



Michigan Supreme Court

State Court Administrative Office

Field Services Division

Michigan Hall of Justice

P.O. Box 30048

Lansing, Michigan 48909

Phone (517) 373-4835

MEMORANDUM

DATE: June 22, 2021

FROM: SCAO Forms Team

RE: Modifications of Additional Forms Regarding Personal Identifying Information Under MCR 1.109 and MCR 8.119

As detailed in our June 3, 2021 memorandums,¹ effective July 1, 2021, certain types of personal identifying information (PII) in court filings will be protected pursuant to [amendments to MCR 1.109 and MCR 8.119](#). Specifically, MCR 1.109(D)(9)(a) provides that protected PII “shall not be included in any public document or attachment filed with the court except as provided by these rules.” MCR 1.109(D)(9)(b) states that “[a]ll protected personal identifying information listed in this rule that is required by law or court rule to be filed with the court or that is necessary to the court for purposes of identifying a particular person in a case be provided to the court in the form and manner established by the State Court Administrative Office.”

SCAO has collaborated with various stakeholders about implementing the rules, which includes revisions of more than 200 court forms to meet the requirements of the court rules. Revisions to the forms identified below generally include ways to protect PII, formatting changes to accommodate the MiFILE system, revisions based on the law, and other changes to improve formatting, design, logic, layout, etc. One of the changes to accommodate the MiFILE system involved dividing a single document that served more than one purpose into separate forms — for example, a motion and an order within the same document was divided into a separate motion and separate order.²

Existing stock for any forms identified below may be used through June 30, 2021. In order to ensure that parties do not unknowingly submit protected PII on an outdated form, any locations (including courthouses and self-help centers) maintaining stock of these forms should replace existing stock with the new versions as soon as possible.

¹ [Form Modifications Regarding Personal Identifying Information Under MCR 1.109 and MCR 8.119 for Forms Prepared or Issued by the Court; Forms Modifications Regarding Personal Identifying Information Under MCR 1.109 and MCR 8.119 for Forms Filed with the Court](#)

² Please note that this is an ongoing project and some of the documents listed below have not yet undergone this separation process.

If a form is used by the court through a JIS case management system, you will receive a separate notice from JIS regarding the release of the form. Until then, please use the current version posted to the One Court of Justice website.

A brief explanation of the changes made to the forms regarding PII is provided below. Please note that the current version date can be found on each form and may not reflect the date the form was published for use due to volume and complexity of the changes that were processed.

Please contact CourtFormsInfo@courts.mi.gov if you have any questions or comments.

The fields for protected personal identifying information were removed from each of the forms identified below. Where appropriate, “age” replaced the requirement for a date of birth.

[PCM 218a, Petition for Continuing Mental Health Treatment](#)

- Click here to see the form.

The following forms were modified to allow the filer to use nonpublic forms MC 97, MC 97a, or MC 97b to provide the court with necessary personal identifying information.

[DC 225s, Complaint, Misdemeanor \(with Summons\)](#)

- Click here to see the form.

[DC 225w, Complaint, Misdemeanor \(with Warrant\)³](#)

- Click here to see the form.

[MC 200a, Felony Set \(Information Only\)](#)

- Click here to see the form.

[MC 200s, Felony Set \(with Summons\)](#)

- Click here to see the form.

[MC 200w, Felony Set \(with Warrant\)⁴](#)

- Click here to see the form.

³ Former form DC 225 was converted into DC 225w. Please note that the warrant portion of this document still contains fields for the defendant’s date of birth and driver’s license number. This information is required by law enforcement and will be protected by the court redacting the protected PII before making the document available to the public under the court rules.

⁴ Former form MC 200 was converted into MC 200w. Please note that the warrant portion of this document still contains fields for the defendant’s date of birth and driver’s license number. This information is required by law enforcement and will be protected by the court redacting the protected PII before making the document available to the public under the court rules.

[PC 556m, Petition for Assignment](#)

- Click here to see the form.

[PC 678, Notice of Guardianship Proceedings Concerning an Indian Child⁵](#)

- Click here to see the form.

[PC 688, Order of Investigation and Notice of Hearing on Guardianship of Indian Child⁶](#)

- Click here to see the form.

[PCA 352, Notice of Adoption Proceedings Concerning an Indian Child⁷](#)

- Click here to see the form.

[PCM 240m, Petition Regarding Transport of Minor](#)

- Click here to see the form.

The following forms were created when their original versions were divided for processing within MiFILE. The personal identifying information fields remain on these forms because the information will be needed by a third party. The protected PII will be protected by the court redacting the protected PII before making the document available to the public under the court rules.

[PC 556o, Order for Assignment](#)

- Click here to see the form.

[PCM 240o, Order Regarding Transport of Minor](#)

- Click here to see the form.

⁵ Please note that PC 678 was also modified to include a link to Indian Tribe's designated agents for ICWA to ensure service in compliance with 25 CFR 23.12.

⁶ Please note that PC 688 was also modified to include a link to Indian Tribe's designated agents for ICWA to ensure service in compliance with 25 CFR 23.12.

⁷ Please note that PCA 352 was also modified to include a link to Indian Tribe's designated agents for ICWA to ensure service in compliance with 25 CFR 23.12.

STATE OF MICHIGAN
PROBATE COURT
COUNTY

PETITION FOR CONTINUING MENTAL
HEALTH TREATMENT ORDER

CASE NO. and JUDGE

Court address

Court telephone no.

In the matter of _____
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 second continuing 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 one year.

continuing hospitalization for a period of one year.

combined hospitalization and assisted outpatient treatment for not more than one year.

assisted outpatient treatment for not more than one year.

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:

- 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.

STATE OF MICHIGAN JUDICIAL DISTRICT	SUMMONS MISDEMEANOR	CASE NO. and JUDGE
--	--------------------------------	---------------------------

ORI MI- Court address Court telephone no.

THE PEOPLE OF <input type="checkbox"/> The State of Michigan <input type="checkbox"/> _____ v		Defendant's name and address	Victim or complainant
Codefendant(s) (if known)		Date: On or about	Complaining witness
City/Twp./Village	County in Michigan	Defendant TCN	Defendant CTN
Police agency report no.	Charge	Defendant SID	Defendant DOB <small>Put DOB in Ref. No. row 1 on MC 97</small>
<input type="checkbox"/> A sample for chemical testing for DNA identification profiling is on file with the Michigan State Police from a previous case.		<input type="checkbox"/> Oper/Chauf. <input type="checkbox"/> CDL	Vehicle Type
Witnesses		Defendant DLN <small>Put DLN in Ref. No. row 3 on MC 97</small>	Maximum penalty

STATE OF MICHIGAN, COUNTY OF _____.
 The complaining witness has filed a sworn complaint in this court stating that on the date and the location described, the defendant, contrary to law,

IN THE NAME OF THE PEOPLE OF THE STATE OF MICHIGAN _____

TAKE NOTICE: YOU ARE SUMMONED TO APPEAR for arraignment on _____
Date and time
 at the address above _____, Michigan,
Location

before the presiding judge. If you fail to appear, a warrant may be issued for your arrest. This summons expires on the date of hearing. If you require accommodations to use the court because of a disability or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

 Judge/Magistrate signature and date

Case No. _____

PROOF OF SERVICE

TO PROCESS SERVER: You must serve the copies of the summons, complaint, and any attachments and file proof of service with the court clerk. If you are unable to complete service, you must return this original and all copies to the court clerk.

CERTIFICATE / AFFIDAVIT OF SERVICE / NONSERVICE / MAILING

I served personally by first-class mail to the defendant's last known address a copy of the summons and complaint, together with the attachments listed below on:

I have attempted to serve the summons and complaint, together with the attachments listed below, and have been unable to complete service on:

Defendant's name/Household member's name	Date and time of service
Place or address of service	
Attachments (if any)	

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

Service fee \$	Miles traveled	Fee \$	
Incorrect address fee \$	Miles traveled	Fee \$	TOTAL FEE \$

Signature

Name (type or print)

Title (if applicable)

ACKNOWLEDGMENT OF SERVICE

I acknowledge that I have received service of the summons and complaint, together with

Attachments on _____
Date and time

Signature on behalf of _____

CERTIFICATE OF MAILING BY COURT

I certify that on this date I served a copy of this summons and complaint, together with any attachments on the defendant by first-class mail addressed to his or her last known address as defined in MCR 2.107(C)(3).

Court clerk signature and date

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT	INFORMATION FELONY <input type="checkbox"/> AMENDED	JUDGE DISTRICT CASE NO. CIRCUIT CASE NO.
--	---	--

Court address _____ Court telephone no. _____

District Court ORI: MI- _____ Circuit Court ORI: MI- _____

Defendant's name and address THE PEOPLE OF THE STATE OF MICHIGAN v				Victim or complainant	
Codefendant(s) (if known)				Complaining witness	
Date: On or about					
City/Twp./Village	County in Michigan	Defendant TCN	Defendant CTN	Defendant SID	Defendant DOB Put DOB in Ref. No. row 1 on MC 97
Police agency report no.	Charge			Maximum penalty	
<input type="checkbox"/> A sample for chemical testing for DNA identification profiling is on file with the Michigan State Police from a previous case.		<input type="checkbox"/> Oper./Chauf. <input type="checkbox"/> CDL	Vehicle Type	Defendant DLN Put DLN on Ref. No. row 3 on MC 97	

Witnesses

STATE OF MICHIGAN, COUNTY OF _____ .

IN THE NAME OF THE PEOPLE OF THE STATE OF MICHIGAN: The prosecuting attorney for this county appears before the court and informs the court that on the date and at the location described, the defendant:

and against the peace and dignity of the State of Michigan.

