

<p>STATE OF MICHIGAN PROBATE COURT COUNTY OF WAYNE</p>	<p>PETITION AND ORDER FOR INVOLUNTARY TREATMENT FOR A SUBSTANCE USE DISORDER ORDER FOR PHYSICAL EXAMINATION/ ASSESSMENT AND DIAGNOSIS</p>	<p>FILE NO.</p>
---	--	------------------------

In the interest/matter of _____

1. I, _____ have a permanent address at _____
Name Street address, city, state, zip.

2. I believe the respondent needs treatment for a substance use disorder. My relationship to the respondent is _____
 (spouse, family member, guardian, health professional): _____

3. The respondent's date of birth is Put DOB in Ref. No. row 1 on MC 97 has a permanent residence in WAYNE COUNTY at: _____

 and can presently be found at _____

4. The persons interested in these proceedings are:

NAME	RELATIONSHIP	ADDRESS
	Parent	
	Guardian	
	Spouse	
	Adult Child	
	Custodian	
	Other Close Relative or Friend if no custodian	

5. I believe that the respondent:
- a. Has a substance use disorder.
 - b. Presents an imminent danger or imminent threat of danger to self, family, or others as a result of the substance use disorder, or a substantial likelihood of the threat of danger in the near future exists.
 - c. Can reasonably benefit from treatment.

6. The above statements are based on:
- a. My personal observation of the person doing the following acts and saying the following things:

 - b. Conduct and statements that others have seen or heard and have told me about:

7. a. Attached is a certified statement from a health professional who has examined the respondent within the last 48 hours, or:
 b. I certify that the respondent refused to undergo an examination by a health professional concerning the respondent's need for treatment. I request that the court order a physical examination substance use assessment and diagnosis. Transportation to facility providing treatment

8. I have arranged for treatment of the respondent at _____
(name of person/facility providing treatment and address)

(SEE SECOND PAGE)

Do not write below this line – For court use only

9. Attached is a verification from that the person/facility has agreed to provide the treatment and the estimated costs of treatment.

10. I agree to pay the costs of the treatment and the costs of the examinations ordered by the by the court. I also agree to pay any related court costs.

11. I request that the court determine the respondent to be a person who requires treatment for a substance use disorder.

I declare that the petition has been examined by me and that its contents are true to the best of my information, knowledge and belief.

_____		_____	
Attorney Signature		Petitioner Signature	
_____		_____	
Name (type or print)		Name (type or print) Bar no.	
_____		_____	
Address		Address	
_____		_____	
City, state, zip Telephone no.		City, state, zip Telephone no.	

ORDER FOR PHYSICAL EXAMINATION / ASSESSMENT AND DIAGNOSIS

IT IS ORDERED:

12. a. The petitioner shall cause the respondent named above to undergo a physical examination by a physician at least 24 hours before the time set for the hearing. The results of the physical examination shall be filed with this court prior to the hearing.
- b. The petitioner shall cause the respondent named above to undergo a substance use assessment and diagnosis by a health professional at least 24 hours before the hearing. A written report detailing the results of the substance use assessment and diagnosis shall be filed with this court prior to the hearing.

_____	_____	_____
Date	Judge	Bar No.

ORDER FOR INVOLUNTARY TREATMENT FOR A SUBSTANCE USE DISORDER

THE COURT FINDS:

13. The respondent:
- a. Has a substance use disorder.
 - b. Presents an imminent danger or imminent threat of danger to self, family, or others as a result of the substance use disorder, or a substantial likelihood of the threat of danger in the near future exists.
 - c. Can reasonably benefit from treatment.
 - d. Failed to attend an examination scheduled before the hearing.
14. The petitioner has agreed to pay the costs of the treatment and the costs of the examinations ordered by the court and any related court costs.

IT IS ORDERED:

15. The petition is granted and the respondent shall undergo treatment for substance use disorder at the location noted in #8 above. (PGTD)
16. Respondent is to be transported by law enforcement to _____ facility for treatment. Transportation costs are to be paid by petitioner.
17. The petition is denied, case closed. (IDEN)

_____	_____	_____
Date	Judge	Bar No.