

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF</b>	<b>CERTIFICATION AND REPORT ON PETITION FOR JUDICIAL ADMISSION</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_  
First, middle, and last name

**CERTIFICATION OF EXAMINERS**

On \_\_\_\_\_, I examined the individual and report that:  
Date

1. The individual  does  does not meet the criteria for treatment.
2. My diagnosis is that the individual  does  does not have an intellectual disability.
3. The individual
  - a.  can  cannot 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. has been arrested and charged with an offense that was a result of the intellectual disability.

I base my conclusion on the following facts: \_\_\_\_\_

4. The individual requires immediate admission to a facility in order to prevent physical harm to self and others pending hearing.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and title

On \_\_\_\_\_, I examined the individual and report that:  
Date

1. The individual  does  does not meet the criteria for treatment.
2. My diagnosis is that the individual  does  does not have an intellectual disability.
3. The individual
  - a.  can  cannot 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. has been arrested and charged with an offense that was a result of the intellectual disability.

I base my conclusion on the following facts: \_\_\_\_\_

4. The individual requires immediate admission to a facility in order to prevent physical harm to self and others pending hearing.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Name and title

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

**REPORT ON PETITION FOR JUDICIAL ADMISSION**

1. I, \_\_\_\_\_, as \_\_\_\_\_,  
Name Profession, organization, and title

have met with and evaluated the individual and report that his/her mental, physical, social, and educational condition is:

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

2. The following is a list of available forms of care and treatment that may serve as an alternative to admission to a facility.

a. Residential placement: \_\_\_\_\_

Availability (specify): \_\_\_\_\_

b. Day activity programs: \_\_\_\_\_

Availability (specify): \_\_\_\_\_

c. Outpatient treatment: \_\_\_\_\_

Availability (specify): \_\_\_\_\_

d. Custody of friend or relative: \_\_\_\_\_

Availability (specify): \_\_\_\_\_

e. Home care or homemaker services: \_\_\_\_\_

Availability (specify): \_\_\_\_\_

f. Inpatient treatment at private psychiatric hospital: \_\_\_\_\_  
Name of hospital

Availability (specify): \_\_\_\_\_

g. Other: \_\_\_\_\_

Availability (specify): \_\_\_\_\_

3. I recommend the most appropriate living arrangement for the individual in terms of type and location and the availability of support services to be \_\_\_\_\_.

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

\_\_\_\_\_  
Address

\_\_\_\_\_  
Signature

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