Prosecuting Attorney

By: _____

Date _____

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT	INFORMATION FELONY <input type="checkbox"/> AMENDED	JUDGE DISTRICT CASE NO. CIRCUIT CASE NO.
--	---	--

Court address _____ **Court telephone no.** _____

District Court ORI: MI- _____ Circuit Court ORI: MI- _____

Defendant's name and address				Victim or complainant	
THE PEOPLE OF THE STATE OF MICHIGAN v				Complaining witness	
Codefendant(s) (if known)				Date: On or about	
City/Twp./Village	County in Michigan	Defendant TCN	Defendant CTN	Defendant SID	Defendant DOB Put DOB in Ref. No. row 1 on MC 97
Police agency report no.	Charge			Maximum penalty	
<input type="checkbox"/> A sample for chemical testing for DNA identification profiling is on file with the Michigan State Police from a previous case.		<input type="checkbox"/> Oper./Chauf. <input type="checkbox"/> CDL	Vehicle Type	Defendant DLN Put DLN on Ref. No. row 3 on MC 97	

Witnesses _____

STATE OF MICHIGAN, COUNTY OF _____ .

IN THE NAME OF THE PEOPLE OF THE STATE OF MICHIGAN: The prosecuting attorney for this county appears before the court and informs the court that on the date and at the location described, the defendant:

and against the peace and dignity of the State of Michigan.

Prosecuting Attorney

Date _____

By: _____

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT	COMPLAINT FELONY <input type="checkbox"/> AMENDED	JUDGE DISTRICT CASE NO. CIRCUIT CASE NO.
---	--	---

Court address _____ **Court telephone no.** _____

District Court ORI: MI- _____ **Circuit Court ORI: MI-** _____

Defendant's name and address THE PEOPLE OF THE STATE OF MICHIGAN v				Victim or complainant	
Codefendant(s) (if known)				Complaining witness	
Date: On or about				Date: On or about	
City/Twp./Village	County in Michigan	Defendant TCN	Defendant CTN	Defendant SID	Defendant DOB <small>Put DOB in Ref. No. row 1 on MC 97</small>
Police agency report no.	Charge			Maximum penalty	
<input type="checkbox"/> A sample for chemical testing for DNA identification profiling is on file with the Michigan State Police from a previous case.		<input type="checkbox"/> Oper./Chauf. <input type="checkbox"/> CDL	Vehicle Type	Defendant DLN <small>Put DLN on Ref. No. row 3 on MC 97</small>	

Witnesses _____

STATE OF MICHIGAN, COUNTY OF _____ .

The complaining witness says that on the date and at the location described, the defendant, contrary to law,

The complaining witness asks that defendant be summoned and dealt with according to law.

Summons authorized on _____ by: _____
Date

Prosecuting official _____

Security for costs posted

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

 Complaining witness signature

 Date

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT	SUMMONS FELONY	JUDGE DISTRICT CASE NO. CIRCUIT CASE NO.
--	-------------------	--

Court address _____ **Court telephone no.** _____

District Court ORI: MI- _____ Circuit Court ORI: MI- _____

Defendant's name and address				Victim or complainant	
THE PEOPLE OF THE STATE OF MICHIGAN v				Complaining witness	
Codefendant(s) (if known)				Date: On or about	
City/Twp./Village	County in Michigan	Defendant TCN	Defendant CTN	Defendant SID	Defendant DOB Put DOB in Ref. No. row 1 on MC 97
Police agency report no.	Charge			Maximum penalty	
<input type="checkbox"/> A sample for chemical testing for DNA identification profiling is on file with the Michigan State Police from a previous case.		<input type="checkbox"/> Oper./Chauf. <input type="checkbox"/> CDL	Vehicle Type	Defendant DLN Put DLN on Ref. No. row 3 on MC 97	

Witnesses _____

STATE OF MICHIGAN, COUNTY OF _____ .

The complaining witness has filed a sworn complaint in this court stating that on the date and the location described, the defendant, contrary to law,

IN THE NAME OF THE PEOPLE OF THE STATE OF MICHIGAN _____

TAKE NOTICE: YOU ARE SUMMONED TO APPEAR for arraignment on _____

the address above _____, Michigan,
Date and time _____
Location _____

before the presiding judge. If you fail to appear, a warrant may be issued for your arrest. This summons expires on the date of hearing. If you require accommodations to use the court because of a disability or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

 Judge/Magistrate signature and date

PROOF OF SERVICE

TO PROCESS SERVER: You must serve the copies of the summons, complaint, and any attachments and file proof of service with the court clerk. If you are unable to complete service, you must return this original and all copies to the court clerk.

