



## **Michigan Supreme Court**

State Court Administrative Office

### **Trial Court Services Division**

Michigan Hall of Justice

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Director

### **December 2019 Release of SCAO-Approved Court Forms**

Below is a list of SCAO-approved court forms developed and revised by the SCAO and Michigan Court Forms Committee at its annual fall meetings. An explanation of the changes to each form is provided, along with instructions on use of previously approved versions and a copy of the form with the changes highlighted. Bookmarks for navigating to the highlighted forms are provided for your convenience. Translated forms are listed where appropriate.

You can access ZIP files of these forms from the [One Court of Justice website](#) or individually by clicking the links below. You can also purchase the forms in other formats from printers, publishers, and software companies. See the [Court Forms Printers and Publishers list](#).

For questions, comments, or suggestions about these court forms, contact 517-373-5626 or [CourtFormsInfo@courts.mi.gov](mailto:CourtFormsInfo@courts.mi.gov).

**\*DELETED\* JC 08, Bond for Appearance**

**Most recent update:** (11/05) version

**Use of existing paper stock:** N/A

This form has been deleted and incorporated in JC 10.

For a detailed discussion of changes, see the [meeting minutes](#).

**JC 10, Order After Preliminary Hearing/Inquiry (Delinquency/Personal Protection)**

**Most recent update:** (12/18) version

**Use of existing paper stock:** Can be used until 6/30/20

- Click here to see the changes highlighted.

An acknowledgment of bond conditions, formerly contained in JC 08, was added to the form.

For a detailed discussion of changes, see the [meeting minutes](#).

**JC 14a, Order of Disposition, In-Home (Delinquency Proceedings)**

**Most recent update:** (12/18) version

**Use of existing paper stock:** Can be used until 6/30/20

- Click here to see the changes highlighted.

This form was revised to incorporate language regarding fines, costs, and fees from MCL 600.4803.

For a detailed discussion of changes, see the [meeting minutes](#).

**JC 14b, Order of Disposition, Out-of-Home (Delinquency Proceedings)**

**Most recent update:** (12/18) version

**Use of existing paper stock:** Can be used until 6/30/20

- Click here to see the changes highlighted.

This form was revised to incorporate language regarding fines, costs, and fees from MCL 600.4803.

For a detailed discussion of changes, see the [meeting minutes](#).

### **JC 16, Request and Order for Biometric Data Collection/Photographing/Lineup**

**Most recent update:** (6/03) version

**Use of existing paper stock:** Can be used until depleted

- Click here to see the changes highlighted.

References to the term “fingerprints” were replaced with “biometric data” to comply with statutory and court rule amendments. A citation to MCL 28.241a(b) was added.

For a detailed discussion of changes, see the [meeting minutes](#).

### **JC 39, Order for Assignment of Wages**

**Most recent update:** (6/03) version

**Use of existing paper stock:** Can be used until 6/30/20

- Click here to see the changes highlighted.

A note regarding the definition of wages and the calculation of withholding was added to match the adult wage assignment, MC 289.

For a detailed discussion of changes, see the [meeting minutes](#).

### **JC 59, Order of Adjudication (Delinquency Proceedings)**

**Most recent update:** (12/18) version

**Use of existing paper stock:** Can be used until depleted

- Click here to see the changes highlighted.

Additional writing space was added to the grid for listing charges and to Item 16, “other.” Item 12, for “other” findings, was deleted.

For a detailed discussion of changes, see the [meeting minutes](#).

**JC 66, Application to Set Aside Adjudication(s)**

**Most recent update:** (8/18) version

**Use of existing paper stock:** Can be used until depleted

- Click here to see the changes highlighted.

References to the term “fingerprints” were replaced with “biometric data” to comply with statutory and court rule amendments. A citation to MCL 28.241a(b) was added.

For a detailed discussion of changes, see the [meeting minutes](#).

**JC 86, Order After First-Phase Hearing to Waive Jurisdiction (Delinquency Proceedings)**

**Most recent update:** (9/16) version

**Use of existing paper stock:** Can be used until 6/30/20

- Click here to see the changes highlighted.

The finding in item 7 regarding probable cause was made optional. Item 11 was corrected by removing the language, “The motion to waive jurisdiction is granted.”

For a detailed discussion of changes, see the [meeting minutes](#).

**\*DELETED\* JC 88, Order Appointing Next Friend (Personal Protection Proceedings)**

**Most recent update:** (11/05) version

**Use of existing paper stock:** Can be used until depleted

This form has been replaced by new form MC 319, Request for Next Friend and Order.

For a detailed discussion of changes, see the [meeting minutes](#).

**JC 105, Order on Application to Set Aside Adjudication(s)**

**Most recent update:** (12/18) version

**Use of existing paper stock:** Can be used until 6/30/20

- Click here to see the changes highlighted.

Language regarding the maintenance of orders setting aside adjudications and related records of arrest, fingerprints, adjudication, and disposition as nonpublic records was revised to more accurately reflect MCL 712A.18e(13).

For a detailed discussion of changes, see the [meeting minutes](#).

**MC 228, Order on Application to Set Aside Conviction**

**Most recent update:** (10/15) version

**Use of existing paper stock:** Can be used until 6/30/20

- Click here to see the changes highlighted.

Language regarding the maintenance of orders setting aside convictions and related records of arrest, fingerprints, conviction, and sentence as nonpublic records was revised to more accurately reflect MCL 780.623.

For a detailed discussion of changes, see the [meeting minutes](#).

**\*NEW FORM\* MC 319, Request for Next Friend and Order**

**Most recent update:** (12/19) version

**Use of existing paper stock:** THIS IS A NEW FORM

- Click here to see the changes highlighted.

This form is a generic request for the appointment of a next friend. It replaces JC 88, Order Appointing Next Friend (Personal Protection Proceedings).

For a detailed discussion of changes, see the [meeting minutes](#).

**\*NEW FORM\* PC 50, Publication of Notice of Hearing for Name Change**

**Most recent update:** (12/19) version

**Use of existing paper stock:** THIS IS A NEW FORM

- Click here to see the changes highlighted.

This is a new form created specifically for petitions for change of name under MCL 711.1.

For a detailed discussion of changes, see the [meeting minutes](#).

**PC 585a, Petition to Allow Account(s)**

**Most recent update:** (9/07) version

**Use of existing paper stock:** Can be used until depleted

- Click here to see the changes highlighted.

Items 3a and 3b were reversed to match the order of the same information on related forms.

For a detailed discussion of the form, see the [meeting minutes](#).

**PC 585b, Order Allowing Account(s)**

**Most recent update:** (9/11) version

**Use of existing paper stock:** Can be used until depleted

- Click here to see the changes highlighted.

The form was revised to include an option to cancel bond under item 9.

For a detailed discussion of changes, see the [meeting minutes](#).

**PC 619, Notice of Foreign Administration Filing**

**Most recent update:** (9/10) version

**Use of existing paper stock:** Can be used until depleted

- Click here to see the changes highlighted.

The name of the form was modified to more accurately reflect its purpose.

For a detailed discussion of changes, see the [meeting minutes](#).

### **[PC 631, Order Regarding Appointment of Guardian of Incapacitated Individual](#)**

**Most recent update:** (12/17) version

**Use of existing paper stock:** Can be used until 6/30/20

- [Click here to see the changes highlighted.](#)

The form was modified to comply with [2018 PA 594](#) through the inclusion of an option for the court to grant authority for a guardian to consent to mental health treatment. The form layout was reorganized to improve usability.

For a detailed discussion of changes, see the [meeting minutes](#).

### **[PC 632, Order Regarding Appointment of Temporary Guardian of Incapacitated Individual](#)**

**Most recent update:** (9/13) version

**Use of existing paper stock:** Can be used until 6/30/20

- [Click here to see the changes highlighted.](#)

The form was modified to comply with [2018 PA 594](#) through the inclusion of an option for the court to grant authority for a guardian to consent to mental health treatment. The form layout was reorganized to improve usability. Item 2 was clarified to refer to an alleged incapacitated individual.

For a detailed discussion of changes, see the [meeting minutes](#).

### **[PC 634, Annual Report of Guardian of Condition of Legally Incapacitated Individual](#)**

**Most recent update:** (2/18) version

**Use of existing paper stock:** Can be used until 6/30/20

- [Click here to see the changes highlighted.](#)

The form was modified to comply with [2018 PA 594](#). Items were added for reporting on mental health treatment and non-opioid directives.

For a detailed discussion of changes, see the [meeting minutes](#).

**[PC 638a, Order Regarding Termination/Modification of Guardian for Minor/LII/Conservator](#)**

**Most recent update:** (12/18) version

**Use of existing paper stock:** Can be used until 6/30/20

- [Click here to see the changes highlighted.](#)

The form was modified to comply with [2018 PA 594](#) through the inclusion of an option for the court to grant authority for a guardian to consent to mental health treatment. The form layout was reorganized to improve usability.

For a detailed discussion of changes, see the [meeting minutes](#).

**[PC 686, Consent by Parent/Indian Custodian to Guardianship of Indian Child](#)**

**Most recent update:** (12/17) version

**Use of existing paper stock:** Can be used until depleted

- [Click here to see the changes highlighted.](#)

A capitalization error was corrected in item 2 of the certification by judge.

For a detailed discussion of changes, see the [meeting minutes](#).

**[\\*NEW FORM\\* PC 689, Notice of Hearing to Heirs and Right to Object to Appointment of Public Administrator](#)**

**Most recent update:** (12/19) version

**Use of existing paper stock:** THIS IS A NEW FORM

- [Click here to see the changes highlighted.](#)

This form was created to accommodate [2018 PA 13](#).

For a detailed discussion of changes, see the [meeting minutes](#).

**\*NEW FORM\* PC 690, Objection to the Appointment of Public Administrator as Personal Representative**

**Most recent update:** (12/19) version

**Use of existing paper stock:** THIS IS A NEW FORM

- [Click here to see the changes highlighted.](#)

This form was created to accommodate [2018 PA 13](#).

For a detailed discussion of changes, see the [meeting minutes](#).

**PCM 201, Petition for Mental Health Treatment**

**Most recent update:** (3/85) version

**Use of existing paper stock:** Can be used until 6/30/20

- [Click here to see the changes highlighted.](#)

The available treatment options were rewritten to improve clarity and coordination with related order forms.

For a detailed discussion of changes, see the [meeting minutes](#).

**PCM 205, Order Following Hearing on Objection by Minor to Hospitalization/Administrative Admission**

**Most recent update:** (2/19) version

**Use of existing paper stock:** Can be used until depleted

- [Click here to see the changes highlighted.](#)

The committee removed language from item 9 that, “no order sustaining the objection will be entered.”

For a detailed discussion of changes, see the [meeting minutes](#).

### **PCM 208, Clinical Certificate**

**Most recent update:** (2/19) version

**Use of existing paper stock:** Can be used until 6/30/20

- Click here to see the changes highlighted.

The notice to the examiner language was bolded to enhance visibility. An option for combined treatment was added to item 10.

For a detailed discussion of changes, see the [meeting minutes](#).

### **PCM 214, Initial Order After Hearing on Petition for Mental Health Treatment**

**Most recent update:** (2/19) version

**Use of existing paper stock:** Can be used until 6/30/20

- Click here to see the changes highlighted.

The order portion of the form was reorganized to improve usability and more clearly state the available treatment options. Checkboxes that reflect the statutory options for assisted outpatient treatment under MCL 330.1468 were also added.

For a detailed discussion of changes, see the [meeting minutes](#).

### **PCM 216, Order and Report on Alternative Mental Health Treatment**

**Most recent update:** (2/19) version

**Use of existing paper stock:** Can be used until 6/30/20

- Click here to see the changes highlighted.

Language regarding an individual's durable power of attorney or advance directive and a citation to MCL 330.1468 were added to the form. An option for assisted outpatient treatment was added in item 5.

For a detailed discussion of changes, see the [meeting minutes](#).

**[PCM 217a, Order to Modify Order for Assisted Outpatient Treatment or Combined Hospitalization and Assisted Outpatient Treatment](#)**

**Most recent update:** (2/19) version

**Use of existing paper stock:** Can be used until 6/30/20

- [Click here to see the changes highlighted.](#)

The order portion of the form was reorganized to improve usability and more clearly state the available treatment options. Checkboxes that reflect the statutory options for assisted outpatient treatment under MCL 330.1468 were also added.

For a detailed discussion of changes, see the [meeting minutes](#).

**[PCM 218, Petition for Second Mental Health Treatment Order](#)**

**Most recent update:** (2/19) version

**Use of existing paper stock:** Can be used until 6/30/20

- [Click here to see the changes highlighted.](#)

This form was modified to be used only for petitions for second orders for mental health treatment. Options for requesting continuing treatment orders were removed. Item 8 was revised to remove reference to physical diagnoses. The citation to MCL 330.1472a(5) was removed because it no longer applies.

For a detailed discussion of changes, see the [meeting minutes](#).

**[\\* NEW FORM \\* PCM 218a, Petition for Continuing Mental Health Treatment Order](#)**

**Most recent update:** (12/19) version

**Use of existing paper stock:** THIS IS A NEW FORM

- [Click here to see the changes highlighted.](#)

This is a new form that is based on PCM 218. It was created to be used for petitions for continuing orders for mental health treatment only.

For a detailed discussion of changes, see the [meeting minutes](#).

### **PCM 219, Second Order for Mental Health Treatment**

**Most recent update:** (2/19) version

**Use of existing paper stock:** Can be used until 6/30/20

- [Click here to see the changes highlighted.](#)

This form was modified to be used only for second orders for mental health treatment. Options for continuing treatment orders were removed. The language in item 8 was modified to more accurately reflect the findings that must be made under MCL 330.1469a as held in *In re Charles Portus*, 325 Mich App 374 (2018). The order portion of the form was reorganized to improve usability and more clearly state the available treatment options. Checkboxes that reflect the statutory options for assisted outpatient treatment under MCL 330.1468 were also added.

For a detailed discussion of changes, see the [meeting minutes](#).

### **\* NEW FORM \* PCM 219a, Continuing Order for Mental Health Treatment**

**Most recent update:** (12/19) version

**Use of existing paper stock:** THIS IS A NEW FORM

- [Click here to see the changes highlighted.](#)

This is a new form that is based on PCM 219. It was created to be used for continuing orders for mental health treatment only.

For a detailed discussion of changes, see the [meeting minutes](#).

### **PCM 222, Order After Hearing on Petition for Discharge from Continuing Mental Health Treatment**

**Most recent update:** (2/19) version

**Use of existing paper stock:** Can be used until 6/30/20

- [Click here to see the changes highlighted.](#)

The order portion of the form was reorganized to improve usability and more clearly state the available treatment options. Checkboxes that reflect the statutory options for assisted outpatient treatment under MCL 330.1468 were also added.

For a detailed discussion of changes, see the [meeting minutes](#).

### **PCM 226, Six-Month Review Report**

**Most recent update:** (2/19) version

**Use of existing paper stock:** Can be used until depleted

- Click here to see the changes highlighted.

The options referring to treatment types were removed from item 7 to prevent confusion between them and the item was revised to refer to just “treatment.”

