

**STATE OF MICHIGAN  
PROBATE COURT  
COUNTY OF**

**NOTICE OF  
INABILITY TO SECURE  
EVALUATION/EXAMINATION**

**FILE NO.**

In the matter of \_\_\_\_\_  
First, middle, and last name

1. A petition for mental health treatment was filed on \_\_\_\_\_ .  
Date

2. The individual has failed to make himself or herself available for an evaluation/examination.

3. I am  petitioner  caseworker  psychiatrist/psychologist/physician  interested person  
 other \_\_\_\_\_

4. The following reasonable attempts were made to obtain the individual's cooperation:

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.

Do not write below this line - For court use only