CERTIFICATE / AFFIDAVIT OF SERVICE / NONSERVICE / MAILING

- I served personally by first-class mail to the defendant's last known address a copy of the summons and complaint, together with the attachments listed below on:
- I have attempted to serve the summons and complaint, together with the attachments listed below, and have been unable to complete service on:

Defendant's/Household member's name	Date and time of service
Place or address of service	
Attachments (if any)	

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

Service fee \$	Miles traveled	Fee \$		Signature
Incorrect address fee \$	Miles traveled	Fee \$	TOTAL FEE \$	Name (type or print)
				Title (if applicable)

ACKNOWLEDGMENT OF SERVICE

I acknowledge that I have received service of the summons and complaint, together with

_____ on _____
 Attachments Date and time

_____ on behalf of _____
 Signature

CERTIFICATE OF MAILING BY COURT

I certify that on this date I served a copy of this summons and complaint, together with any attachments on the defendant by first-class mail addressed to his or her last known address as defined in MCR 2.107(C)(3).

 Court clerk signature and date

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT	BINDOVER/TRANSFER AFTER PRELIMINARY EXAMINATION FELONY	JUDGE DISTRICT CASE NO. CIRCUIT CASE NO.
---	---	---

Court address _____ **Court telephone no.** _____

District Court ORI: MI- _____ **Circuit Court ORI: MI-** _____

Defendant's name and address THE PEOPLE OF THE STATE OF MICHIGAN v					Victim or complainant	
Codefendant(s) (if known)					Complaining witness	
Date: On or about					Date: On or about	
City/Twp./Village	County in Michigan	Defendant TCN	Defendant CTN	Defendant SID	Defendant DOB <small>Put DOB in Ref. No. row 1 on MC 97</small>	
Police agency report no.	Charge			Maximum penalty		
<input type="checkbox"/> A sample for chemical testing for DNA identification profiling is on file with the Michigan State Police from a previous case.			<input type="checkbox"/> Oper./Chauf. <input type="checkbox"/> CDL	Vehicle Type	Defendant DLN <small>Put DLN on Ref. No. row 3 on MC 97</small>	

Date: _____ District judge: _____

Reporter/Recorder	Cert. no.	Represented by counsel	Bar no.
-------------------	-----------	------------------------	---------

EXAMINATION WAIVER

1. I, the defendant, understand:

- a. I have a right to employ an attorney.
- b. I may request a court-appointed attorney if I am financially unable to employ one.
- c. I have a right to a preliminary examination where it must be shown that a crime was committed and probable cause exists to charge me with the crime.

2. I voluntarily waive my right to a preliminary examination and understand that I will be bound over to circuit court on the charges in the complaint and warrant (or as amended).

Defendant attorney _____ Bar no. _____ Defendant _____

I consent to this waiver: Prosecuting attorney _____ Bar no. _____

ADULT BINDOVER

3. Examination was waived on _____ Date _____.

4. Examination was held on _____ Date _____ and it was found that probable cause exists to believe both that an offense not cognizable by the district court has been committed and that the defendant committed the offense.

5. The defendant is bound over to circuit court to appear on _____ Date _____ at _____ Time _____.

on the charge(s) in the complaint.

on the amended charge(s) of _____

_____ MCL/PACC Code _____

6. Bond is set in the amount of \$ _____ . Type of bond: _____ Posted

Judge signature and date

JUVENILE BINDOVER/TRANSFER

- 3. Examination was waived on _____ .
Date
- 4. Examination was held on _____ and it was found that
Date
 - there is probable cause that a life offense occurred and there is probable cause that the juvenile committed the life offense.
 - there is no probable cause that a life offense occurred or there is no probable cause that the juvenile committed the life offense, but some other offense occurred that if committed by an adult would constitute a crime, and there is probable cause to believe the juvenile committed that offense.
- 5. The juvenile is bound over to circuit court criminal division to appear on _____ at _____ .
Date Time
 - on the charge(s) in the complaint.
 - on the amended charge(s) of __________ MCL/PACC Code _____
- 6. This case is transferred to the family division of the circuit court for further proceedings
 - immediately.
 - on _____ at _____ .
Date Time
- 7. Bond is set in the amount of \$ _____ . Type of bond: _____ Posted

Judge signature and date

CERTIFICATION

I certify that on this date I have transmitted to the _____ circuit court criminal division the prosecutor's authorization for a warrant application, the complaint, a copy of the register of actions, and any recognizances received.

Court clerk signature and date

Note: Send a copy of this bindover to the Michigan State Police Criminal Justice Information Center.

NEW FORM Split From MC 200

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT	INFORMATION FELONY <input type="checkbox"/> AMENDED	JUDGE DISTRICT CASE NO. CIRCUIT CASE NO.
Court address		Court telephone no.
District Court ORI: MI-		Circuit Court ORI: MI-
Defendant's name and address THE PEOPLE OF THE STATE OF MICHIGAN v		Victim or complainant Complaining witness
Codefendant(s) (if known)		Date: On or about
City/Twp./Village	County in Michigan	Defendant TCN
		Defendant CTN
		Defendant SID
		Defendant DOB <small>Put DOB in Ref. No. row 1 on MC 97</small>
Police agency report no.	Charge	Maximum penalty
<input type="checkbox"/> A sample for chemical testing for DNA identification profiling is on file with the Michigan State Police from a previous case.		<input type="checkbox"/> Oper./Chauf. <input type="checkbox"/> CDL
		Vehicle Type Defendant DLN <small>Put DLN on Ref. No. row 3 on MC 97</small>

Witnesses

STATE OF MICHIGAN, COUNTY OF _____ .