For a detailed discussion of changes, see the [meeting minutes](#).

### **PCM 231, Order for Report after Notification and Report**

**Most recent update:** (2/19) version

**Use of existing paper stock:** Can be used until depleted

- Click here to see the changes highlighted.

A citation to MCL 330.1469a was added to the form.

For a detailed discussion of changes, see the [meeting minutes](#).

### **PCM 237, Petition for Continued Hospitalization of Minor**

**Most recent update:** (9/06) version

**Use of existing paper stock:** Can be used until depleted

- Click here to see the changes highlighted.

References to “mother” and “father” were changed to “parent.” A new item was added for information regarding prior court jurisdiction as required by MCR 5.112 and MCR 3.205.

For a detailed discussion of changes, see the [meeting minutes](#).

**[PCM 240, Petition and Order Regarding Transport of Minor](#)**

**Most recent update:** (9/14) version

**Use of existing paper stock:** Can be used until 6/30/20

- [Click here to see the changes highlighted.](#)

A new item was added for information regarding prior court jurisdiction as required by MCR 5.112 and MCR 3.205.

For a detailed discussion of changes, see the [meeting minutes](#).

**[PCM 245, Notice of Inability to Secure Evaluation/Examination](#)**

**Most recent update:** (2/19) version

**Use of existing paper stock:** Can be used until depleted

- [Click here to see the changes highlighted.](#)

This form was revised to include a writing space for the printed name of the person completing the form.

For a detailed discussion of changes, see the [meeting minutes](#).

<b>STATE OF MICHIGAN</b> <b>JUDICIAL CIRCUIT - FAMILY DIVISION</b> <b>COUNTY</b>	<b>BOND FOR APPEARANCE</b>	<b>CASE NO.</b> <b>PETITION NO.</b>
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Court address

Court telephone no.

DELETED

1. In the matter of  
name(s), alias(es), DOB

2. Charge: \_\_\_\_\_

3. A hearing has been held on the above matter and bond has been ordered to ensure appearance of the juvenile under the following conditions:

a. Amount of bail: \_\_\_\_\_ Type of bond:  Recognizance  Cash or Surety  Cash, Surety, or 10% Cash

b. Appearance provisions:

Hearing date: \_\_\_\_\_ Time: \_\_\_\_\_ Place: \_\_\_\_\_

c. By signing this bond I have read and agree to the terms and conditions on the other side of this form and the following additional terms and conditions:

4. I understand and agree that if all the terms and conditions of this bond are not met, the bond may be revoked and the juvenile placed in detention and/or the full amount of the bond forfeited.  
I further understand that upon conclusion of this case the amount deposited will be applied to any court ordered reimbursement and costs, except that 10% of the deposit on a 10% cash bond will first be deducted and retained by the court pursuant to court rule.

\_\_\_\_\_  
Signature of bonding party Date Address

\_\_\_\_\_  
Name (type or print) City, state and zip Telephone no.

\_\_\_\_\_  
Signature of juvenile (to be signed only if the court wants the juvenile's signature) Date

5. This bond is accepted for the court. Type of bond posted: \_\_\_\_\_

\_\_\_\_\_  
Date Signature

\_\_\_\_\_  
Title

\$  
Deposit

\_\_\_\_\_  
Receipt no.

Do not write below this line - For court use only

**TERMS AND CONDITIONS**

1. I will personally appear for any preliminary hearing, trial, or dispositional hearing and will appear at such other times and places as may be directed by the court. If I am represented by an attorney in this case, some notices to appear may be given to my attorney instead of personal notice to me.
2. I will abide by any disposition entered in this case and will surrender myself to comply with any disposition imposed.
3. I will not leave the State of Michigan without the permission of the court.
4. I will immediately notify the court in writing of any change in my address or telephone number.
5. I will abide by any other conditions described on the other side of this form.

<b>STATE OF MICHIGAN</b> JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	<b>ORDER AFTER          PRELIMINARY HEARING/INQUIRY          (DELINQUENCY/PERSONAL PROTECTION)</b>	<b>CASE NO.          PETITION NO.</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

1. In the matter of  
 name(s), alias(es), DOB

2. Date of hearing: \_\_\_\_\_ Judge/Referee: \_\_\_\_\_ Bar no. \_\_\_\_\_

**THE COURT FINDS:**

3. The court has received a complaint or a petition alleging that the juvenile comes within the provisions of MCL 712A.2.

4.  a. A preliminary inquiry has been made, and it is in the interests of the public and the juvenile that the petition  
 not be authorized.                       be referred to alternate services.                       be placed on the consent calendar.  
 be set for further inquiry.                       be placed on the formal calendar.

\*  b. A preliminary hearing was held. Notice of hearing was given as required by law.

5. There is not probable cause to believe the juvenile committed the offense(s).

6. The juvenile is charged with an offense that requires collection of biometric data and it has not been collected.

7. In accordance with MCR 3.935(C), the juvenile should be                       released (see item 8)                       detained (see item 9)                      for  
 the reasons stated on the record.  
 the following reasons:

8.  a. The juvenile should be released without conditions.  
 b. Conditions are necessary for the juvenile's release to reasonably ensure the  
 juvenile's appearance in court.  
 safety of the public.

**See additional pages.**

\*Do not check item 4.b. if disposition is based on preliminary inquiry or investigation only. Note that preliminary hearings are mandatory in matters where a juvenile is not released.

**Note:** If a competency evaluation is ordered, the preliminary hearing must be conducted and this form completed.

Do not write below this line - For court use only

- 9. The juvenile should be detained/continued in detention because:
  - a.  There is probable cause to believe the juvenile committed the offense. **OR**
  - The juvenile is represented by an attorney and waived the probable cause determination.

**AND**

- b. One or more of the following circumstances is present:
  - The offense alleged is so serious that release would endanger public safety.
  - The juvenile is charged with a felony offense and will likely commit another offense pending trial if released, and
    - another petition is pending against the juvenile.  the juvenile is on probation.
    - the juvenile has a prior adjudication but was not under the court's jurisdiction at the time of apprehension.
  - There is substantial likelihood that if the juvenile is released to the parent(s), guardian, or legal custodian (with or without conditions), the juvenile will fail to appear at the next court proceeding.
  - The home conditions of the juvenile make detention necessary.
  - The juvenile has run away from home.
  - The juvenile has failed to remain in a detention facility or nonsecure facility or placement (in violation of a valid court order).
  - Pretrial detention is otherwise specifically authorized by law.
  - The juvenile is alleged to have violated a personal protection order and it appears there is a substantial likelihood of retaliation or continued violation.

- 10. The juvenile is an Indian child as defined in MCR 3.002(12). The petitioner  has  has not given notice of the preliminary hearing as required by MCR 3.920(C)(1).
  - The preliminary hearing must be adjourned pending conclusion of a removal hearing required by MCR 3.967.
  - The removal hearing required by MCR 3.967 was conducted in conjunction with this hearing (see required findings in item 11).

A qualified expert, \_\_\_\_\_, testified as required by law.

- 11. It is contrary to the welfare of the juvenile to remain in the home, or placement would be in the best interests of the juvenile, because:

- 12.  a. Reasonable efforts to prevent or eliminate removal of the juvenile from the home were not made. **OR**
- b. Consistent with the circumstances, reasonable efforts were made to prevent or eliminate removal of the juvenile from the home. Those efforts include: (Specify below.) **OR**
- c. The juvenile is an Indian child, and the court finds by clear and convincing evidence and the testimony of a qualified expert witness who has knowledge about the child-rearing practices of the Indian child's tribe, that active efforts
  - have  have not been made to provide remedial services and rehabilitative programs designed to prevent the breakup of the Indian family. These efforts have proved  unsuccessful,  successful, the continued custody of the child(ren) by the parent or Indian custodian  is  is not likely to result in serious emotional or physical damage to the child(ren), and the child(ren)  should  should not be removed from the home.
 (Specify below.)

The efforts for 12b or 12c are: (Specify the efforts from 12b or 12c here. If the juvenile is an Indian child, specify active efforts as defined by MCR 3.002[1] and MCL 712B.3[a].)

**IT IS ORDERED:**

13. The petition is  authorized.  not authorized.

14. The petition  is dismissed.  placed on the consent calendar (complete form JC 89).  
 referred to alternate services in accordance with the Juvenile Diversion Act, MCL 722.821 *et seq.*

The parent(s), guardian, or legal custodian shall appear for further inquiry on \_\_\_\_\_  
Date, time, and location

15. The juvenile is released to \_\_\_\_\_  
Parent/Guardian/Legal custodian

without conditions.  
 under the terms and conditions  in item 20.  in the attached document.  specified in a separate order.

If bond is required as a release condition, the juvenile shall remain in detention/placement until the bond is paid.

16. The juvenile is temporarily placed with/detained at \_\_\_\_\_

17. Release/Placement continues pending  resumption of the preliminary hearing  pretrial  trial  disposition

on \_\_\_\_\_  
Date and time

18. This matter is set for a continued preliminary/removal hearing on \_\_\_\_\_ pursuant to  
Date and time

MCR 3.967. The petitioner shall give notice of these proceedings as required by MCR 3.920(C)(1) (use form JC 48).

19. The juvenile's fingerprints/biometric data shall be collected in accordance with the Order for Fingerprints (form MC 233).

20. Other:

Recommended by: \_\_\_\_\_  
Referee signature Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

NEW PAGE

**ACKNOWLEDGMENT OF RELEASE CONDITIONS**

I acknowledge and understand the terms and conditions of my release. If I fail to perform all the terms and conditions, I may be apprehended and detained immediately. If my release is revoked and a bond was posted, the full amount of my bond, regardless of who posted it, may be forfeited.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Juvenile's signature

**Bond deposited by juvenile's parent:** If all the terms and conditions of pretrial release are met, the money deposited (bond) will be used to pay any reimbursement or costs. Any balance will be returned to me as authorized by statute and court rule.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent's signature

**Bond deposited by**  **Third Party:**  **Surety/Agent:** I understand and agree that if the juvenile fails to appear, the money deposited (bond) may be forfeited and a judgment entered for the entire amount of the bond. If the juvenile appears as directed, the full amount of the bond will be returned to me unless I deposited a 10% cash bond. In that instance, the court will return only 90% of the bond to me.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of depositor/surety/agent and identification (i.e. DLN)

\_\_\_\_\_  
Name of depositor/surety/agent (type or print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.

**Note:** If a third party or surety posted bond for the juvenile, the court clerk may provide the third party or surety with a copy of the terms and conditions of release.

<b>STATE OF MICHIGAN</b> JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	<b>ORDER OF DISPOSITION, IN-HOME</b> <b>(DELINQUENCY PROCEEDINGS)</b>	<b>CASE NO.</b> <b>PETITION NO.</b>
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Court address Court telephone no.

ORI MI-	CTN/TCN	SID	DOB
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1. In the matter of  
name(s), alias(es)
2. Date of hearing: \_\_\_\_\_ Judge/Referee: \_\_\_\_\_ Bar no.
3. Notice of hearing for the disposition was given as required by law.
4. The juvenile has appeared in court in person with parent(s), guardian, legal custodian, guardian ad litem, and  
 was represented by an attorney.       waived representation by an attorney.
5. An adjudication was held and the court determined that the juvenile committed the following offense(s) and/or the following offense(s) has/have been dismissed:

Count	ADJUDICATED BY			DISMISSED By*	ALLEGATIONS	CHARGE CODE(S) MCL Citation/PACC Code
	Plea*	Court	Jury			

\*For plea, insert "A" for admission or "NC" for nolo contendere. For dismissal, insert "D" for dismissed by court or "NP" for dismissed by prosecutor/plaintiff.

6. Specific findings of fact and law regarding this proceeding have been made on the record.
7. HIV testing and sex offender registration are completed.
8. A DNA sample is already on file with the Michigan State Police from a previous petition. No assessment is required.
9. The juvenile's biometric data has been collected in accordance with MCL 28.243.
10. The offense adjudicated is abstractable to the Secretary of State under MCL 257.625(21)(a), MCL 257.732, MCL 324.80131, MCL 324.81134(12), MCL 324.81135(7), MCL 324.82157, or MCL 333.7408a(12).  
  
The juvenile's driver's license number is \_\_\_\_\_ .
11. The licensing sanction is reportable to the Michigan State Police under MCL 333.7408a(12) or MCL 257.625(21)(b).  
 Revoked.     Suspended \_\_\_\_\_ days.     Restricted \_\_\_\_\_ days.

See additional pages.

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Upon disposition of a juvenile offense as defined pursuant to MCL 28.241a(f), the clerk of the court shall advise the Michigan State Police Criminal Justice Information Center of the disposition as required by MCL 712A.18(11).

**IT IS ORDERED:** Use Note: If the juvenile is placed in foster care or other out-of-home placement, use form JC 14b.

12. \_\_\_\_\_ is warned and the petition is dismissed.\*  
Name (type or print)

13. The juvenile is placed on probation. Probation terms are  attached.  specified in a separate order of probation.

**14. Financial obligations are ordered as follows:**

a. The juvenile shall pay  \$25.00 for Crime Victim's Rights Fund.  State minimum costs \_\_\_\_\_ -  
Specify for each count

\$ \_\_\_\_\_ DNA assessment (not required if item 8 is checked).  \$ \_\_\_\_\_ Fine (as provided by law).

b. Restitution as follows: (See MCL 780.794. Specify payor.)

c. Reimbursement as follows: (For example, cost of care. Specify payor.)

d. Other: (For example, attorney fees, fines, or other. Specify payor.)

**e. Fines, costs, and fees not paid within 56 days of the due date are subject to a 20% late penalty on the amount owed.**

The due date for payment is \_\_\_\_\_ .

15. Other:

16. The review hearing is \_\_\_\_\_ .  
Date and time

17. The petition is dismissed.\*

Recommended by: \_\_\_\_\_  
Referee signature Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

\*Note: Check 12 only if all or some of the material allegations are sustained. Check 17 only if all of the material allegations are not sustained.



11. The licensing sanction is reportable to the Michigan State Police under MCL 333.7408a(12) or MCL 257.625(21)(b).
- Revoked.     Suspended \_\_\_\_\_ days.     Restricted \_\_\_\_\_ days.
12. Return of the juvenile to his or her parent would cause a substantial risk of harm to the juvenile or society.
13. The juvenile must be placed in an institution outside Michigan because
- a. institutional care is in the best interests of the juvenile,
  - b. equivalent facilities to meet the juvenile's needs are not available within Michigan, and
  - c. the placement will not cause undue hardship.
14. It is contrary to the welfare of the juvenile to remain in the home because:
15.  a. Reasonable efforts to prevent removal of the juvenile from the home were not made.
- b. Reasonable efforts were made prior to the placement of the juvenile in foster or other out-of-home care, to prevent or eliminate the need for removing the juvenile from his/her home. Those efforts include: (Specify.)
16.  a. Reasonable efforts shall be made to preserve and reunify the family to make it possible for the juvenile to safely return home.
- b. Reasonable efforts shall not be made to preserve and reunify the family because it would be detrimental to the juvenile's health and safety.
- c. Reasonable efforts to preserve and reunify the family were not previously required, but due to a change in circumstances, reasonable efforts are now required. Those reasonable efforts have begun and include: (Specify reasonable efforts, and if applicable, the reasons for return.)

