

STATE OF MICHIGAN PROBATE COURT COUNTY	PETITION REGARDING TRANSPORT OF MINOR	CASE NO. and JUDGE
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Court address _____ Court telephone no. _____

In the matter of _____ Put DOB in Ref. No.
First, middle, and last name row 1 on MC 97.
Date of birth

I represent that:

1. The minor can be currently found at: _____

2. I have authority as _____ and I have requested voluntary hospitalization of the minor pursuant to
State your relationship
MCL 330.1498d or MCL 330.1498h.

3. An action within the jurisdiction of the family division of circuit court involving the family or family members of the minor
has been previously filed in _____ Court, Case Number _____, was
assigned to Judge _____, and remains is no longer pending.

4. The minor has been hospitalized pursuant to Chapter 4A of the Mental Health Code, and the director of _____
_____ hospital believes the minor should be returned to the hospital following an
 authorized unauthorized absence.

5. The following unsuccessful efforts by _____ were made to transport the minor for
Name
evaluation or hospitalization pursuant to Chapter 4A of the Mental Health Code: _____

6. I request that the court order the minor to be transported for evaluation and/or hospitalization pursuant to Chapter 4A
of the Mental Health Code.

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

Address

Name (type or print)

City, state, zip

Telephone no.