IN THE NAME OF THE PEOPLE OF THE STATE OF MICHIGAN: The prosecuting attorney for this county appears before the court and informs the court that on the date and at the location described, the defendant:

and against the peace and dignity of the State of Michigan.

Prosecuting Attorney

By: _____

Date

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT	COMPLAINT FELONY <input type="checkbox"/> AMENDED	JUDGE DISTRICT CASE NO. CIRCUIT CASE NO.
---	--	---

Court address _____ **Court telephone no.** _____

District Court ORI: MI- _____ **Circuit Court ORI: MI-** _____

Defendant's name and address THE PEOPLE OF THE STATE OF MICHIGAN v					Victim or complainant	
Codefendant(s) (if known)					Complaining witness	
City/Twp./Village	County in Michigan	Defendant TCN	Defendant CTN	Defendant SID	Defendant DOB <small>Put DOB in Ref. No. row 1 on MC 97</small>	
Police agency report no.	Charge			Maximum penalty		
<input type="checkbox"/> A sample for chemical testing for DNA identification profiling is on file with the Michigan State Police from a previous case.		<input type="checkbox"/> Oper./Chauf. <input type="checkbox"/> CDL	Vehicle Type	Defendant DLN <small>Put DLN on Ref. No. row 3 on MC 97</small>		

Witnesses _____

STATE OF MICHIGAN, COUNTY OF _____ .

The complaining witness says that on the date and at the location described, the defendant, contrary to law,

The complaining witness asks that defendant be apprehended and dealt with according to law.

Warrant authorized on _____ by: _____
Date

Prosecuting official _____

Security for costs posted

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

Complaining witness signature

Date

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT	WARRANT FELONY	JUDGE DISTRICT CASE NO. CIRCUIT CASE NO.
---	---------------------------	---

Court address Court telephone no.

District Court ORI: MI- Circuit Court ORI: MI-

Defendant's name and address THE PEOPLE OF THE STATE OF MICHIGAN v				Victim or complainant	
Codefendant(s) (if known)				Complaining witness	
City/Twp./Village	County in Michigan	Defendant TCN	Defendant CTN	Defendant SID	Defendant DOB
Police agency report no.	Charge			Maximum penalty	
<input type="checkbox"/> A sample for chemical testing for DNA identification profiling is on file with the Michigan State Police from a previous case.		<input type="checkbox"/> Oper./Chauf. <input type="checkbox"/> CDL	Vehicle Type	Defendant DLN	

Witnesses

STATE OF MICHIGAN, COUNTY OF _____ .

To any peace officer or court officer authorized to make arrest: The complaining witness has filed a sworn complaint in this court stating that on the date and the location described, the defendant, contrary to law,

Upon examination of the complaining witness, I find that the offense charged was committed and that there is probable cause to believe that defendant committed the offense. THEREFORE, IN THE NAME OF THE PEOPLE OF THE STATE OF MICHIGAN,

- a. I order you to arrest and bring defendant before the _____ District Court immediately.
- b. I order you to bring defendant before the _____ District Court.

Judge/Magistrate signature and date

See return on next page.

RETURN

As ordered in this warrant, the defendant was arrested on _____ at _____
Date Time

at _____
Place of arrest

Date

Peace officer

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT	BINDOVER/TRANSFER AFTER PRELIMINARY EXAMINATION FELONY	JUDGE DISTRICT CASE NO. CIRCUIT CASE NO.
---	---	---

Court address _____ Court telephone no. _____

District Court ORI: MI- _____ Circuit Court ORI: MI- _____

Defendant's name and address THE PEOPLE OF THE STATE OF MICHIGAN v				Victim or complainant	
Codefendant(s) (if known)				Complaining witness	
Date: On or about				Date: On or about	
City/Twp./Village	County in Michigan	Defendant TCN	Defendant CTN	Defendant SID	Defendant DOB <small>Put DOB in Ref. No. row 1 on MC 97</small>
Police agency report no.	Charge			Maximum penalty	
<input type="checkbox"/> A sample for chemical testing for DNA identification profiling is on file with the Michigan State Police from a previous case.		<input type="checkbox"/> Oper./Chauf. <input type="checkbox"/> CDL	Vehicle Type	Defendant DLN <small>Put DLN on Ref. No. row 3 on MC 97</small>	

Date: _____ District judge: _____

Reporter/Recorder	Cert. no.	Represented by counsel	Bar no.
-------------------	-----------	------------------------	---------

EXAMINATION WAIVER

1. I, the defendant, understand:
 - a. I have a right to employ an attorney.
 - b. I may request a court-appointed attorney if I am financially unable to employ one.
 - c. I have a right to a preliminary examination where it must be shown that a crime was committed and probable cause exists to charge me with the crime.
2. I voluntarily waive my right to a preliminary examination and understand that I will be bound over to circuit court on the charges in the complaint and warrant (or as amended).

