

STATE OF MICHIGAN PROBATE COURT COUNTY OF _____	PETITION FOR <input type="checkbox"/> SECOND <input type="checkbox"/> CONTINUING MENTAL HEALTH TREATMENT ORDER	FILE NO. _____
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In the matter of _____ First, middle, and last name DOB: _____

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 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 90 days. 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:

(SEE SECOND PAGE)

USE NOTE: If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

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 physical and 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.
- continuing hospitalization for not more than one year.
- combined hospitalization and assisted outpatient treatment for not more than 90 days one year.
- assisted outpatient treatment for not more than 90 days 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.