**\*Note:** Contrary to the welfare findings (item 14) must be made when the juvenile is initially removed, and if returned home, at any subsequent removal. Reasonable efforts findings (items 15 and 16) must be made within 60 days of the removal of the juvenile from the home, and if returned home, at any subsequent removal.

**IT IS ORDERED:**

17. The juvenile is placed in the temporary custody of this court.

18.  a. The juvenile is placed with \_\_\_\_\_  
Name of relative or court-supervised foster care home

b. The juvenile is referred to the department for placement and care under MCL 400.55(h).

c. The juvenile is placed in and shall satisfactorily complete the juvenile boot camp program established by the department. After satisfactorily completing the program, the juvenile shall be placed in the home of

\_\_\_\_\_ and shall complete a minimum of 120 to a maximum of 180 days of intensive supervised probation in the community.

d. The juvenile is committed to the department under MCL 803.301 (Y.R.A.). The director of the department is appointed special guardian to receive any benefits now due or to become due to the juvenile from the government of the United States. Pending transfer to the department, temporary placement is as follows:

19. The juvenile is placed on probation. Probation terms are  attached.  specified in a separate order of probation.

**20. Financial obligations are ordered as follows:**

a. The juvenile shall pay  \$25.00 for Crime Victim's Rights Fund.  State minimum costs \_\_\_\_\_  
Specify for each count

\$ \_\_\_\_\_ DNA assessment (not required if item 8 is checked).  \$ \_\_\_\_\_ Fine (as provided by law).

b. Restitution as follows: (See MCL 780.794. Specify payor.)

c. Reimbursement as follows: (For example, cost of care. Specify payor.)

d. Other: (For example, attorney fees, fines, or other. Specify the payor.)

**e. Fines, costs, and fees not paid within 56 days of the due date are subject to a 20% late penalty on the amount owed.**

**The due date for payment is \_\_\_\_\_.**

**21.** Other: (Include reimbursement as required by MCL 712A.18[2] or as permitted by MCL 769.1f.)

**22.** The review hearing is \_\_\_\_\_  
Date and time

Recommended by: \_\_\_\_\_  
Referee signature Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

<b>STATE OF MICHIGAN</b> JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	<b>REQUEST AND ORDER FOR</b> <b>BIOMETRIC DATA COLLECTION/</b> <b>PHOTOGRAPHING/LINEUP</b>	<b>CASE NO.</b>  <b>PETITION NO.</b>  <b>JUDGE</b>
--	--	--

Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

New Formatting and Margins

In the matter of \_\_\_\_\_  
First and last name of juvenile

Police report no.

**USE NOTE:** This form is to be used for ordering **biometric data collection** only when **it** is not required by law. If **biometric data collection** is required by law, use MC 233, Order for Fingerprints, when **biometric data** was not collected at arrest.

**REQUEST**

1. A  petition  complaint has been filed alleging violation of a criminal law or ordinance.
  - a. the juvenile is under investigation for the following act(s):
  
  - b. the basis for believing the juvenile is involved is:
  
2. Proper further identifying investigation requires **collection of the juvenile's**  **biometric data.**  **photograph.**
3. I am the prosecuting attorney for this county and proper further identifying investigation requires the court to order the juvenile to appear at \_\_\_\_\_ on \_\_\_\_\_ for  identification by a person.  presentation in a corporeal lineup.
4. **I request** that this court authorize the action specified above.

I declare under the penalties of perjury that this request has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

Signature	Date	Agency/Address
Name (Type or print)	City, state, zip	Telephone no.

**ORDER**

**THE COURT FINDS:**

5. A  petition  complaint alleging violation of a criminal law or ordinance has been filed with the court.
6. It appears further investigation requires  **biometric data collection.**  photographing.  corporeal lineup.  identification by person.

**IT IS ORDERED:**

7. Corporeal lineup of the juvenile or other identification of the juvenile by a person is authorized. The juvenile and parent, guardian, or legal custodian must appear at the place and time stated in item 3 above and is advised as stated on page 2 of this order.
8.  **Biometric data collection**  Photographing of the juvenile is authorized. **Biometric data** and/or photographs shall be filed with the court within 14 days of this order, unless the time period is extended by order of the court. The identification shall be placed in the juvenile's confidential file, capable of being located and destroyed on court order.

\_\_\_\_\_  
Judge signature and date

## NOTICE TO JUVENILE AND PARENT/GUARDIAN/LEGAL CUSTODIAN

### Advice Regarding Lineup:

You are advised that:

- the juvenile has the right to consult with an attorney;
- the juvenile has the right to have an attorney present during the identification procedure;
- if the juvenile and the juvenile's parent, guardian, or legal custodian cannot afford an attorney, the court will appoint an attorney for the juvenile if requested on the record or in writing by the juvenile or the juvenile's parent, guardian, or legal custodian.

<b>STATE OF MICHIGAN</b> <b>JUDICIAL CIRCUIT - FAMILY DIVISION</b> <b>COUNTY</b>	<b>ORDER FOR</b> <b>ASSIGNMENT OF WAGES</b>	<b>CASE NO.</b> <b>PETITION NO.</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

1. In the matter of \_\_\_\_\_  
(name(s), alias(es), DOB)

2. Date of hearing: \_\_\_\_\_ Judge: \_\_\_\_\_ Bar no. \_\_\_\_\_

**THE COURT FINDS:**

3. On \_\_\_\_\_ this court entered an order directing \_\_\_\_\_  
Date Name  
to reimburse the court for costs assessed in the above matter.

4. The above person has failed to comply with the order of reimbursement and is in contempt of court.

**IT IS ORDERED:**

5. \_\_\_\_\_ , \_\_\_\_\_  
Name Address

employer, shall withhold from the earnings due the person the amount of \$ \_\_\_\_\_ per week, effective one week after service upon the employer of a true copy of this order, and shall forward the withholding to:

\_\_\_\_\_  
Name Address

6. The employer shall not use the assignment as a basis, in whole or in part, for the discharge of the employee or for any other disciplinary action against the employee.

7. Your compliance with this order is required by law.

8. This order shall remain in full force and effect until further order of the court.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

**Note:** Wage assignment is a transfer of the right to receive wages, ordinarily effected by means of a contract. As such, wage assignments are not within the scope of the federal wage garnishment law. For purposes of this order, however, wages have been defined based on the federal wage garnishment law. Wages are defined as earnings or compensation paid for personal services whether called wages, salary, commission, bonus, or otherwise, and can include periodic payments under a pension or retirement program. See 15 USC 1672. When required, withholdings shall be determined using the calculation sheet from SCAO-Approved form MC 14 (Garnishee Disclosure).

Do not write below this line - For court use only

<b>STATE OF MICHIGAN</b> JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	<b>ORDER OF ADJUDICATION</b> (DELINQUENCY PROCEEDINGS)	<b>CASE NO.</b> <b>PETITION NO.</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

ORI MI-	CTN/TCN	SID	DOB
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1. In the matter of  
name(s), alias(es)
2. Date of hearing: \_\_\_\_\_ Judge/Referee: \_\_\_\_\_ Bar no.
3. A petition has been filed in this matter and notice of hearing on the petition has been served as required by law.
4. The juvenile has appeared in court in person with parent(s), guardian, legal custodian, guardian ad litem, and  
 was represented by an attorney.       waived representation by an attorney.

**THE COURT FINDS:**

5. The following material allegations of the petition are sustained or dismissed:

Count	ADJUDICATED BY			DISMISSED By*	ALLEGATIONS	CHARGE CODE(S) MCL Citation/PACC Code
	Plea*	Court	Jury			

\*For plea, insert "A" for admission or "NC" for nolo contendere. For dismissal, insert "D" for dismissed by court or "NP" for dismissed by prosecutor/plaintiff.

6. The juvenile committed an offense that requires collection of biometric data under MCL 28.243.  
Biometric data     has     has not    been collected.
7. The offense adjudicated is abstractable to the Secretary of State under MCL 257.625(21)(a), MCL 257.732, MCL 324.80131, MCL 324.81134(12), MCL 324.81135(7), MCL 324.82157, or MCL 333.7408a(12).  
  
The juvenile's driver's license number is \_\_\_\_\_ .
8. The licensing sanction is reportable to the Michigan State Police under MCL 333.7408a(12) or MCL 257.625(21)(b).  
  
 Revoked.     Suspended \_\_\_\_\_ days.     Restricted \_\_\_\_\_ days.

See additional pages.

Do not write below this line - For court use only

**Reference Note:** The term "department" refers to the Department of Health and Human Services.

9. It is contrary to the welfare of the juvenile to remain in the home because:

10.  a. Reasonable efforts to prevent removal of the juvenile from the home were not made.  
 b. Reasonable efforts were made before the placement of the juvenile in foster or other out-of-home care, to prevent or eliminate the need for removal of the juvenile from his/her home. Those efforts include: (Specify.)

11.  a. Reasonable efforts shall be made to preserve and reunify the family to make it possible for the juvenile to safely return home.  
 b. Reasonable efforts shall not be made to preserve and reunify the family because it would be detrimental to the juvenile's health and safety.

**Note:** If the juvenile had been previously removed from the home, was then returned to the home, and is being removed again through this order, contrary to the welfare and reasonable efforts findings must be made even though the findings had been made at a prior hearing.

**IT IS ORDERED:**

12. The dispositional hearing is set for \_\_\_\_\_ .  
Date, time, and place

13. Pending disposition, the juvenile shall be under the supervision of this court and shall

a. remain in the care and custody of \_\_\_\_\_ ,  
and be subject to the reasonable and lawful commands of the parent(s), guardian, or legal custodian and those  
terms and conditions as ordered by the court.

b. be placed with the department for care and supervision, subject to the rules and conditions of foster care. Parenting  
time shall be as ordered by the court.

c. be referred to the department for placement and care pursuant to MCL 400.55(h).

d. be placed at \_\_\_\_\_ .  
Parenting time shall be as ordered by the court.

e. cooperate with and participate in services, evaluations, tests, and the dispositional investigation.

f. cooperate with an evaluation to determine the need for psychiatric or psychological treatment as prescribed by  
MCL 712A.18I.

14. The parent(s) shall file appropriate financial statements with this court not later than \_\_\_\_\_ .  
Date

15. Other:

Recommended by: \_\_\_\_\_  
Referee signature Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

<b>STATE OF MICHIGAN</b> JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	<b>APPLICATION TO SET ASIDE ADJUDICATION(S)</b>	<b>CASE NO. PETITION NO.</b>
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ORI \_\_\_\_\_ Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

MI-  
Police Report No.

CTN/TCN	SID	DOB
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1. In the matter of name(s), alias(es) \_\_\_\_\_
2. On \_\_\_\_\_, a disposition hearing was held because I was adjudicated, as a juvenile delinquent, of the following offense(s): \_\_\_\_\_  
Date  
A certified record of the adjudication(s) is attached.  
 I was not detained for the offense(s).  
 I completed the term of detention for the offense(s) on \_\_\_\_\_.
3.  No other application has been filed to set aside this/these or any other adjudication(s) in any court. **OR**  
 One or more applications were filed to set aside adjudications and the applications are pending or were disposed. Copies of any applications and orders are attached.
4. I am 18 years of age or older.
5. At least one year has passed since the disposition was entered on my adjudication(s) or since I was released from detention for the adjudication(s). No criminal charges are pending against me. I have not been adjudicated for more offenses than allowed under MCL 712A.18e(1). I do not have an adult felony conviction.
6. I am requesting that multiple adjudications be set aside as one offense. These adjudications arose out of a series of acts that were in a continuous time sequence of 12 hours or less and displayed a single intent and goal.
7. I have completed the Michigan Youth ChalleNGe Academy. My certificate of completion is attached to this application.
8. I **request** that the court issue an order to set aside the above adjudication(s) as provided by law. I consent to the use of the nonpublic record created by MCL 712A.18e(13) to the extent authorized by MCL 780.623.

Applicant signature \_\_\_\_\_ Address \_\_\_\_\_

City, state, zip \_\_\_\_\_ Telephone no. \_\_\_\_\_

Subscribed and sworn to before me on \_\_\_\_\_, \_\_\_\_\_ County, Michigan.  
Date

My commission expires: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date Deputy clerk/Notary public

Notary public, State of Michigan, County of \_\_\_\_\_

**NOTICE OF HEARING**

The hearing cannot be held until the court receives the Michigan State Police report required under MCL 712A.18e(5).

TO: Michigan Attorney General and \_\_\_\_\_  
Prosecuting official

A hearing will be held on the above application to set aside adjudication(s) on \_\_\_\_\_ at \_\_\_\_\_  
Date Time

at \_\_\_\_\_ before \_\_\_\_\_  
Location Bar no.

**PROOF OF SERVICE**

I certify that copies of this application, certified record of adjudication(s), and notice of hearing were served on the

prosecuting official on \_\_\_\_\_ by first-class mail addressed to the last-known address.  
Date

Attorney General on \_\_\_\_\_ by first-class mail addressed to the last-known address.  
Date

I certify that copies of this application, certified record of adjudication(s), and biometric data, accompanied by required fee, were served on the Michigan State Police on \_\_\_\_\_ by first-class mail addressed to the last-known address.  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Applicant signature

**INSTRUCTIONS:**

For additional instructions and an online interview that will help you create forms, go to [michiganlegalhelp.org](http://michiganlegalhelp.org).

1. Determine whether you are eligible to apply to have your adjudication set aside according to MCL 712A.18e. You must complete a separate application for each adjudication if you are applying to have more than one adjudication set aside.
2. Find out the exact date of adjudication and the charge from the court. Get a certified copy of the adjudication and attach it to your application.
3. Swear to the truth of the statements in this application and then sign it in the presence of the court clerk or a notary public.
4. Make four copies of all attachments and this application. Take all copies to the court clerk.
5. Depending on local practice, the clerk of the court may set a hearing date at the time of filing. If a hearing date is set at the time of filing, the clerk of the court will complete the Notice of Hearing.
6. Go to the local law enforcement agency for biometric data collection. There may be a fee for this.
7. Make out a money order or check to the State of Michigan for the application. The application fee is \$25.00. This fee is sent with the application packet to the Michigan State Police for processing.
8. Mail a copy of the application packet, application fee, and your **biometric data** to the Michigan State Police by first-class mail to Michigan State Police, Criminal Justice Information Center - Criminal History, PO Box 30266, Lansing, Michigan 48909.
9. Mail a copy of the application packet to the Attorney General of the State of Michigan by first-class mail to Office of the Attorney General, Criminal Appellate Division, PO Box 30217, Lansing, Michigan 48909.
10. Mail a copy of the application packet to the correct prosecuting official where the conviction occurred (county, city, or township) by first-class mail. See [www.michiganprosecutor.org/about-us-menu/prosecutor-directory](http://www.michiganprosecutor.org/about-us-menu/prosecutor-directory) for the addresses of county prosecutors.
11. On both copies of the application, fill in the Proof of Service on the back of the form. After you fill out and sign the Proof of Service, mail or take one of the remaining application packets with the completed Proof of Service to the court. Keep the other copy of the application packet for your records.