Defendant attorney _____ Bar no. _____ Defendant _____

I consent to this waiver: _____
Prosecuting attorney _____ Bar no. _____

ADULT BINDOVER

3. Examination was waived on _____ .
Date _____
4. Examination was held on _____ and it was found that probable cause exists to believe both that an offense not cognizable by the district court has been committed and that the defendant committed the offense.
Date _____
5. The defendant is bound over to circuit court to appear on _____ at _____ .
Date _____ Time _____
 on the charge(s) in the complaint.
 on the amended charge(s) of _____

_____ MCL/PACC Code _____

6. Bond is set in the amount of \$ _____ . Type of bond: _____ Posted

Judge signature and date

JUVENILE BINDOVER/TRANSFER

- 3. Examination was waived on _____ .
Date
- 4. Examination was held on _____ and it was found that
Date
 - there is probable cause that a life offense occurred and there is probable cause that the juvenile committed the life offense.
 - there is no probable cause that a life offense occurred or there is no probable cause that the juvenile committed the life offense, but some other offense occurred that if committed by an adult would constitute a crime, and there is probable cause to believe the juvenile committed that offense.
- 5. The juvenile is bound over to circuit court criminal division to appear on _____ at _____ .
Date Time
 - on the charge(s) in the complaint.
 - on the amended charge(s) of _____
MCL/PACC Code _____ .
- 6. This case is transferred to the family division of the circuit court for further proceedings
 - immediately.
 - on _____ at _____ .
Date Time
- 7. Bond is set in the amount of \$ _____ . Type of bond: _____ Posted

Judge signature and date

CERTIFICATION

I certify that on this date I have transmitted to the _____ circuit court criminal division the prosecutor's authorization for a warrant application, the complaint, a copy of the register of actions, and any recognizances received.

Court clerk signature and date

Note: Send a copy of this bindover to the Michigan State Police Criminal Justice Information Center.

NEW FORM Split from PC 556

JIS Code: PER

STATE OF MICHIGAN PROBATE COURT COUNTY	PETITION FOR ASSIGNMENT	CASE NO. and JUDGE
---	--------------------------------	---------------------------

Court address _____ **Court telephone no.** _____

In the matter of _____ Put last 4 digits of SSN
First, middle, and last name of decedent **XXX-XX-** in box 2 on MC 97.
Last four digits of SSN

Petitioner's name, address, and telephone no.

Petitioner's attorney, bar no., address, and telephone no.

I, _____, represent that:
Name and relationship

1. Decedent died on _____ .
Date

2. Decedent was a resident of _____ in this county.
City/Township

Decedent lived outside of Michigan and left an estate within this county to be administered.

3. The decedent's personal and real property, gross values, and lien amounts (if any) are listed below. The values of all property are calculated as of the decedent's date of death. *For real property only, if the date of death is on or after March 28, 2013, the gross value of a parcel can be reduced by any lien amount on that parcel; however the remaining inventory value of that parcel cannot be less than zero. For personal property, the gross value and inventory value are the same. (Attach separate sheet if necessary.)

Legal description of real property	Gross value	Lien amount	Inventory value (less lien)*
Legal description of real property	Gross value	Lien amount	Inventory value (less lien)*
Description of personal property	Gross value		Inventory value
Description of personal property	Gross value		Inventory value
Description of personal property	Gross value		Inventory value
Description of personal property	Gross value		Inventory value
Description of personal property	Gross value		Inventory value
Totals	Total Gross Value		Total Inventory Value

4. Funeral and burial expenses are \$ _____ .

The following persons have paid the following amounts toward the funeral and burial expenses:

(Statements and receipts are attached.)

NAME	AMOUNT	NAME	AMOUNT

The amount of funeral and burial expenses remaining unpaid is \$ _____ .

The gross value of the decedent's property remaining after payment of funeral and burial expenses does not/will not exceed \$15,000 as adjusted annually for cost of living.

5. The name and address of the surviving spouse or, if there is not a spouse, the name, age, relationship, and address of each of the decedent's heirs are as follows:

NAME	AGE	RELATIONSHIP	ADDRESS		
			Street address		
			City	State	Zip
			Street address		
			City	State	Zip
			Street address		
			City	State	Zip
			Street address		
			City	State	Zip

6. I REQUEST that the property listed above be assigned as follows:

a. for funeral and burial expenses, \$ _____ to _____ ,
Name

\$ _____ to _____ , and \$ _____
Name

to _____ .
Name

b. to the surviving spouse, _____ .

c. to the following heirs in the stated proportions, _____

_____ .

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

Petitioner signature

Date

Attorney signature

STATE OF MICHIGAN
PROBATE COURT
COUNTY

NOTICE OF GUARDIANSHIP
PROCEEDINGS
CONCERNING AN INDIAN CHILD

CASE NO. and JUDGE

Court address

Court telephone no.

