

<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 alternative 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 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 treatment.
  - d. it is believed that the alternative 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 treatment program or in a hospital or center.

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

**REPORT ON ADEQUACY AND SUITABILITY OF ALTERNATIVE 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 center: \_\_\_\_\_

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

(SEE SECOND PAGE)

Do not write below this line - For court use only

5. I recommend that the court

a. set a date for hearing.

b. modify the order for alternative care and treatment program 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 \_\_\_\_\_ center.

e. order a peace officer to take the individual into protective custody and transport the individual to the hospital or center 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.