<b>STATE OF MICHIGAN</b> JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	<b>ORDER AFTER FIRST-PHASE HEARING          TO WAIVE JURISDICTION          (DELINQUENCY PROCEEDINGS)</b>	<b>CASE NO.          PETITION NO.</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

<b>ORI</b> <b>MI-</b>	CTN/TCN	SID	DOB
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1. In the matter of  
name(s), alias(es)
2. Date of hearing: \_\_\_\_\_ Judge: \_\_\_\_\_ Bar no. \_\_\_\_\_
3. The prosecuting attorney filed a timely motion to waive jurisdiction over the juvenile on the following offense(s):  
(Specify each count and the MCL citation.)

4. Notice of hearing was given as required by court rule.
5. The juvenile has appeared in court in person with parent(s), guardian, legal custodian, or guardian ad litem, and  
 was represented by an attorney.  waived representation by an attorney.
6.  a. The proofs made and evidence received are on the record.  
 b. The juvenile waived the first-phase probable-cause hearing under MCR 3.950(D)(1)(c)(ii).

**THE COURT FINDS:**

7. There  is  is not probable cause to believe that an offense has been committed that if committed by an adult would be a felony.
8.  a. The prosecuting attorney presented legally admissible evidence establishing each element of the following offense(s) and probable cause that the juvenile, who was 14 years of age or older on the date of the offense(s), committed the offense(s):
- b. The prosecuting attorney has not presented the legally admissible evidence necessary to establish each element of the following offense(s) and probable cause that the juvenile, who was 14 years of age or older on the date of the offense(s), committed the offense(s):
9. The matter must be adjourned for the following good cause:

**IT IS ORDERED:**

10. The motion to waive jurisdiction is denied.  The juvenile is released pending trial of the matter in the family division.
11. The second-phase hearing shall be held on \_\_\_\_\_  
Date and time

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

Do not write below this line - For court use only

<b>STATE OF MICHIGAN</b> JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	<b>ORDER APPOINTING NEXT FRIEND</b> <b>(PERSONAL PROTECTION PROCEEDINGS)</b>	<b>CASE NO.</b> <b>PETITION NO.</b>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

DELETE

1. In the matter of  
name(s), alias(es)

2. Date of hearing: \_\_\_\_\_ Judge: \_\_\_\_\_ Bar no. \_\_\_\_\_

3. A petition for personal protection order was filed by \_\_\_\_\_, Name  
an adult, on behalf of the petitioner who is less than 14 years of age.

4. Michigan Court Rule 3.703(F)(2) requires the court to appoint a next friend for the petitioner whenever the petitioner is less than 14 years of age.

**IT IS ORDERED:**

5. \_\_\_\_\_ is appointed next friend for the petitioner in all proceedings in Name  
this matter until the petitioner reaches 17 years of age.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

Do not write below this line - For court use only

<b>STATE OF MICHIGAN</b> JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	<b>ORDER ON APPLICATION TO          SET ASIDE ADJUDICATION(S)</b>	<b>CASE NO.          PETITION NO.</b>
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ORI \_\_\_\_\_ Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_  
 MI- \_\_\_\_\_

Police Report No.

1. In the matter of name(s), alias(es)

CTN/TCN	SID	DOB
Date of Offense(s)	Charge(s)	

**Instructions:** An order may not be entered until receipt of the report of the Michigan State Police. Copies of the order must be sent to the Michigan State Police and the prosecuting official.

**THE COURT FINDS:**

- 2. The Michigan State Police has reported to the court required information from the department's records.
- 3. The applicant has not been adjudicated for more offenses than allowed under MCL 712A.18e(1) and does not have an adult felony conviction.
  - The adjudications arose out of a series of acts that were in a continuous time sequence of 12 hours or less and displayed a single intent and goal.
- 4. The adjudication(s) is/are not for a traffic offense or felony for which the maximum punishment is life imprisonment.
- 5. The applicant is 18 years of age or older.
- 6. It has been at least one year since the disposition was entered or since the applicant was released from detention for the adjudication(s).
- 7. An opportunity has been given to the Attorney General and prosecuting official to contest the application.
- 8. Circumstances and behavior of the applicant justify setting aside the adjudication(s), and it is consistent with the public welfare.

**IT IS ORDERED:** (If any item from 2 through 8 is not checked, then item 9 must be checked.)

- 9. The application is denied.
- 10. The following adjudication(s) in this case is/are set aside: \_\_\_\_\_

**Under MCL 712A.18e(13), the Michigan State Police shall maintain a nonpublic record of the order setting aside one or more adjudications and of the arrest, biometric data, adjudication(s), and disposition in this case. If an adjudication is for a nontraffic offense that was reportable to the Secretary of State in accordance with MCL 257.732(22), the driving record shall not be expunged. If the court or arresting agency maintains a record of the arrest, biometric data, adjudication, or disposition, that record shall be nonpublic and not used for any purpose unless authorized by law.**

\_\_\_\_\_  
 Date Judge Bar no.

Under MCL 769.16a the clerk of the court shall advise the Michigan State Police Criminal Justice Information Center of a disposition.

<b>STATE OF MICHIGAN JUDICIAL CIRCUIT JUDICIAL DISTRICT</b>	<b>ORDER ON APPLICATION TO SET ASIDE CONVICTION</b>	<b>CASE NO.</b>
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<b>ORI</b> MI- Police Report No.	<b>Court address</b>	<b>Court telephone no.</b>
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THE PEOPLE OF

The State of Michigan

\_\_\_\_\_

v

Defendant's name, address, and telephone no.		
CTN/TCN	SID	DOB
Date of Offense		Charge

**Instructions:** An order may not be entered until receipt of the report of the Michigan State Police. Copies of the order must be sent to the Michigan State Police and the prosecuting official. See other side for a list of offenses in MCL 780.621(3) that may not be set aside.

This order should not be used with applications to set aside a conviction under MCL 780.621(4), involving victims of human trafficking.

1. An application to set aside \_\_\_\_\_ Conviction was filed on \_\_\_\_\_ Date .

**THE COURT FINDS:**

- 2. The Michigan State Police has reported the required information from its records to the court.
- 3. The applicant has not been convicted of more than one felony and two misdemeanors as defined in MCL 780.621.
- 4. The conviction is not for an offense listed in MCL 780.621(3) as a conviction that may not be set aside.
- 5. It has been at least five years since the sentence was imposed or since the defendant was discharged from imprisonment, probation, or parole for the conviction, whichever is later.
- 6. An opportunity has been given to the Attorney General and prosecuting official to contest the application.
- 7. Circumstances and behavior of the applicant justify setting aside the conviction, and it is consistent with the public welfare.

**IT IS ORDERED:** (If any item from 2 through 7 is not checked, then item 8 must be checked.)

- 8. The application is denied. Applicant may file another application to have this conviction set aside
  - three years after the date of this order. **OR**
  - earlier than three years after the date of this order, but no sooner than \_\_\_\_\_ Date .
- 9. The conviction listed in item 1 in this case is set aside. **Under MCL 780.623, the Michigan State Police shall maintain a nonpublic record of the order setting aside conviction and of the arrest, fingerprints, conviction, and sentence in this case.** If the conviction is for a nontraffic offense that was reportable to the Secretary of State in accordance with MCL 257.732(22), the driving record shall not be expunged. **If the court or arresting agency maintains a record of the arrest, biometric data, conviction, or sentence, that record shall be nonpublic and not used for any purpose unless authorized by law.**

Date _____	Judge _____	Bar no. _____
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NOTE TO APPLICANT: Under MCL 780.622, if this order sets aside a conviction for a listed offense as defined in MCL 28.722 of the Sex Offenders Registration Act, you are still considered to have been convicted of that offense and you must comply with the registration and reporting requirements of the act.

Under MCL 769.16a the clerk of the court shall advise the Michigan State Police Criminal Justice Information Center of the disposition.

**Convictions that May Not Be Set Aside:**

MCL 780.621(3) prohibits the court from setting aside certain convictions as follows:

- (a) A felony for which the maximum punishment is life imprisonment or an attempt to commit a felony for which the maximum punishment is life imprisonment.
- (b) A violation or attempted violation of section 136b(3), 136d(1)(b) or (c), 145c, 145d, 520c, 520d, or 520g of the Michigan penal code, 1931 PA 328, MCL 750.136b, 750.136d, 750.145c, 750.145d, 750.520c, 750.520d, and 750.520g.
- (c) A violation or attempted violation of section 520e of the Michigan penal code, 1931 PA 328, MCL 750.520e, if the conviction occurred after the effective date of the amendatory act that added this subdivision.
- (d) A traffic offense, including, but not limited to, a conviction for operating while intoxicated.
- (e) A felony conviction for domestic violence, if the person has a previous misdemeanor conviction for domestic violence.
- (f) A violation of chapter LXVIIA or chapter LXXXIII-A of the Michigan penal code, 1938 PA 321, MCL 750.462a to 750.462j and 750.543a to 750.543z.

<b>STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY</b>	<b>REQUEST FOR NEXT FRIEND AND ORDER</b>	<b>CASE NO. PETITION NO. JUDGE</b>
--	--	--

Court address Court telephone no.

NEW FORM

Plaintiff/Petitioner's name, address, and telephone no.	<b>v</b>	Defendant/Respondent's name, address, and telephone no.
Plaintiff/Petitioner's attorney, bar no., address, and telephone no.		Defendant/Respondent's attorney, bar no., address, and telephone no.

In the matter of \_\_\_\_\_

Use note: No request is necessary in personal protection order cases when the minor is 14 years of age or older.

**REQUEST FOR NEXT FRIEND**

1. A next friend is necessary for \_\_\_\_\_ because he/she is a  
Name  
 minor     incompetent/legally incapacitated individual.

2. The proposed next friend is \_\_\_\_\_, who is an adult and not disqualified by statute.  
Name

\_\_\_\_\_  
Date Signature

3. I consent to being next friend for the person listed above.

\_\_\_\_\_  
Date Signature of proposed next friend

**Note:** If the person who needs a next friend is a minor under 14 years of age or incompetent/legally incapacitated, the person's next of kin, other relative, or friend must sign this request. If the person who needs a next friend is a minor 14 years of age or older, the minor must sign this request.

**ORDER**

- 4. \_\_\_\_\_ is appointed next friend for the person listed in item 1.  
Name
- 5. The request is denied because the proposed next friend is unsuitable.

\_\_\_\_\_  
Judge signature and date

<b>STATE OF MICHIGAN</b> JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	<b>PUBLICATION OF NOTICE OF          HEARING FOR NAME CHANGE</b>	<b>CASE NO. and JUDGE</b>
--	--	---------------------------

Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

NEW FORM

In the matter of \_\_\_\_\_  
First and last name of child(ren)

TO ALL PERSONS, including: (specify non-custodial parent's name here, if applicable)

whose address is unknown and whose interest in the matter may be barred or affected by the following:

**TAKE NOTICE:** A hearing will be held on \_\_\_\_\_  
Date and time

at \_\_\_\_\_  
Location

before Judge \_\_\_\_\_ to change the name of:

\_\_\_\_\_ to \_\_\_\_\_  
Current name Proposed name

---

**PUBLISH ABOVE INFORMATION ONLY**

Publish \_\_\_\_\_ time(s) in \_\_\_\_\_ in \_\_\_\_\_ County.  
Name of publication

Furnish \_\_\_\_\_ copies to \_\_\_\_\_ .

Furnish affidavit of publication to the court. Petitioner shall file affidavit of publication with the court clerk.

Forward statement for publication charges to \_\_\_\_\_ .

<b>STATE OF MICHIGAN</b> <b>PROBATE COURT</b> <b>COUNTY</b> <div style="background-color: yellow; height: 15px; width: 100%; margin-top: 5px;"></div>	<b>PETITION TO ALLOW ACCOUNT(S)</b>	<b>FILE NO.</b>
--	-------------------------------------	-----------------

In the matter of \_\_\_\_\_

1. One or more accounts listing all income and other receipts and expenses and other disbursements, which have come to my knowledge during the accounting period(s), have been filed with the court.
2. The interested persons, addresses, and their representatives are identical to those appearing on the initial application/petition, except as follows: (for each person whose address changed, list the name and new address; attach separate sheet if necessary)

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3. The attached accounts include:
  - a. fiduciary fees and expenses in the amount of \$ \_\_\_\_\_.
  - b. attorney fees and costs in the amount of \$ \_\_\_\_\_.

**I REQUEST:**

4. The court approve my fees and expenses and attorney fees and costs in the amount(s) stated above as set forth in the itemized statements attached to the account.
5. That the account(s) be allowed as my
  - interim account.
  - \_\_\_\_\_ account(s).  
specify whether 1st, 2nd, 3rd, annual, or final
6.  That I be discharged.       That bond be canceled.  
 That the estate be       continued.       closed.

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
Attorney signature	Fiduciary signature
Attorney name (type or print) <span style="float: right;">Bar no.</span>	Fiduciary name (type or print)
Address	Address
City, state, zip <span style="float: right;">Telephone no.</span>	City, state, zip <span style="float: right;">Telephone no.</span>

Do not write below this line - For court use only

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>ORDER ALLOWING ACCOUNT(S)</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_

1. Date of hearing: \_\_\_\_\_ Judge: \_\_\_\_\_ Bar no. \_\_\_\_\_

2. \_\_\_\_\_, \_\_\_\_\_ of the estate  
Name Title  
has filed a petition requesting the allowance of the \_\_\_\_\_ account(s).  
specify whether interim, 1st, 2nd, 3rd, annual, or final

**THE COURT FINDS:**

- 3. Notice of the hearing was given to or waived by all interested persons.
- 4. The \_\_\_\_\_ account(s) appear(s) to be correct and ought to be allowed.
- 5. Fees and costs are reasonable and ought to be allowed except as follows: \_\_\_\_\_

**IT IS ORDERED:**

- 6. The \_\_\_\_\_ account(s) is/are allowed.  
specify whether interim, 1st, 2nd, 3rd, annual, or final
- 7. Fees and costs as set forth in the petition are allowed except as follows: \_\_\_\_\_
- 8.  a. Any remaining assets shall be released to \_\_\_\_\_  
Name Address City State Zip
- b. Proof of proper transfer of remaining assets shall be filed by \_\_\_\_\_, at which time the bond will  
Date be canceled and the fiduciary will be discharged.
- 9. The fiduciary is discharged.  Bond is canceled.
- 10. The file is closed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

Do not write below this line - For court use only

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>NOTICE OF FOREIGN ADMINISTRATION FILING</b>	<b>FILE NO.</b>
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Estate of \_\_\_\_\_

1. I, \_\_\_\_\_, am a domiciliary foreign personal representative of an  
Name (type or print)  
estate being administered in \_\_\_\_\_ . Attached is an  
County and state of decedent's domicile  
authenticated copy of my appointment.  Also attached is an authenticated copy of the official bond I have given.

2. No local administration is pending in Michigan.

3. No application or petition for local administration is pending in Michigan.

4. The decedent has property located in this Michigan county.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of domiciliary personal representative

\_\_\_\_\_  
Attorney name (type or print) Bar no.

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip Telephone no.

\_\_\_\_\_  
City, state, zip Telephone no.