In the matter of

First, middle, and last name of minor Indian child

TO:

[]

(Name and telephone no. of natural parent or Indian custodian. State if unknown.)

[]

[]

(Name and telephone no. of natural parent or Indian custodian. State if unknown.)

[]

[]

(Name and telephone no. of ICWA Designated Tribal Agent. See list [here](#). State if unknown.)

[]

[] Midwest Regional Director, Bureau of Indian Affairs
5600 West American Blvd., Suite 500
Norman Pointe II Building
Bloomington, MN 55437
(612) 725-4500

(Use only if identity of parents, custodian, or tribe is unknown. If grandparent(s) are known, please provide name(s) and date(s) of birth on Personal Identifying Information Form [MC 97a].)

TAKE NOTICE:

1. A petition regarding guardianship of the Indian child named above has been filed. A hearing will be held on this petition

on _____ at _____
Date and time Location

2. A copy of the petition is attached to this notice.

3. You have the absolute right to intervene in this proceeding and, absent objection by either Indian parent, you have the right to petition the court to have this case transferred to the Tribal court of the _____
Tribe. The Tribal court may decline the transfer.

4. You may object to a transfer of this case to the Tribal court.

5. As a parent or Indian custodian, you have the right to a court-appointed attorney if you are determined indigent. If you intend to request a court-appointed attorney, you should contact the court immediately by telephone or in writing.

If you choose to attend this hearing and you require accommodations to use the court because of a disability or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

USE NOTE: This notice must be sent to the parties by personal service or registered mail, return receipt requested.

STATE OF MICHIGAN
PROBATE COURT
COUNTY

ORDER OF INVESTIGATION AND NOTICE
OF HEARING ON GUARDIANSHIP OF
INDIAN CHILD

CASE NO. and JUDGE

Court address

Court telephone no.

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

- 1. The court has discovered that the minor listed above may be an Indian child.
- 2. A guardianship was ordered in this case on _____ .
Date

ORDER TO INVESTIGATE

IT IS ORDERED:

- 3. For the guardianship of the minor,

Name (type or print) The Michigan Department of Health and Human Services

Address _____ Address _____

City, state, zip _____ Telephone no. _____ City, state, zip _____ Telephone no. _____

is appointed to investigate and to report to the court in accordance with MCL 700.5204(1).

- 4. The investigation shall include an inquiry into Indian tribal membership for the minor. If the minor is an Indian child, the report shall contain the information required in MCL 712B.25(1).
- 5. The guardian shall cooperate with this investigation.
- 6. The investigation shall be completed and a report filed with the court no later than

Date (7 days before the hearing on the petition)



Judge signature and date

(SEE SECOND PAGE FOR NOTICE OF HEARING)

NOTICE OF HEARING OF GUARDIANSHIP PROCEEDINGS

TO: []	[]	(Name and telephone no. of natural parent or Indian custodian. State if unknown.)
[]	[]	
[]	[]	(Name and telephone no. of natural parent or Indian custodian. State if unknown.)
[]	[]	
[]	[]	(Name and telephone no. of ICWA Designated Tribal Agent. See list here. State if unknown.)
[]	[]	
[]	[]	(Use only if identity of parents, custodian, or tribe is unknown. If grandparent(s) are known, please provide name(s) and date(s) of birth on Personal Identifying Information Form [MC 97a].)
[]	[]	

Midwest Regional Director, Bureau of Indian Affairs
5600 West American Blvd., Suite 500
Norman Pointe II Building
Bloomington, MN 55437
(612) 725-4500

TAKE NOTICE:

1. The court has discovered that the minor may be an Indian child. The Indian Child Welfare Act and the Michigan Indian Family Preservation Act may apply to this case.
2. A hearing regarding the guardianship of the minor will be held at the date, time, and location listed below:

Date and Time

Location

Judge

If you choose to attend this hearing and you require accommodations to use the court because of a disability or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

USE NOTE: This order and notice must be sent to the persons prescribed in MCR 5.125(A)(8), (C)(19), and (C)(25) in accordance with MCR 5.109(1). A copy of the order and notice must also be mailed to the guardian by first-class mail.

STATE OF MICHIGAN JUDICIAL CIRCUIT - FAMILY DIVISION COUNTY	NOTICE OF ADOPTION PROCEEDINGS CONCERNING AN INDIAN CHILD	CASE NO. and JUDGE
--	---	---------------------------

Court address _____ Court telephone no. _____

In the matter of _____
 First and last name of child

TO:	┌		┐	
	└		┘	(Name and telephone no. of natural parent or Indian custodian. State if unknown.)
	┌		┐	
	└		┘	(Name and telephone no. of natural parent or Indian custodian. State if unknown.)
	┌		┐	
	└		┘	(Name and telephone no. of ICWA Designated Tribal Agent. See list here. State if unknown.)
	┌		┐	
	└	Bureau of Indian Affairs, Midwest Regional Office Norman Pointe II 5600 West American Blvd., Suite 500 Bloomington, MN 55437 (612)725-4571 or 4572	┘	(Use only if identity of parents, custodian, or tribe is unknown. If grandparent(s) are known, please provide name(s) and date(s) of birth on Personal Identifying Information Form [MC 97a].)

