatment program is not appropriate.

☐ 3. The individual was in the hospital _____ days for mental health treatment. The individual needs immediate hospitalization.

4. This conclusion is based upon
   - ☐ a. my personal observation of the individual doing the following acts and saying the following things:

_____

_____

   - ☐ b. conduct and statements seen or heard by others and related to me:

State the conduct and statements and the name, address, and telephone number of each witness.

_____

_____

_____

☐ 5. A psychiatrist has ordered the individual to return to the hospital.

☐ 6. **I request** the court to modify its last order of ☐ assisted outpatient treatment ☐ combined hospitalization and assisted outpatient treatment to direct the individual to:
   - ☐ a. undergo another assisted outpatient treatment program.
   - ☐ b. undergo hospitalization or combined hospitalization and assisted outpatient treatment, with hospitalization not to exceed _____ days.
   - ☐ c. be transported to the hospital by a peace officer if the individual refuses to comply with the psychiatrist's order to return to the hospital.

Date	Signature
Title	Business Address
Agency	City, state, zip — Telephone no.