**ACCEPTANCE**

An authenticated copy of the appointment of the domiciliary foreign personal representative named above is accepted for filing.  
 An authenticated copy of the official bond given by the representative is also accepted for filing.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Register/Deputy register

**NOTE:** This form is not required for filing an authenticated copy of the appointment of domiciliary foreign personal representative and any official bond the representative has given. See MCL 700.4203 for details.

Do not write below this line - For court use only

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>ORDER REGARDING APPOINTMENT OF GUARDIAN OF INCAPACITATED INDIVIDUAL</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_  
First, middle, and last name

Court ORI	Date of birth	Race	Sex	Current address of incapacitated individual
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1. Date of hearing: \_\_\_\_\_ Judge: \_\_\_\_\_ Bar no.

**THE COURT FINDS:**

2. Notice of hearing was given to or waived by all interested persons.
3. The individual is not in need of a guardian.
4. Upon the presentation of clear and convincing evidence, the individual named above, by reason of  
 mental illness       mental deficiency       chronic use of drugs  
 chronic intoxication       physical illness or disability       other: \_\_\_\_\_  
 is impaired to the extent of lacking sufficient understanding or capacity to make or communicate informed decisions and is an incapacitated individual.
5. Upon the presentation of clear and convincing evidence, appointment of a guardian is necessary as a means of providing continuing care and supervision of the individual.
6. The individual is     partially     totally    without the capacity to care for himself/herself.
7. There is no competent, suitable person willing to act as guardian, and the appointment of a professional guardian is in the best interests of the adult. A bond must be filed.
8. Financial protection is required for the individual.

**IT IS ORDERED:**

9. The petition for appointment of guardian is     granted.     denied on the merits.     dismissed/withdrawn.
10. \_\_\_\_\_, whose address and telephone number are:

Address	City	State	Zip	Telephone no.
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is appointed **g** guardian of the adult and shall qualify by filing an acceptance of appointment.

**a. The guardian shall have the following powers:**

- full guardian with all authority and responsibilities granted and imposed by law.
- except as follows: \_\_\_\_\_

limited guardian with only the following powers: \_\_\_\_\_

In addition, the guardian has the authority to execute a written consent for formal voluntary mental health treatment, unless objected to by the incapacitated individual.

b. Bond of \$ \_\_\_\_\_ must be filed.

- 11.** The guardian is not permitted to act until letters of guardianship are issued. After qualification, the guardian shall comply with all relevant requirements under the law.
- 12.** Upon acceptance of appointment, the guardian shall petition for the appointment of a conservator or for another protective order under MCL 700.5401 *et seq.*

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13. If a guardian is appointed, the Michigan Department of State Police shall immediately enter the legally incapacitated individual's identifying information in this court order on the law enforcement information network.

14. The  attorney  guardian ad litem for the individual is discharged.

15. **IT IS FURTHER ORDERED:**



\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Attorney name (type or print)

\_\_\_\_\_  
Bar no.

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

\_\_\_\_\_  
Telephone no.

STATE OF MICHIGAN PROBATE COURT COUNTY OF	ORDER REGARDING APPOINTMENT OF TEMPORARY GUARDIAN OF INCAPACITATED INDIVIDUAL	FILE NO.
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In the matter of \_\_\_\_\_, an alleged incapacitated individual

1. Date of hearing: \_\_\_\_\_ Judge: \_\_\_\_\_ Bar no.

**THE COURT FINDS:**

- 2. Notice of hearing was given to the **alleged** incapacitated individual.
- 3. The individual is not in need of a guardian.
- 4. The individual does not have a guardian, an emergency exists, and no other person appears to have the authority to act in the circumstances. A showing has been made that the individual is incapacitated.
- 5. The appointed guardian is not effectively performing his/her guardianship duties, and the welfare of the incapacitated individual requires immediate action.
- 6. There is no qualified, suitable individual willing to act as temporary guardian, and the appointment of a nonprofit corporation as temporary guardian is in the best interest of the adult. A personal bond must be filed.
- 7. Other: \_\_\_\_\_

**IT IS ORDERED:**

8. The petition for appointment of temporary guardian is  granted.  denied on the merits  dismissed/withdrawn.

9. \_\_\_\_\_, whose address and telephone number are  
Name (type or print)

Address	City	State	Zip	Telephone no.
---------	------	-------	-----	---------------

is appointed temporary guardian of the adult and shall qualify by filing an acceptance of appointment.

**a. The temporary guardian shall have the following powers:**

- all authority and responsibilities granted and imposed by law.
- except as follows:** \_\_\_\_\_
- the following powers only:** \_\_\_\_\_

In addition, the temporary guardian has the authority to execute a written consent for formal voluntary mental health treatment, unless objected to by the incapacitated individual.

b. Bond of \$ \_\_\_\_\_ must be filed.

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10. The temporary guardian is not permitted to act until letters of guardianship are issued.

11. This temporary guardianship shall terminate on \_\_\_\_\_ .  
Date

12. **IT IS FURTHER ORDERED:**



\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Attorney name (type or print) Bar no.

\_\_\_\_\_  
Address City State Zip Telephone no.

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF _____</b>	<b>ANNUAL REPORT OF GUARDIAN ON CONDITION OF LEGALLY INCAPACITATED INDIVIDUAL</b> <input type="checkbox"/> FINAL REPORT	<b>FILE NO.</b>
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NOTE: This report must be completed yearly by the guardian, or more often if directed by the court. The guardian must serve the completed report on the ward and all interested persons as required by Michigan Court Rules 5.105 and 5.125. Then the guardian must complete a proof of service (form PC 564) and file it and this report with the court.

In the matter of \_\_\_\_\_, a legally incapacitated individual  
First, middle, and last name

1. I, \_\_\_\_\_, am the guardian of the adult named above and my annual  
Name (type or print)  
 report for the period of \_\_\_\_\_ to \_\_\_\_\_ is as follows.  
Date Date

2. Present age of the adult: \_\_\_\_\_ Date of birth: \_\_\_\_\_

**3. Living Arrangement**

a. The current address and telephone number of the adult are: \_\_\_\_\_

b. The name of the facility where the adult resides, if any: \_\_\_\_\_

c. The adult's residence is:  Check here if this is a new address  
 own home/apartment       guardian's home/apartment       other: \_\_\_\_\_  
 nursing home                       hospital or medical facility                      (boarding home, assisted living, etc.)  
 foster home                       relative's home: \_\_\_\_\_  
Relationship

d. The adult has been in the present residence since \_\_\_\_\_ . If moved within the past year, state  
Date  
 the changes and the reasons for change.

e. I rate the adult's living arrangement as  excellent.  average.  below average. Explain \_\_\_\_\_

f. I believe the adult is  content with the living situation.  unhappy with the living situation.

g. I recommend a more suitable living arrangement for the adult as follows: \_\_\_\_\_

(SEE SECOND PAGE)

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**4. Physical Health**

- a. The adult's current physical condition is  excellent.  good.  fair.  poor.
- b. During the past year the adult's physical condition has  
 remained about the same.  
 improved. Explain \_\_\_\_\_  
 worsened. Explain \_\_\_\_\_

c. During the past year the adult received the following medical treatment (include check-ups and dental work):

Date	Ailment	Type of Treatment	Doctor's Name

**5. Do-Not-Resuscitate Order**

- a. I did not execute, reaffirm, or revoke a do-not-resuscitate order.
- b. I  executed  reaffirmed  revoked a do-not-resuscitate order for the adult under MCL 700.5314(d).  
 In doing so, I  did  did not consult with the adult and his/her attending physician.

**6. Physician Orders for Scope of Treatment (POST) Form**

- a. I did not execute, reaffirm, or revoke a POST form.
- b. I  executed  reaffirmed  revoked a POST form for the adult under MCL 700.5314(g).  
 In doing so, I  did  did not consult with the adult and his/her attending physician.

**7. Nonopioid Directive**

- a. I did not execute, reaffirm, or revoke a nonopioid directive.
- b. I  executed  reaffirmed  revoked a nonopioid directive for the adult under MCL 700.5314(f).

**8. Mental Health**

- a. The adult's current mental condition is  excellent.  good.  fair.  poor.
- b. During the past year, the adult's mental condition has  
 remained about the same.  
 improved. Explain \_\_\_\_\_  
 worsened. Explain \_\_\_\_\_

c. During the past year the adult received the following mental health treatment:

Date	Ailment	Type of Treatment	Doctor's Name

**9. Social Activities/Services**

a. The adult's current social condition is  excellent.  good.  fair.  poor.

b. During the past year, the adult's social condition has

remained about the same.

improved. Explain \_\_\_\_\_

worsened. Explain \_\_\_\_\_

c. During the past year, the adult has participated in the following activities:

recreational \_\_\_\_\_

educational \_\_\_\_\_

social \_\_\_\_\_

occupational \_\_\_\_\_

No activities were available.

The adult refused to participate in any activities.

The adult was unable to participate in any activities.

**10. List of Visits**

a. During the past year, I visited the adult as follows: \_\_\_\_\_  
List dates

\_\_\_\_\_  
\_\_\_\_\_

b. The average amount of time I spent on each visit was \_\_\_\_\_.

c. The last time I visited with the adult was on \_\_\_\_\_.  
Date

**11. Activities**

During the past year, I performed the following activities on behalf of the adult: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**12. Consultation**

During the past year, I consulted with the adult before making the following decisions: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**13.** I believe the adult has the following unmet needs: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**14.** The guardianship  should  should not be continued because: \_\_\_\_\_

**Note:** If you no longer wish to serve as guardian, you must file a petition to remove yourself.

15. There  is  is not more cash or property than what was previously reported to the court.

If there is, specify the additional amount: \$ \_\_\_\_\_ .

16. As guardian, I have been ordered by the court to file an annual account, which is attached.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of guardian

\_\_\_\_\_  
Signature of co-guardian (if applicable)

\_\_\_\_\_  
Address

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip Telephone no.

\_\_\_\_\_  
City, state, zip Telephone no.

Check here if this is a new address

Check here if this is a new address

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>ORDER REGARDING TERMINATION/MODIFICATION OF</b> <input type="checkbox"/> <b>GUARDIAN FOR MINOR</b> <input type="checkbox"/> <b>GUARDIAN FOR LII</b> <input type="checkbox"/> <b>CONSERVATOR</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_  
First, middle, and last name

1. Date of hearing: \_\_\_\_\_ Judge \_\_\_\_\_ Bar no. \_\_\_\_\_

**THE COURT FINDS:**

- 2. Notice of hearing was given to or waived by all interested persons.
- 3.  a. A petition to  terminate  modify a  guardianship  conservatorship was filed with this court and should be  granted.  denied.  dismissed.
- b. On the court's own motion, the  guardianship  conservatorship should be  terminated.  modified.
- 4. The fiduciary  should be removed and a successor appointed.  
 should be permitted to resign and a successor appointed.  
 has died or become disabled and a successor must be appointed.  
 is not effectively performing the duties of a guardian and the welfare of the incapacitated individual requires immediate action and the appointment of a temporary guardian.
- 5. The individual  continues to be an incapacitated individual and in need of a guardian as a means of providing continuing care and supervision of the person.  
 continues to be a person in need of a conservator.  
 is a minor who continues to need a guardian.  
 is no longer in need of a  guardian.  conservator.
- 6. There is no qualified, suitable individual willing to act as conservator/guardian and the appointment of a professional guardian/conservator as fiduciary is in the best interest of the individual. A bond must be filed.
- 7. A coguardian is necessary.

**IT IS ORDERED:**

- 8. The petition is  granted.  denied on the merits.  dismissed/withdrawn.
- 9. The appointment of a special conservator is necessary to preserve the estate or secure its proper administration.
- 10. \_\_\_\_\_ is  removed  permitted to resign as \_\_\_\_\_ .  
Name of fiduciary Type of fiduciary
- S/he shall file with this court and serve on the interested persons a final account no later than \_\_\_\_\_ .  
Date

(SEE SECOND PAGE)

Do not write below this line - For court use only

11. \_\_\_\_\_  
 Name Address  
 \_\_\_\_\_ is appointed  
 City State Zip Telephone no.

\_\_\_\_\_  
 Name Address  
 \_\_\_\_\_ is appointed  
 City State Zip Telephone no.

a. successor **guardian of the incapacitated individual** and qualifies by filing an acceptance of appointment. The guardian shall have the following powers:  
 full guardian with all authority and responsibilities granted and imposed by law.  
 except as follows: \_\_\_\_\_  
 limited guardian with only the following powers: \_\_\_\_\_  
 \_\_\_\_\_  
 temporary guardian and shall serve until \_\_\_\_\_ with the following powers: \_\_\_\_\_  
 Date  
 \_\_\_\_\_  
 In addition, guardian has the authority to execute a written consent for formal voluntary mental health treatment, unless objected to by the incapacitated individual.  
 Bond of \$ \_\_\_\_\_ must be filed.  
 The guardian is not permitted to act until letters of guardianship are issued. After qualification, the guardian shall comply with all relevant requirements under the law.

b. successor  full  limited  temporary **guardian of the minor child** and qualifies by filing an acceptance of appointment.  Bond of \$ \_\_\_\_\_ must be filed.  
 The guardian is not permitted to act until letters of guardianship are issued. After qualification, the guardian shall comply with all relevant requirements under the law.

The temporary guardian shall serve until \_\_\_\_\_ with the following powers: \_\_\_\_\_  
 Date  
 \_\_\_\_\_

Child support shall be paid:  as stated in the placement plan.  
 \_\_\_\_\_

c.  successor  special **conservator** and shall have the following powers: \_\_\_\_\_  
 \_\_\_\_\_

An acceptance of appointment is to be filed.  Bond of \$ \_\_\_\_\_ must be filed.

The conservator is not permitted to act until letters of conservatorship are issued. After qualification, the conservator shall comply with all relevant requirements under the law.

12. The  guardianship  conservatorship is  terminated  modified as follows: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

13. The  attorney  guardian ad litem for the individual is discharged.

14. Other:

15. The matter is  closed.  not closed.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Attorney name (type or print) Bar no.

\_\_\_\_\_  
Address City State Zip Telephone no.

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>CONSENT BY PARENT/INDIAN CUSTODIAN TO GUARDIANSHIP OF INDIAN CHILD</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_ , \_\_\_\_\_  
Full name of child Name of tribe and identification no. (if one)

1. I, \_\_\_\_\_ , am the  parent (Date of birth \_\_\_\_\_ )  
Name  Indian custodian  
of the child named above, who was born \_\_\_\_\_ at \_\_\_\_\_ .  
Date Place

2. A judge has fully explained to me my legal rights as a parent/Indian custodian and that I do not have to sign this voluntary consent to a petition for guardianship. The explanation given to me was in a language understood by me or interpreted into my own language if I do not speak English. I understand my parental rights and that if I do sign this consent, I voluntarily suspend all of my parental rights to the child for placement with a guardian.

3. This consent is not given before or within 10 days after the birth of the child.

4. I understand that I may withdraw my consent at any time by sending written notice to the court substantially in compliance with a form approved by the State Court Administrative Office and that, upon receipt of that notice, the court will immediately enter an ex parte order terminating the guardianship and returning the child to me.

