

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>ORDER FOLLOWING HEARING ON PETITION FOR JUDICIAL ADMISSION</b>	<b>FILE NO.</b>
--	---	-----------------

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  
Petitioner name (type or print)  
named above meets the criteria for judicial admission for treatment and that the court should order the individual to be admitted to a facility.

3. The court finds that notice of hearing has been given according to law. The parties were present.

4. The hearing was  with  without a jury.

5. The court received and considered the report on the petition for judicial admission for treatment.

6. Testimony was given by \_\_\_\_\_.

**THE COURT FINDS:**

7. The individual is an adult, has been diagnosed as an individual with an intellectual disability, and
- a. can be reasonably expected within the near future to intentionally or unintentionally seriously physically injure self or others, and has overtly acted in a manner substantially supportive of that expectation.
  - b. the individual has been arrested and charged with an offense that was a result of the intellectual disability.
8. There  is  is not an available program of care and treatment other than admission to a facility adequate to meet the individual's care and treatment needs and that is sufficient to prevent harm or injury which the individual may inflict upon self or others.
9. \_\_\_\_\_ facility can provide the individual with the care and treatment adequate and appropriate for his/her condition in the least restrictive environment located nearest to his/her residence.
10. The individual or a relative requested that the individual be admitted to \_\_\_\_\_, a private licensed hospital that complies with the duties and requirements for facilities, and has agreed to pay the costs with private funds.
11. The individual does not meet the criteria for judicial admission for treatment.

**IT IS ORDERED:**

12. The petition is  granted.  denied on the merits.  dismissed/withdrawn.

13. The individual be admitted to

a. a facility designated by the department and recommended by the community mental health services program.

b. \_\_\_\_\_, which has accepted the individual.  
Name of licensed hospital

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

14. The individual undergo alternative care and treatment for a period not to exceed one year. Alternative treatment shall be under the supervision of \_\_\_\_\_ as follows:

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

If previously admitted to a facility, the individual shall be discharged.

15. If a resident is discharged by the director of a facility under MCL 330.1525(1) or (2), the facility must notify the court and community mental health services program. If a resident met the criteria for treatment under MCL 330.1515(b), the prosecuting attorney must also be notified of the discharge by a facility.

16. If felony charges have been previously dismissed under MCL 330.2044(1)(b) and the time for petitioning to refile charges has not elapsed,

a. not less than 30 days before the resident’s scheduled release or discharge, the director of the treating facility shall notify the prosecutor’s office in the county in which charges against the resident were originally brought that the resident’s release or discharge is pending.

b. not less than 30 days before the resident’s scheduled release or discharge, the resident 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 16a above shall be submitted to the prosecutor’s office in the county in which the charges against the resident were originally brought. The written report is admissible as provided in MCL 300.2030(3).

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge