

Jackson County Probate Court

312 S. Jackson St.
Jackson, MI 49201
Phone: 517-788-4290
Fax: 517-788-4291

Instructions for Mental Health Pick-up Order

The Court has the authority to order that a person be picked up and transported to the hospital for evaluation under certain circumstances. To qualify, the law requires that the individual have a mental illness, and:

- As a result of that mental illness, the individual can be reasonably 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;
- 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; or
- The individual's judgment is so impaired he/she is unable to understand the need for treatment. Continued behavior as the result of this mental illness can be reasonably expected, on the basis of competent clinical opinion, to result in significant physical harm to self or others.

It is important when filling out these forms to be as detailed as possible. You may attach an additional sheet if necessary.

Fees

- Filing Fee – There is no filing fee

Forms

Below, you will find specific instructions for each form contained in the packet. Please read them carefully. Failure to follow them exactly may result in denial of your request.

1. Petition for Mental Health Treatment (PCM 201): Complete the entire form. Be as thorough as possible.

You must check one of the boxes under number 3. If you check box a, number 4 must contain specific examples of how the individual poses a physical danger to self or others. If you check box b, number 4 must contain specific examples of how the individual is not attending to the need for food, shelter, or clothing. Do not check box c unless you are a physician, psychiatrist, or licensed psychologist.

You must complete box 5 if the individual has a living spouse or guardian. You may include anyone else you believe should receive notice of the proceeding. Please include complete addresses (including city, state, and zip code).

You may or may not have a clinical certificate to accompany your petition. (Statistically, the vast majority of filings do not.) If you do not, you must explain under item number 8 why you do not.

2. Order for Examination/Transport (PCM 209a): To be complete by the court.

3. Jackson County Petition Review: After the petition has been completed, you will need to take it to the Lifeways Access Center at 1200 N. West Ave to have them reviewed. They will complete this form. After that, you will bring all three documents to the Court and file them.

STATE OF MICHIGAN PROBATE COURT JACKSON COUNTY	PETITION FOR MENTAL HEALTH TREATMENT <input type="checkbox"/> AMENDED	CASE NO. and JUDGE
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Court address 312 S. JACKSON ST., JACKSON, MI 49201	Court telephone no. 517-788-4290
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In the matter of _____
First, middle, and last name

Put last 4 digits of SSN in
XXX-XX- Ref. No. row 2 on MC 97.
Last 4 digits of SSN

Court ORI MI 380013J	Date of birth Put DOB in Ref. No. row 1 on MC 97	Driver's license no. Put DLN in Ref. No. row 3 on MC 97	Place of birth	Race	Sex
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1. I, _____, an adult _____ petition because
Name (type or print) specify whether a relative, neighbor, peace officer, etc.
I believe the individual named above needs treatment.

2. The individual was born _____ has a permanent residence in _____
Put DOB in Ref. No. row 1 on MC 97. Date
County at _____
Street address City, state, zip
and can presently be found at _____
Facility name or other address

This petition is for a person who was found not guilty by reason of insanity in this county (NGRI).

3. I believe the individual has mental illness and
- 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.

4. The conclusions stated above are based on

a. my personal observation of the person doing the following acts and saying the following things:

b. the following conduct and statements that others have seen or heard and have told me about:

by: _____
Witness name Complete address Telephone no.

5. The persons interested in these proceedings are:

NAME	RELATIONSHIP	ADDRESS	TELEPHONE
	Spouse		
	Guardian*		

*(Specify the county where the guardianship was established and the case number.) _____

6. The individual is is not a veteran.

7. Attached is a clinical certificate by a physician or licensed psychologist taken within the last 72 hours.
 clinical certificate by a psychiatrist taken within the last 72 hours.
 no clinical certificate is attached because only assisted outpatient treatment is requested.

8. (For hospitalization and combined treatment only.) An examination could not be secured because: _____

I request:

- a. the individual be examined at _____,
the preadmission screening unit or hospital designated by the community mental health services program.
 b. a peace officer take the individual into protective custody and transport the individual to _____

9. I request the court to determine the individual to be a person requiring treatment and to order:

- a. hospitalization only.
 b. a combination of hospitalization and assisted outpatient treatment.
 c. assisted outpatient treatment without hospitalization.

10. I request the individual be hospitalized pending a hearing.

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.

Signature of attorney

Date

Name (type or print)

Bar no.

Signature of petitioner

Address

Address

City, state, zip

Telephone no.

City, state, zip

Home telephone no.

Work telephone no.

FOR HOSPITAL USE ONLY	This petition for mental health treatment was received by the hospital on _____ at _____ . <div style="display: flex; justify-content: space-around; width: 100%;"> Date Time </div>
	_____ Signature of hospital representative

Approved, SCAO

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF JACKSON

ORDER FOR
EXAMINATION/TRANSPORT

FILE NO.