5. Of my own free will, I consent to the guardianship of the child by the petitioner(s). The name and address of the person with whom my child will be placed is \_\_\_\_\_ .  
Name and address of proposed guardian

\_\_\_\_\_  
Date Parent/Indian custodian signature

\_\_\_\_\_  
Address City State Zip

**CERTIFICATION BY JUDGE**

1. Notice of this proceeding was given as required by MCR 5.109(1).
2. At a hearing where a verbatim record of testimony was made, I explained to the parent/Indian custodian her/his legal rights under MCL 712B.13 and that, by signing this consent, s/he was voluntarily suspending her/his parental rights to the Indian child for placement with the proposed guardian. The parent/Indian custodian then voluntarily signed this consent.

\_\_\_\_\_  
Date Judge Bar no.

**STATEMENT OF INTERPRETER**

This proceeding was translated by me to the parent/Indian custodian in his/her spoken language of \_\_\_\_\_ .  
Spoken language

\_\_\_\_\_  
Signature of interpreter

Subscribed and sworn to before me on \_\_\_\_\_  
Date County and state

My commission expires: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date

Notary public, State of Michigan, County of \_\_\_\_\_ , \_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Address City State Zip

Do not write below this line - For court use only

# NEW FORM

PCS Code: NHO  
TCS Code: NHOP

STATE OF MICHIGAN PROBATE COURT COUNTY	NOTICE OF HEARING TO HEIRS AND RIGHT TO OBJECT TO APPOINTMENT OF PUBLIC ADMINISTRATOR	CASE NO. and JUDGE
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

In the matter of \_\_\_\_\_  
First, middle, and last name of decedent

I am a public administrator. I have filed a petition for appointment as personal representative of the estate of the individual named above and the decedent's real property has delinquent property taxes and/or is subject to mortgage foreclosure.

**TAKE NOTICE:** A hearing on the petition for probate and/or appointment of personal representative will be held on

\_\_\_\_\_, at \_\_\_\_\_  
Date and time Location

before Judge \_\_\_\_\_.

1. You are required to be given this notice under MCL 700.3414 as an heir of the decedent.
2. You may object to the appointment of the petitioner as public administrator.
3. You may petition the court for a court hearing on any matter, including, but not limited to, any of the following:
  - a. A petition for you to be appointed personal representative.
  - b. A petition to remove a personal representative at any time during the estate's administration for any of the following reasons:
    - 1) Removal is in the best interests of the estate.
    - 2) It is shown that the personal representative or the person who sought the personal representative's appointment intentionally misrepresented material facts in a proceeding leading to the appointment.
    - 3) The personal representative did any of the following:
      - i. disregarded a court order.
      - ii. became incapable of discharging the duties of office.
      - iii. mismanaged the estate.
      - iv. failed to perform a duty pertaining to the office.
4. A copy of the Objection to Appointment of Public Administrator as Personal Representative form (PC 690) is attached.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip Telephone no.

# NEW FORM

JIS Code: OJP

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>	<b>OBJECTION TO THE APPOINTMENT OF PUBLIC ADMINISTRATOR AS PERSONAL REPRESENTATIVE</b>	<b>CASE NO. and JUDGE</b>
---	--	---------------------------

Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

In the matter of \_\_\_\_\_  
First, middle, and last name of decedent

Objecting party's name, address and telephone no.

Objecting party's attorney, bar no., address, and telephone no.

1. I am an heir to the decedent named above.
2. I received a Notice of Hearing to Heirs and Right to Object (PC 689) regarding a petition for probate and/or appointment of personal representative for the estate.
3. I object to the appointment of \_\_\_\_\_ as personal representative of the  
Name of public administrator  
estate for the following reasons: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Objecting party signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Attorney signature

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>PETITION FOR MENTAL HEALTH TREATMENT</b> <input type="checkbox"/> <b>AMENDED</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_ **XXX-XX-**  
First, middle, and last name Last four digits of SSN

Court ORI	Date of birth	Place of birth	Race	Sex
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1. I, \_\_\_\_\_, an adult \_\_\_\_\_ petition because  
Name (type or print) specify whether a relative, neighbor, peace officer, etc.  
 I believe the individual named above needs treatment.

2. The individual was born \_\_\_\_\_, has a permanent residence in \_\_\_\_\_  
Date  
 County at \_\_\_\_\_  
Street address City State Zip  
 and can presently be found at \_\_\_\_\_  
Facility name or other address

This petition is for a person who was found not guilty by reason of insanity in this county (NGRI).

3. I believe the individual has mental illness and
- a. as a result of that mental illness, the individual can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure self or others, and has engaged in an act or acts or made significant threats that are substantially supportive of this expectation.
  - b. as a result of that mental illness, the individual is unable to attend to those basic physical needs that must be attended to in order to avoid serious harm in the near future, and has demonstrated that inability by failing to attend to those basic physical needs.
  - c. the individual's judgment is so impaired by that mental illness, and whose lack of understanding of the need for treatment has caused him or her to demonstrate an unwillingness to voluntarily participate in or adhere to treatment that is necessary, on the basis of competent clinical opinion, to prevent a relapse or harmful deterioration of his or her condition, and presents a substantial risk of significant physical or mental harm to the individual or others.

4. The conclusions stated above are based on

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

\_\_\_\_\_

\_\_\_\_\_

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

\_\_\_\_\_

\_\_\_\_\_

by: \_\_\_\_\_  
Witness name Complete address Telephone no.

(SEE SECOND PAGE)

Do not write below this line - For court use only



<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>ORDER FOLLOWING HEARING ON OBJECTION BY MINOR TO HOSPITALIZATION/ ADMINISTRATIVE ADMISSION</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_  
First, middle, and last name

1. Date of hearing: \_\_\_\_\_ Judge: \_\_\_\_\_ Bar no. \_\_\_\_\_

2. \_\_\_\_\_ has filed an objection to the  
Name

hospitalization of the minor named above at \_\_\_\_\_  
Hospital name

administrative admission of the resident named above to \_\_\_\_\_  
Facility name

3. Notice of the hearing was given to or waived by all interested persons.

was present in court.

with

4. The individual  was not present for reasons stated on the record. The hearing was  without a jury.

Present were \_\_\_\_\_, the attorney for the individual, and

\_\_\_\_\_, the attorney for the petitioner.

5.  Testimony was given by \_\_\_\_\_.

Testimony was waived and the parties stipulated to the entry of the order.

**THE COURT FINDS:**

6. There  is  is not clear and convincing evidence that the minor is suitable for hospitalization.

7. The resident is not in need of the care and treatment that is available at the facility.

8. An alternative to the care and treatment provided in the facility is available and adequate to meet the resident's needs.

9. The resident is in need of care and treatment that is available at the facility and there is no alternative to care and treatment provided in the facility that is available and adequate to meet the needs of the resident. \_\_\_\_\_

**IT IS ORDERED:**

10. The objection is sustained, and the minor/resident is discharged from the hospital/facility.

11. The objection is denied on the merits and the minor/resident shall remain at the hospital/facility.

12. The objection is dismissed/withdrawn.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge



Do not write below this line - For court use only

STATE OF MICHIGAN PROBATE COURT COUNTY OF	CLINICAL CERTIFICATE	FILE NO.
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In the matter of \_\_\_\_\_  
First, middle, and last name

**TO THE EXAMINER: You must read the following statement to the individual before proceeding with any questions.**

I am authorized by law to examine you for the purpose of advising the court if you have a mental condition which needs treatment and whether such treatment should take place in a hospital or in some other place. I am also here to determine if you should be hospitalized or remain hospitalized before a court hearing is held. I may be required to tell the court what I observe and what you tell me.

- I am a  psychiatrist.  licensed psychologist.  physician.
- I certify that on this date I read the above statement to the individual before asking any questions or conducting any examination.
- I further certify that I, \_\_\_\_\_, personally examined \_\_\_\_\_  
Name (type or print) Patient  
at \_\_\_\_\_  
Name and address where examination took place  
on \_\_\_\_\_ starting at \_\_\_\_\_ and continuing for \_\_\_\_\_ minutes.  
Date Time

INSTRUCTIONS: Describe in detail the specific actions, statements, demeanor, and appearance of the individual, together with other information which underlie your conclusion. **Indicate the source of any information not personally known or observed.** If this certificate is to accompany a petition for discharge, state why the individual continues to be or is no longer a person requiring treatment or in need of hospitalization.

- My determination is that the person is  
 mentally ill (has a substantial disorder of thought or mood that significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life).  
 not mentally ill.
- (if applicable) The person has  
 convulsive disorder.  alcoholism.  other drug dependence.  
 mental processes weakened by reason of advanced years.  
 other (specify): \_\_\_\_\_
- My diagnosis is: \_\_\_\_\_
- Facts serving as the basis for my determination are: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(SEE SECOND PAGE)

Do not write below this line - For court use only

8. Explain in the space below the facts which lead you to believe that future conduct may result in (check applicable box)

a. likelihood of injury to self. Facts:

Therefore, I believe that the examined person, as a result of mental illness, can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure self.

b. likelihood of injury to others. Facts:

Therefore, I believe that the examined person, as a result of mental illness, can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure others.

c. inability to attend to basic physical needs. Facts:

Therefore, I believe that the examined person, as a result of mental illness, is unable to attend to those basic physical needs (such as food, clothing or shelter) that must be attended to in order to avoid serious harm in the near future and has demonstrated that inability by failing to attend to those basic physical needs.

d. inability to understand need for treatment. Facts:

Therefore, I believe that the examined person, as a result of mental illness, is so impaired by that mental illness and whose lack of understanding of the need for treatment has caused him or her to demonstrate an unwillingness to voluntarily participate in or adhere to treatment that is necessary, on the basis of competent clinical opinion, to prevent a relapse or harmful deterioration of his or her condition, and presents a substantial risk of significant physical or mental harm to himself/herself or others.

9. I conclude the individual  is  is not a person requiring treatment.

10. (optional) I recommend  hospitalization only  
 a combination of hospitalization and assisted outpatient treatment  
 assisted outpatient treatment without hospitalization

as follows: \_\_\_\_\_

I certify that I am a person authorized by law to certify as to the individual's mental condition. I am not related by blood or marriage either to the person about whom this certificate is concerned or to any person who has filed, or whom I know to be planning to file, a petition in this proceeding. I declare under the penalties of perjury that this certificate has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time of signing

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or type name and business telephone no.

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>INITIAL ORDER AFTER HEARING ON PETITION FOR MENTAL HEALTH TREATMENT</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_  
First, middle, and last name

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 \_\_\_\_\_ asserting that the individual named  
Petitioner name (type or print)  
above is a person requiring treatment.

**THE COURT FINDS:**

3. Notice of hearing has been given according to law.

4. The individual  was present in court.  was not present for reasons stated on the record.  
The hearing was  with  without a jury.

Present were: \_\_\_\_\_, attorney for the individual, and  
\_\_\_\_\_, attorney for the petitioner.

5. Testimony of a physician, psychiatrist, 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.

7. By clear and convincing evidence, the individual is a person requiring treatment because the individual has a mental illness,  
 a. and as a result of that mental illness can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure self or others, and has engaged in an act or acts or made significant threats that are substantially supportive of this expectation.  
 b. and as a result of that mental illness is unable to attend to those basic physical needs that must be attended to in order to avoid serious harm in the near future, and has demonstrated that inability by failing to attend to those basic physical needs.  
 c. whose judgment is so impaired by that mental illness and whose lack of understanding of the need for treatment has caused him or her to demonstrate an unwillingness to voluntarily participate in or adhere to treatment that is necessary, on the basis of competent clinical opinion, to prevent a relapse or harmful deterioration of his or her condition, and presents a substantial risk of significant physical or mental harm to the individual or others.

8. There  is  is not an available treatment program that is an alternative to hospitalization or that follows an initial period of hospitalization adequate to meet the individual's treatment needs and is sufficient to prevent harm that the individual may inflict upon self or others within the near future.

9. \_\_\_\_\_ hospital can provide treatment, which is adequate and appropriate to the individual's condition.

10. The individual is not a person requiring treatment.

(SEE SECOND PAGE)

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**IT IS ORDERED:**

11. The individual shall be hospitalized for up to 60 days with no assisted outpatient treatment.
12. The individual shall receive combined hospitalization and assisted outpatient treatment for no longer than 180 days. The individual shall be hospitalized for up to 60 days of the 180-day assisted outpatient treatment period.
- An initial hospitalization period shall be up to \_\_\_\_\_ days.  
1 to 60 days
13. The individual shall receive assisted outpatient treatment for no longer than 180 days.

14. Any hospitalization of the individual for mental health treatment shall occur in the hospital listed in item 9.

15. Any assisted outpatient treatment services shall be supervised by

\_\_\_\_\_  
Community mental health services or other designated entity

The following assisted outpatient services are ordered:

- case management plan
- case management services
- all services recommended by the treatment provider
- medication
- blood or urinalysis tests to determine compliance with or effectiveness of prescribed medication
- individual therapy     group therapy     individual and group therapy
- day programs     partial day programs
- educational training     vocational training
- supervised living
- assertive community treatment team services
- substance use disorder treatment
- substance use disorder testing (for individuals with a history of alcohol or substance use and for whom testing is necessary to assist the court in ordering treatment designed to prevent deterioration)
- any other services prescribed to treat the individual's mental illness and either to assist the individual in living and functioning in the community or to help prevent a relapse or deterioration that may reasonably be predicted to result in suicide or the need for hospitalization. Those services are: \_\_\_\_\_
- \_\_\_\_\_
- \_\_\_\_\_

16. If the individual refuses to comply with a psychiatrist's order for hospitalization, a peace officer shall take the individual into protective custody and transport the individual to the hospital designated by the psychiatrist.
17. If item 11 or 12 is checked, the Michigan State Police shall immediately enter the individual's identifying information in this court order on LEIN.
18. If felony charges have been previously dismissed under MCL 330.2044(1)(b) and the time for petitioning to refile charges has not elapsed, not less than 30 days before the scheduled release or discharge:
- a. the director of the treating facility shall notify the prosecutor's office in the county in which charges against the person were originally brought that the patient's release or discharge is pending.
- b. the patient to be released or discharged shall undergo a competency examination as described in MCL 330.2026. A copy of the written report of the examination along with the notice required in item 18a above shall be submitted to the prosecutor's office in the county in which the charges against the patient were originally brought. The written report is admissible as provided in MCL 330.2030(3).
19. The petition is     denied on the merits.     dismissed.     withdrawn.

**STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF**

**ORDER AND REPORT ON  
ALTERNATIVE MENTAL  
HEALTH TREATMENT**

**FILE NO.**

In the matter of \_\_\_\_\_  
First, middle, and last name

**ORDER**

**IT IS ORDERED** that \_\_\_\_\_ shall prepare a report assessing the current  
Name (type or print)  
availability and appropriateness of alternatives to hospitalization for the individual named above including alternatives available following an initial period of court-ordered hospitalization.

The report shall be made to the court before the hearing on \_\_\_\_\_ for  
Date and time of hearing

Petition for 60-day order, discharge, etc.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Bar no.