TAKE NOTICE:

1. A petition for adoption petition for direct placement adoption has been filed.
2. A copy of the petition is attached to this notice.
3. You have the absolute right to intervene in this proceeding and, absent objection by either Indian parent, you have the right to petition the court to have this case transferred to the tribal court of the _____ Tribe. The tribal court may decline the transfer.
4. You may object to a transfer of this case to the tribal court.
5. As a parent or Indian custodian, you have the right to a court-appointed attorney if you are determined indigent. If you intend to request a court-appointed attorney, you should contact the court immediately by telephone or in writing.
6. All parties notified shall keep confidential the information contained in this notice concerning this particular proceeding. This notice shall not be handled by anyone not needing the information contained in the notice in order to exercise the tribe's rights under the Indian Child Welfare Act and the Michigan Indian Family Preservation Act.

If you require accommodations to use the court because of a disability or if you require a foreign language interpreter to help you fully participate in court proceedings, please contact the court immediately to make arrangements.

USE NOTE: This notice must be sent to the parties by registered mail, return receipt requested.

NEW FORM Split From PCM 240

PCS Code: PMN
TCS Code: PMN

STATE OF MICHIGAN PROBATE COURT COUNTY	PETITION REGARDING TRANSPORT OF MINOR	CASE NO. and JUDGE
---	--	---------------------------

Court address _____ Court telephone no. _____

In the matter of _____ Put DOB in Ref. No.
First, middle, and last name row 1 on MC 97.
Date of birth

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
State your relationship
MCL 330.1498d or MCL 330.1498h.
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
Name
evaluation or hospitalization pursuant to Chapter 4A of the Mental Health Code: _____

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.

NEW FORM Split from PC 556

PCS Code: OAA
TCS Code: OFA

STATE OF MICHIGAN PROBATE COURT COUNTY	ORDER FOR ASSIGNMENT (Part 1)	CASE NO. and JUDGE
---	--	---------------------------

Court address _____ Court telephone no. _____

In the matter of _____ **XXX-XX-**
First, middle, and last name of decedent Last four digits of SSN

Petitioner's name, address, and telephone no.

Petitioner's attorney, bar no., address, and telephone no.

A petition for assignment was filed on _____ .
Date

IT IS ORDERED:

1. The property described above is assigned as follows:
- a. for funeral and burial expenses, \$ _____ to _____ ,
Name
\$ _____ to _____ , and \$ _____
Name
to _____ .
Name
 - b. to the surviving spouse, _____ .
 - c. to the following heirs in the stated proportions, _____ .
_____ .

For 63 days from the date of this order, the share of each heir other than a surviving spouse or minor child shall be subject to any unsatisfied debt of the decedent up to the value of property received through this order.

2. The petition is denied. dismissed/withdrawn.

Judge signature and date

I certify that I have compared this copy with the original on file and that it is a correct copy of the original.

Date

Deputy register

STATE OF MICHIGAN PROBATE COURT COUNTY	ORDER FOR ASSIGNMENT (Part 2)	CASE NO. and JUDGE
---	--	---------------------------

Court address _____ Court telephone no. _____

In the matter of _____ **XXX-XX-** 
First, middle, and last name of decedent Last four digits of SSN

Petitioner's name, address, and telephone no.

Petitioner's attorney, bar no., address, and telephone no.

A petition for assignment was filed on _____ .
Date

IT IS ORDERED:

- 1. The property described above is assigned as follows:
 - a. for funeral and burial expenses, \$ _____ to _____ ,
Name
 \$ _____ to _____ , and \$ _____
Name
 to _____ .
Name
 - b. to the surviving spouse, _____ .
 - c. to the following heirs in the stated proportions, _____ .

For 63 days from the date of this order, the share of each heir other than a surviving spouse or minor child shall be subject to any unsatisfied debt of the decedent up to the value of property received through this order.

- 2. The petition is denied. dismissed/withdrawn.

 Judge signature and date

I certify that I have compared this copy with the original on file and that it is a correct copy of the original.

 Date Deputy register

NEW FORM Split From PCM 240

PCS Code: OMN
TCS Code: OMN

STATE OF MICHIGAN PROBATE COURT COUNTY	ORDER REGARDING TRANSPORT OF MINOR	CASE NO. and JUDGE
--	---------------------------------------	--------------------

Court address

Court telephone no.

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

THE COURT FINDS:

- 1. 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.
- 2. 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.
- 3. Reasonable effort to transport the minor has been made.

IT IS ORDERED:

- 4. The petition is denied.
- 5. 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.
- 6. A peace officer shall take the minor into protective custody and transport him/her immediately to _____
_____ hospital.
- 7. That this order expires on _____ .

┌

Judge signature and date