In the matter of _____ DOB: _____
First, middle, and last name

1. Date of hearing: _____ Judge: _____ Bar no. _____

THE COURT FINDS:

2. A petition alleging the individual is a person requiring treatment and requesting hospitalization or a combined treatment order has been filed with the court, and
- one clinical certificate accompanies the petition. The individual must be examined by a psychiatrist.
 - no clinical certificate accompanies the petition. A reasonable effort was made to secure an examination. The individual must be examined by a psychiatrist and either a physician or a licensed psychologist.
3. The court has received information that a petition for assisted outpatient treatment has been filed, the petitioner has made reasonable efforts to secure an examination, and the individual will not make himself/herself available for evaluation.
4. The individual requires immediate assessment because the individual presents a substantial risk of significant physical or mental harm to himself/herself in the near future or presents a substantial risk of significant physical harm to others in the near future.
5. There does not appear to be probable cause to order the individual be taken into protective custody and transported to the designated prescreening unit or hospital.

IT IS ORDERED:

6. The individual be examined by a psychiatrist. psychiatrist and a physician or licensed psychologist
at _____
Prescreening unit or hospital

Upon completion of the examination(s), the executed clinical certificate(s) shall be filed with the court or a report that a clinical certificate is not warranted shall be made to the court.

- The individual shall be hospitalized. If the examinations and clinical certificates are not completed within 24 hours after hospitalization, the individual shall be released.
- A peace officer shall take the individual into protective custody and transport him/her to the designated prescreening unit or hospital. If the order is not executed by _____, the law enforcement agency must report to the court the reason the order was not executed within the prescribed time period.
10 days from entry of order

7. A peace officer shall take the individual into protective custody and transport him/her to the designated prescreening unit or hospital for assessment for assisted outpatient treatment. If the order is not executed by _____, the law enforcement agency must report to the court the reason the order was not executed within the prescribed time period.
10 days from entry of order

8. The request to take the individual into protective custody for transport is denied.

Date Judge Bar no.

Do not write below this line - For court use only

REPORT OF NON-EXECUTION

The Order for Examination/Transport issued on _____ has not been executed. The reason the order was
Date
not executed within 10 days after entry is: _____

Date

Name

Law enforcement agency

Telephone no.

TO THE LAW ENFORCEMENT AGENCY: Under MCL 330.1436(2), this report must be filed with the court that issued the Order for Examination/Transport if the order is not executed within 10 days after entry of the order.

Jackson County Petition Review

Name of person being petitioned	
Name of petitioner	
Date of Petition	

Access Clinician Name		
Clinical Review		Petition appears clinically appropriate based on information provided by the petitioner. LifeWays did not evaluate the person being petitioned.
		Petition <u>does not</u> appear to be clinically appropriate based on the information presented by the petitioner and additional information LifeWays has obtained. LifeWays did not evaluate the person being petitioned.
Access Clinician Signature/Credentials:		Date

This document should be paper clipped to the original petition document (no staples).

STATE OF MICHIGAN JACKSON JUDICIAL DISTRICT JUDICIAL CIRCUIT COUNTY PROBATE	PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE
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Court address _____ Court telephone no. _____

Plaintiff's/Petitioner's name	v	Defendant's/Respondent's name
In the matter of _____		

This form is nonpublic because it contains personal identifying information (PII) that is protected from public inspection under MCR 1.109(D)(9)(a). Use this form to provide PII only for a person who is a defendant, respondent, or decedent. If the person is a plaintiff, petitioner, or other individual, use form MC 97a.

- Instructions:**
- When PII (such as date of birth) must be filed with the court on a public document, DO NOT include it on that public document. Instead, you must provide it on this form.
 - Provide only the protected PII required for your particular case. For example, if you are filing a public document that requires you to provide a date of birth to the court, complete only that field on this form.

Name of form/document that this MC 97 is being filed with: _____

Printed name of individual completing form and date _____

Instructions: Provide the name of the person that the PII applies to, followed by the specific PII that is required to be provided. For Other, specify the type of PII in addition to the PII itself. Use the below reference number (Ref. No.) in the public document in place of the protected PII. For example, insert "Ref. No. 1" in place of the DOB in the public document.

Ref. No.	Name (required)
1	Date of birth
2	National ID no. / Last 4 digits of SSN XXX-XX-_____
3	Driver's License / State-issued ID no.
4	Passport no.
5	Other

Ref. No.	Instructions: List the name of the financial institution and the account number. List the paragraph that references the account, if needed for clarity. Use reference number (Ref. No.) when necessary to refer to account in public documents.		
6	Financial institution	Account no.	Paragraph no.
7	Financial institution	Account no.	Paragraph no.
8	Financial institution	Account no.	Paragraph no.
9	Financial institution	Account no.	Paragraph no.