**REPORT ON EVALUATION OF HOSPITAL TREATMENT AND/OR ALTERNATIVE PROGRAMS**

1. I, \_\_\_\_\_, as \_\_\_\_\_, report as follows.  
Name Profession, organization, and position

2. I have reviewed, as to their availability in or near the individual's home community, treatment resources alternative to hospitalization and report as follows: (If practical, give name of agency, program, etc.)

a. Independent mental health professional: \_\_\_\_\_

\_\_\_\_\_

b. Community mental health day treatment, aftercare service, work activity, or other program: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

c. Substance abuse, rehabilitation service, or similar program of public or private agency: \_\_\_\_\_

\_\_\_\_\_

d. Other: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(SEE SECOND PAGE)

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3. I have reviewed, as to their availability in or near the individual's home community, residential accommodations, and I report as follows: (If practical, give name of residence, location, etc.)

a. Independent: \_\_\_\_\_  
Individual's own house, apartment, etc.

b. Residence of relative or friend: \_\_\_\_\_

c. Foster care home: \_\_\_\_\_

d. Nursing home: \_\_\_\_\_

e. Other: \_\_\_\_\_

4. I recommend release.

5. I recommend a course of treatment of

hospitalization,

hospitalization for \_\_\_\_\_ days, followed by assisted outpatient treatment as follows:

assisted outpatient treatment as follows:

6. My recommendation is based upon the following described interviews, observations, and information:

7. The individual  has  does not have a durable power of attorney or advance directive that direct the following mental health treatment: \_\_\_\_\_

8. I believe the hospital to which admission is proposed  can  cannot provide its prescribed treatment program appropriately and adequately because \_\_\_\_\_

9. I recommend the following agency or independent mental health professional to supervise the outpatient treatment:

Name

Complete address

The agency or professional  has  has not indicated capability and willingness to supervise the recommended program.

10. The individual currently has the following source(s) of funds to cover his or her care in the community:

- 11. The individual does not currently have sufficient sources of funds for community living.
  - a. Application for supplemental funds has been made. They should be available \_\_\_\_\_ .
  - b. Application for supplemental funds has not been made because \_\_\_\_\_ .  
Application will be made on \_\_\_\_\_ and should be available about \_\_\_\_\_ .
- c. Pending receipt of supplemental funds, the following funds will be available:
  - Direct relief.
  - MDHHS/CMH emergency care funds.
  - Other assistance: \_\_\_\_\_
  - None. Reason: \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>ORDER TO MODIFY ORDER FOR ASSISTED OUTPATIENT TREATMENT OR COMBINED HOSPITALIZATION AND ASSISTED OUTPATIENT TREATMENT</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_  
First, middle, and last name

1. Date of hearing (if one): \_\_\_\_\_ Judge: \_\_\_\_\_ Bar no.

2. This court issued an  initial  second  continuing order on \_\_\_\_\_ directing the individual  
Date  
named above to undergo a program of assisted outpatient treatment or combined hospitalization and assisted outpatient treatment.

3. The court has been notified that  
 the individual is not complying with the order for assisted outpatient treatment or combined hospitalization and assisted outpatient treatment.  
 assisted outpatient treatment has not been or will not be sufficient to prevent harm the individual may inflict upon self or others.  
 the individual believes that the assisted outpatient treatment program is not appropriate.

4. **THE COURT FINDS:**  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**IT IS ORDERED:**

- 5. The order for assisted outpatient treatment or combined hospitalization and assisted outpatient treatment is modified and the individual shall undergo a program of assisted outpatient treatment **as ordered in item 8 below.** This assisted outpatient treatment shall not exceed the time from the date of issuance of the  
 initial  second  continuing combined order.
- 6. The order for assisted outpatient treatment or combined hospitalization and assisted outpatient treatment is modified and the individual shall be hospitalized at \_\_\_\_\_  
for a period not to exceed the remainder of the previously-ordered hospitalization portion of the  
 initial  second  continuing combined order.
- 7. The order for assisted outpatient treatment or combined hospitalization and assisted outpatient treatment is modified and the individual shall continue to undergo combined hospitalization and assisted outpatient treatment as ordered in item 8 below for the remainder of the previously-ordered period. The individual shall be hospitalized at \_\_\_\_\_  
\_\_\_\_\_ for a period not to exceed the remainder of the initially ordered hospitalization portion of the  initial  second  continuing combined order.

(SEE SECOND PAGE)

**USE NOTE:** Use form PCM 244 to modify an order for assisted outpatient treatment or an order for combined hospitalization and assisted outpatient treatment under MCL 330.1475(3)-(5).

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8. Assisted outpatient treatment services shall be supervised by \_\_\_\_\_ .

Community mental health services or other designated entity

The following assisted outpatient services are ordered:

- case management plan
- case management services
- all services recommended by the treatment provider
- medication
- blood or urinalysis tests to determine compliance with or effectiveness of prescribed medication
- individual therapy     group therapy     individual and group therapy
- day programs     partial day programs
- educational training     vocational training
- supervised living
- assertive community treatment team services
- substance use disorder treatment
- substance use disorder testing (for individuals with a history of alcohol or substance use and for whom testing is necessary to assist the court in ordering treatment designed to prevent deterioration)
- any other services prescribed to treat the individual's mental illness and either to assist the individual in living and functioning in the community or to help prevent a relapse or deterioration that may reasonably be predicted to result in suicide or the need for hospitalization. Those services are: \_\_\_\_\_

**NOTICE:** The court must be promptly notified of the individual's release from the hospital to the assisted outpatient treatment program, along with a psychiatrist's statement that the individual is clinically appropriate for assisted outpatient treatment.

9. If the individual refuses to comply with a psychiatrist's order to return to the hospital, a peace officer shall take the individual into protective custody and transport the individual to the hospital designated by the psychiatrist.

10. This order expires on \_\_\_\_\_ .  
Date

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

**NOTICE OF RIGHT TO OBJECT TO HOSPITALIZATION**

If the court has ordered you to be hospitalized rather than continue in an assisted outpatient treatment program you have a right to object to this hospitalization. If you wish to object, complete the objection below and send a copy to the court.

**PROOF OF SERVICE**

I certify that this notice was personally served on the individual named above on \_\_\_\_\_ at \_\_\_\_\_  
Date Time  
and a copy was mailed to the \_\_\_\_\_ Court on \_\_\_\_\_ .  
Date

\_\_\_\_\_  
Signature

**OBJECTION TO HOSPITALIZATION**

I object to my hospitalization and request that the court schedule a hearing on the objection.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF**

**PETITION FOR SECOND  
MENTAL HEALTH TREATMENT ORDER**

**FILE NO.**

In the matter of \_\_\_\_\_ DOB: \_\_\_\_\_  
First, middle, and last name

1. I, \_\_\_\_\_, state that I am  
Name (type or print)

the authorized representative of the agency or mental health professional supervising the individual's assisted outpatient treatment program.

\_\_\_\_\_ of \_\_\_\_\_  
Director or authorized representative Name of hospital

2. The individual is currently  residing  hospitalized at \_\_\_\_\_  
Address and telephone no.

3. The initial order entered by this court for the individual expires on \_\_\_\_\_  
Date

4. The individual continues to be a person requiring treatment and is in need of

hospitalization for not more than 90 days.

combined hospitalization and assisted outpatient treatment for not more than **90 days.**

assisted outpatient treatment for not more than **90 days.**

5. The individual is likely to refuse treatment on a voluntary basis when the order expires.

INSTRUCTIONS: In answering items 6 and 7, 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.

6. The basis for this allegation is that I believe the individual has a mental illness and: (Check all that apply.)

a. as a result of that mental illness, the individual can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure self or others, and has engaged in an act or acts or made significant threats that are substantially supportive of this expectation.

b. as a result of that mental illness, the individual is unable to attend to those basic physical needs that must be attended to in order to avoid serious harm in the near future, and has demonstrated that inability by failing to attend to those basic physical needs.

c. the individual's judgment is so impaired by that mental illness and whose lack of understanding of the need for treatment has caused him or her to demonstrate an unwillingness to voluntarily participate in or adhere to treatment that is necessary, on the basis of competent clinical opinion, to prevent a relapse or harmful deterioration of his or her condition, and presents a substantial risk of significant physical or mental harm to the individual or others.

7. This conclusion is based upon

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

\_\_\_\_\_  
\_\_\_\_\_

(SEE SECOND PAGE)

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

\_\_\_\_\_  
\_\_\_\_\_

by: \_\_\_\_\_  
Witness name Complete address Telephone no.

8. The diagnoses of mental conditions are \_\_\_\_\_

\_\_\_\_\_

9. The treatment program(s) provided to the individual thus far, and the results, are \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. 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 no modifications are expected.)

\_\_\_\_\_  
\_\_\_\_\_

11. The interested parties, their addresses, and their representatives are identical to those appearing on the initial petition except as follows:

12. Attached is a clinical certificate executed by a psychiatrist.

13. I REQUEST the court to order the individual to receive  
 hospitalization for not more than 90 days.  
 combined hospitalization and assisted outpatient treatment for not more than 90 days.  
 assisted outpatient treatment for not more than 90 days.

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.



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

\_\_\_\_\_  
\_\_\_\_\_

by: \_\_\_\_\_  
Witness name Complete address Telephone no.

8. The diagnoses of mental conditions are \_\_\_\_\_

\_\_\_\_\_

9. The treatment program(s) provided to the individual thus far, and the results, are \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

10. 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 no modifications are expected.)

\_\_\_\_\_  
\_\_\_\_\_

11. The interested parties, their addresses, and their representatives are identical to those appearing on the initial petition except as follows:

12. Attached is a clinical certificate executed by a psychiatrist.

13. **I REQUEST** the court to order the individual to receive  
 hospitalization for not more than one year.  
 continuing hospitalization for not more than one year.  
 combined hospitalization and assisted outpatient treatment for not more than one year.  
 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.

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>SECOND ORDER FOR MENTAL HEALTH TREATMENT</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_  
First, middle, and last name

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 \_\_\_\_\_ asserting that the individual named  
Petitioner name (type or print)  
above is a person requiring treatment.

**THE COURT FINDS:**

3. Notice of hearing has been given according to law.

4. The individual  was present in court.  was not present for reasons stated on the record.  
The hearing was  with  without a jury.

Present were: \_\_\_\_\_, attorney for the individual, and  
\_\_\_\_\_, attorney for the petitioner.

5. Testimony of a physician, psychiatrist, 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.

7. By clear and convincing evidence, the individual continues to be a person requiring treatment because the individual has a mental illness,  
 a. and as a result of that mental illness can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure self or others, and has engaged in an act or acts or made significant threats that are substantially supportive of this expectation.  
 b. and as a result of that mental illness is unable to attend to those basic physical needs that must be attended to in order to avoid serious harm in the near future, and has demonstrated that inability by failing to attend to those basic physical needs.  
 c. whose judgment is so impaired by that mental illness, and whose lack of understanding of the need for treatment has caused him or her to demonstrate an unwillingness to voluntarily participate in or adhere to treatment that is necessary, on the basis of competent clinical opinion, to prevent a relapse or harmful deterioration of his or her condition, and presents a substantial risk of significant physical or mental harm to the individual or others.

8. There  is  is not an available treatment program that is an alternative to hospitalization or that follows an initial period of hospitalization adequate to meet the individual's treatment needs, is sufficient to prevent harm that the individual may inflict upon self or others within the near future, and there is an agency or mental health professional available to supervise the individual's treatment program.

9. \_\_\_\_\_ hospital can provide treatment that is adequate and appropriate to the individual's condition.

10. The individual is not a person requiring treatment.

(SEE SECOND PAGE)

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IT IS ORDERED:

11. The individual shall be hospitalized for up to 90 days.

12. The individual shall receive combined hospitalization and assisted outpatient treatment for no longer than 90 days. The individual shall be hospitalized for up to \_\_\_\_\_ days of the assisted outpatient treatment period.  
 An initial hospitalization period shall be up to \_\_\_\_\_ days.

13. The individual shall receive assisted outpatient treatment for no longer than 90 days.

14. Any hospitalization of the individual for mental health treatment shall occur in the hospital listed in item 9.

15. Any assisted outpatient treatment services shall be supervised by

\_\_\_\_\_  
Community mental health services or other designated entity

The following assisted outpatient services are ordered:

- case management plan
- case management services
- all services recommended by the treatment provider
- medication
- blood or urinalysis tests to determine compliance with or effectiveness of prescribed medication
- individual therapy     group therapy     individual and group therapy
- day programs     partial day programs
- educational training     vocational training
- supervised living
- assertive community treatment team services
- substance use disorder treatment
- substance use disorder testing (for individuals with a history of alcohol or substance use and for whom testing is necessary to assist the court in ordering treatment designed to prevent deterioration)
- any other services prescribed to treat the individual's mental illness and either to assist the individual in living and functioning in the community or to help prevent a relapse or deterioration that may reasonably be predicted to result in suicide or the need for hospitalization. Those services are: \_\_\_\_\_

16. The petition is     denied on the merits.     dismissed.     withdrawn.

17. If the individual refuses to comply with a psychiatrist's order for hospitalization, a peace officer shall take the individual into protective custody and transport the individual to the hospital designated by the psychiatrist.

18. If item 11 or 12 is checked, the Michigan State Police shall immediately enter the individual's identifying information in this court order on LEIN.

19. If felony charges have been previously dismissed under MCL 330.2044(1)(b) and the time for petitioning to refile charges has not elapsed, not less than 30 days before the scheduled release or discharge:

- a. the director of the treating facility shall notify the prosecutor's office in the county in which charges against the person were originally brought that the patient's release or discharge is pending.
- b. the patient to be released or discharged shall undergo a competency examination as described in MCL 330.2026. A copy of the written report of the examination along with the notice required in item 19a above shall be submitted to the prosecutor's office in the county in which the charges against the patient were originally brought. The written report is admissible as provided in MCL 330.2030(3).

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>CONTINUING ORDER FOR MENTAL HEALTH TREATMENT</b>	<b>FILE NO.</b>
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NEW FORM

In the matter of \_\_\_\_\_  
First, middle, and last name

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 \_\_\_\_\_ asserting that the individual named  
Petitioner name (type or print)  
above is a person requiring treatment.

**THE COURT FINDS:**

3. Notice of hearing has been given according to law.

4. The individual  was present in court.  was not present for reasons stated on the record.  
The hearing was  with  without a jury.

Present were: \_\_\_\_\_, attorney for the individual, and  
\_\_\_\_\_, attorney for the petitioner.

5. Testimony of a physician, psychiatrist, 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.

7. By clear and convincing evidence, the individual continues to be a person requiring treatment because the individual has a mental illness,  
 a. and as a result of that mental illness can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure self or others, and has engaged in an act or acts or made significant threats that are substantially supportive of this expectation.  
 b. and as a result of that mental illness is unable to attend to those basic physical needs that must be attended to in order to avoid serious harm in the near future, and has demonstrated that inability by failing to attend to those basic physical needs.  
 c. whose judgment is so impaired by that mental illness, and whose lack of understanding of the need for treatment has caused him or her to demonstrate an unwillingness to voluntarily participate in or adhere to treatment that is necessary, on the basis of competent clinical opinion, to prevent a relapse or harmful deterioration of his or her condition, and presents a substantial risk of significant physical or mental harm to the individual or others.

8. There  is  is not an available treatment program that is an alternative to hospitalization or that follows an initial period of hospitalization adequate to meet the individual's treatment needs, is sufficient to prevent harm that the individual may inflict upon self or others within the near future, and there is an agency or mental health professional available to supervise the individual's treatment program.

9. \_\_\_\_\_ hospital can provide treatment that is adequate and appropriate to the individual's condition.

10. The individual is not a person requiring treatment.

(SEE SECOND PAGE)

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**IT IS ORDERED:**

- 11. The individual shall be hospitalized for up to one year.
- 12. The individual shall receive combined hospitalization and assisted outpatient treatment for no longer than one year. The individual shall be hospitalized for up to \_\_\_\_\_ days of the assisted outpatient treatment period.
  - An initial hospitalization period shall be up to \_\_\_\_\_ days.
- 13. The individual shall receive assisted outpatient treatment for no longer than one year.
- 14. Any hospitalization of the individual for mental health treatment shall occur in the hospital listed in item 9.
- 15. Any assisted outpatient treatment services shall be supervised by

\_\_\_\_\_  
Community mental health services or other designated entity

The following assisted outpatient services are ordered:

- case management plan
- case management services
- all services recommended by the treatment provider
- medication
- blood or urinalysis tests to determine compliance with or effectiveness of prescribed medication
- individual therapy     group therapy     individual and group therapy
- day programs     partial day programs
- educational training     vocational training
- supervised living
- assertive community treatment team services
- substance use disorder treatment
- substance use disorder testing (for individuals with a history of alcohol or substance use and for whom testing is necessary to assist the court in ordering treatment designed to prevent deterioration)
- any other services prescribed to treat the individual's mental illness and either to assist the individual in living and functioning in the community or to help prevent a relapse or deterioration that may reasonably be predicted to result in suicide or the need for hospitalization. Those services are: \_\_\_\_\_

- 16. The petition is     denied on the merits.     dismissed.     withdrawn.
- 17. If the individual refuses to comply with a psychiatrist's order for hospitalization, a peace officer shall take the individual into protective custody and transport the individual to the hospital designated by the psychiatrist.
- 18. If item 11 or 12 is checked, the Michigan State Police shall immediately enter the individual's identifying information in this court order on LEIN.
- 19. If felony charges have been previously dismissed under MCL 330.2044(1)(b) and the time for petitioning to refile charges has not elapsed, not less than 30 days before the scheduled release or discharge:
  - a. the director of the treating facility shall notify the prosecutor's office in the county in which charges against the person were originally brought that the patient's release or discharge is pending.
  - b. the patient to be released or discharged shall undergo a competency examination as described in MCL 330.2026. A copy of the written report of the examination along with the notice required in item 19a above shall be submitted to the prosecutor's office in the county in which the charges against the patient were originally brought. The written report is admissible as provided in MCL 330.2030(3).

**STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF**

**ORDER AFTER HEARING  
ON PETITION FOR DISCHARGE FROM  
CONTINUING MENTAL HEALTH TREATMENT**

**FILE NO.**

In the matter of \_\_\_\_\_  
First, middle, and last name

1. Date of hearing: \_\_\_\_\_ Judge: \_\_\_\_\_ Bar no. \_\_\_\_\_

2. A petition has been filed by \_\_\_\_\_ asserting that the individual named  
Petitioner name (type or print)  
above be discharged from the treatment program.

**THE COURT FINDS:**

3. Notice of hearing has been given according to law.

4. The individual  was present in court.  was not present for reasons stated on the record.  
The hearing was  with  without a jury.

Present were: \_\_\_\_\_, attorney for the individual, and  
\_\_\_\_\_, attorney for the hospital.

5.  Testimony was given by \_\_\_\_\_.

Testimony was waived and the parties consented to entry of the order.

6. The individual is under a one-year order of involuntary mental health treatment.

7.  a. There is clear and convincing evidence that the individual has a mental illness and continues to require treatment.  
 b. The individual no longer is a person requiring treatment.

8. \_\_\_\_\_ hospital can provide treatment  
that is adequate and appropriate to the individual's condition.

**IT IS ORDERED:**

9. The individual is discharged from \_\_\_\_\_ hospital and/or from the  
treatment program.

10. The order requiring involuntary mental health treatment shall be continued.

11. The individual shall be hospitalized under a continuing order for up to one year from date of this order.

(SEE SECOND PAGE)

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12. The individual shall receive combined hospitalization and assisted outpatient treatment for no longer than one year. The individual shall be hospitalized for up to \_\_\_\_\_days of the assisted outpatient treatment period.  
 An initial hospitalization period shall be up to \_\_\_\_\_days.

13. The individual shall receive assisted outpatient treatment for no longer than one year.

14. Any hospitalization of the individual for mental health treatment shall occur in the hospital listed in item 8.

15. Any assisted outpatient treatment services shall be supervised by

\_\_\_\_\_  
Community mental health services or other designated entity

The following assisted outpatient services are ordered:

- case management plan
- case management services
- all services recommended by the treatment provider
- medication
- blood or urinalysis tests to determine compliance with or effectiveness of prescribed medication
- individual therapy     group therapy     individual and group therapy
- day programs     partial day programs
- educational training     vocational training
- supervised living
- assertive community treatment team services
- substance use disorder treatment
- substance use disorder testing (for individuals with a history of alcohol or substance use and for whom testing is necessary to assist the court in ordering treatment designed to prevent deterioration)
- any other services prescribed to treat the individual's mental illness and either to assist the individual in living and functioning in the community or to help prevent a relapse or deterioration that may reasonably be predicted to result in suicide or the need for hospitalization. Those services are: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

**STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF**

**SIX-MONTH REVIEW REPORT**

**FILE NO.**

In the matter of \_\_\_\_\_

First, middle, and last name

1. The individual presently resides at

- own home or with relatives  
 a facility  
 a hospital  
 a private facility  
 \_\_\_\_\_

and the address is \_\_\_\_\_.

2. The individual was placed on authorized leave on \_\_\_\_\_ and continues on leave status.

3. By order of this court dated \_\_\_\_\_ the individual was placed in a

- a. one-year assisted outpatient treatment program.  
 b. one-year combined treatment program.  
 c. one-year continuing hospitalization program.  
 d. facility as a judicial admission.

4. I believe the individual has mental illness and

- a. as a result of that mental illness, the individual can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure self or others, and has engaged in an act or acts or made significant threats that are substantially supportive of this expectation.
- b. as a result of that mental illness, the individual is unable to attend to those basic physical needs that must be attended to in order to avoid serious harm in the near future, and has demonstrated that inability by failing to attend to those basic physical needs.
- c. the individual's judgment is so impaired by that mental illness and whose lack of understanding of the need for treatment has caused him or her to demonstrate an unwillingness to voluntarily participate in or adhere to treatment that is necessary, on the basis of competent clinical opinion, to prevent a relapse or harmful deterioration of his or her condition, and presents a substantial risk of significant physical or mental harm to the individual or others.

5. I believe the individual has an intellectual disability and

- a. can be reasonably expected in the near future to intentionally or unintentionally seriously physically injure self or another person and has overtly acted in a manner substantially supportive of that expectation.  
 b. has been arrested and charged with an offense that was a result of the intellectual disability.

(SEE SECOND PAGE)

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6. This conclusion is based on  
a. the following facts of which I have personal knowledge:

\_\_\_\_\_  
\_\_\_\_\_

b. the following facts, which are based on reports by others whose names and addresses, if known, are:

\_\_\_\_\_  
\_\_\_\_\_

7. The treatment provided to the individual since the order and the results are: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. This treatment  is  is not adequate and appropriate to the individual's condition. The estimated time required for further treatment is \_\_\_\_\_  days.  months. The following modifications in treatment are currently planned during the next six-month period, or proposed as  assisted outpatient treatment,  (For judicial admission) outpatient program of care and treatment, and will be adequate and appropriate to the individual's condition: (Write "none" if no modifications are expected.)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. The individual  should be discharged from the treatment program.  
 continues to be a person requiring treatment.  
 continues to be a person meeting the criteria for judicial admission for treatment.

I declare under the penalties of perjury that this report has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of physician or licensed psychologist

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Title

\_\_\_\_\_  
Telephone no.

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>ORDER FOR REPORT AFTER NOTIFICATION AND REPORT</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_  
First, middle, and last name

1. The court has received notification that
  - a. the 90-day order for assisted outpatient treatment has not been sufficient to prevent the individual from inflicting harm or injuries upon self or others.
  - b. the one-year order for alternative/assisted outpatient treatment has not been or will not be sufficient to prevent the individual from inflicting harm or injuries upon self or others.
  - c. the individual named above is not complying with the order of alternative/assisted outpatient treatment.
  - d. it is believed that the alternative/assisted outpatient treatment program is not appropriate.
2. **IT IS ORDERED** that the \_\_\_\_\_ community mental health services program prepare and file a report on the adequacy and suitability of the present alternative care or treatment and the availability of care and treatment in another alternative/assisted outpatient treatment program or in a hospital or facility.

\_\_\_\_\_  
Date Judge Bar no.

**REPORT ON ADEQUACY AND SUITABILITY OF ALTERNATIVE/ASSISTED OUTPATIENT TREATMENT**

3. I, \_\_\_\_\_, as \_\_\_\_\_ of the

\_\_\_\_\_ community mental health services program, report as follows.

4. I have
  - reviewed the notification to the court to report as to
  - spoken with the person who notified the court to report as to
  - reviewed other available records to report as to
  - spoken with other knowledgeable persons to report as to

a. the reason for concern about the adequacy of the ordered care or treatment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

b. the continued suitability of the care or treatment: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. the adequacy, for the needs of the individual, of care or treatment available at a hospital or facility: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(SEE SECOND PAGE)

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5. I recommend that the court

a. set a date for hearing.

b. modify the order for alternative care and treatment program/assisted outpatient treatment as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. order the individual to be hospitalized in \_\_\_\_\_ hospital, which I believe has an adequate and appropriate treatment program of the type and extent to meet the individual's needs and condition.

d. order the individual be judicially admitted to \_\_\_\_\_ facility.

e. order a peace officer to take the individual into protective custody and transport the individual to the hospital or facility if the individual refuses to comply with the order of hospitalization or judicial admission.

6. My recommendation is based upon the following described interviews, observations, and information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Business address

\_\_\_\_\_  
City, state, zip Telephone no.

<b>STATE OF MICHIGAN PROBATE COURT COUNTY</b>  <div style="background-color: yellow; height: 15px; width: 100%;"></div>	<b>PETITION FOR CONTINUED HOSPITALIZATION OF MINOR</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_, a minor

1. I, \_\_\_\_\_, am the director or authorized representative of the director  
Name (type or print)  
of \_\_\_\_\_.  
Name of hospital

2. On \_\_\_\_\_ the hospital received a written notice of intent to terminate the hospitalization of the minor from:  
Date  
 the parent     the guardian     the persona in loco parentis     the minor who is 14 years of age or older and who was admitted by his or her own request.

3. The minor is a resident of \_\_\_\_\_, Michigan, was born on \_\_\_\_\_, and has parents, guardian, or persona in loco parentis as follows:

NAME	RELATIONSHIP	ADDRESS	TELEPHONE
	Parent		
	Parent		
	Guardian		
	Person in loco parentis		

4. An action within the jurisdiction of the family division of circuit court involving the family or family members of the minor has been previously filed in \_\_\_\_\_ Court, Case Number \_\_\_\_\_, was assigned to Judge \_\_\_\_\_, and  remains  is no longer pending.

5. The minor is suitable for hospitalization because the minor requires treatment, is in need of hospitalization and is expected to benefit from hospitalization, and an appropriate, less restrictive alternative to hospitalization is not available.

6. The minor requires treatment because:  
 of a substantial disorder of thought or mood that significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life.  
 of a severe or persistent emotional condition characterized by seriously impaired and personality development, individual adjustment, social adjustment, or emotional growth, which is demonstrated in behavior symptomatic of that impairment.

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7. This conclusion is based upon: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

8. The minor will benefit from hospitalization as follows:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

9. I request that the minor be determined suitable for hospitalization and ordered to continue hospitalization for not more than 60 days.

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

\_\_\_\_\_  
Title of petitioner

This petition is accompanied by one certificate executed by a child and adolescent psychiatrist and one certificate of a  
 physician.  
 licensed psychologist.

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF _____</b>	<b>PETITION AND ORDER REGARDING TRANSPORT OF MINOR</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_, a minor (date of birth \_\_\_\_\_)

**PETITION**

I represent that:

1. The minor can be currently found at: \_\_\_\_\_
2.  I have authority as \_\_\_\_\_ and I have requested voluntary hospitalization of the minor pursuant to MCL 330.1498d or MCL 330.1498h.  
State your relationship
3. An action within the jurisdiction of the family division of circuit court involving the family or family members of the minor has been previously filed in \_\_\_\_\_ Court, Case Number \_\_\_\_\_, was assigned to Judge \_\_\_\_\_, and  remains  is no longer pending.
4.  The minor has been hospitalized pursuant to Chapter 4A of the Mental Health Code, and the Director of \_\_\_\_\_ hospital believes the minor should be returned to the hospital following an  authorized  unauthorized absence.
5. The following unsuccessful efforts by \_\_\_\_\_ were made to transport the minor for evaluation or hospitalization pursuant to Chapter 4A of the Mental Health Code:  
Name
6. I request that the court order the minor to be transported for evaluation and/or hospitalization pursuant to Chapter 4A of the Mental Health Code.

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 Address

\_\_\_\_\_  
Name (type or print) City, state, zip Telephone no.

**ORDER**

**THE COURT FINDS:**

7. A request for hospitalization has been made pursuant to Chapter 4A of the Mental Health Code and the petitioner has been unable to transport the minor for an evaluation.
8. The minor was hospitalized pursuant to Chapter 4A of the Mental Health Code, is on an  authorized  unauthorized absence, and should be returned to the hospital.
9. Reasonable effort to transport the minor has been made.

**IT IS ORDERED:**

10. The petition is denied.
11. A peace officer shall take the minor into protective custody and transport him/her immediately to \_\_\_\_\_ for an evaluation pursuant to Chapter 4A of the Mental Health Code, and if necessary thereafter, to \_\_\_\_\_ hospital, and that the person requesting the transport order shall meet the minor at the evaluation site and remain with the minor for the duration of the evaluation.
12. A peace officer shall take the minor into protective custody and transport him/her immediately to \_\_\_\_\_ hospital.
13. This order expires on \_\_\_\_\_.

\_\_\_\_\_  
Date Judge Bar no.

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<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>NOTICE OF INABILITY TO SECURE EVALUATION/EXAMINATION</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_  
First, middle, and last name

1. A petition for mental health treatment was filed on \_\_\_\_\_ .  
Date

2. The individual has failed to make himself or herself available for an evaluation/examination.

3. **I am interested in this matter as**

- petitioner,
- caseworker,
- psychiatrist/psychologist/physician,
- interested person,
- other \_\_\_\_\_ .

4. The following reasonable attempts were made to obtain the individual's cooperation:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.

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