Completing a Mental Health Petition

Oakland Community Health Network
Developmental Disabilities • Mental Health • Substance Recovery

Top Section

In the matter of Legal name of the individual you are petitioning
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	Date of birth	Place of birth	Race	Sex
Court will provide this	Put DOB in Ref. No. row 1 on MC 97.	e.g. State is sufficient, or country for individuals born outside the U.S.		

E.g. American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, White or Caucasian

Current marker on the individual's government dentification documents

Box 1

1. I, Your Name (petitioner)
Name (type or print)
, an adult Relationship to the individual being petitioned (eg. relative, neighbor, police officer, etc.)
specify whether a relative, neighbor, peace officer, etc.
petition because I believe the individual named above needs treatment.

Box 2

2. The individual was born Put DOB in Ref # row 1 MC97
Date
has a permanent residence in Must match legal residence. If homeless, use the county where they are presently located
County at Legal address. If homeless, writing "homeless" is considered sufficient.
Street address
City, state, zip
and can presently be found at
Facility name or other address
Where individual is known to be at the time of filing. You can use a facility if they are in a hospital or shelter. This is used if a pick-up order is given to law enforcement.

Box 3A

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.

Some examples that fit with checking this box:

- Threatening suicide, self harm, or expressing a desire to harm others (verbally or non-verbally)
- Admits to sending a message or making a threat to someone about wanting to harm themselves or others
- Actively psychotic (e.g. Hearing voices, seeing things that are not real, paranoid) and based on their sense of reality may harm themselves or others

Please note if the individual is intoxicated their statements cannot be used for this form.

Box 3B

☐ 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.

Some examples that fit with checking this box:

- Home is not being kept clean, not eating or bathing themselves.
- Having a medical condition that may worsen sine the individual is refusing medication.
- Missing work or school and not caring for children due to not getting out of bed

For AOT of any type, check box 3C

☐ 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.

If boxes 3a or 3b are checked the individual may need immediate hospitalization along with AOT.

Some examples that fit with checking this box:

- Actively psychotic which may bring the individual to not see the need to participate in treatment.
- In a manic state leading to the individual to refuse treatment.
- Has a pattern of not attending treatment appointments which has led to hospitalization or incarceration in the past.

Box 4

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:

   _____

- 4a: Petitioner must have first hand knowledge of the behavior. Write in what you have seen, heard, etc.
- 4b: Witness statements, keep in mind they may be called to testify.

Box 5

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.) _____

- Provide information about the individual's family, friends, and/or guardian.

Box 6

6. The individual ☐ is ☐ is not a veteran. Check appropriate box if known

Box 7

☐ 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.

- Check the first two boxes if you have a copy of a clinical certificate from the corresponding profession listed.
- Check the last box if an immediate evaluation, with out the individual being hospitalized, is needed.

Please note you do not need a clinical certificate (PCM 208) if you are requesting AOT only.

Box 8

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

- If you do not have a clinical certificate (PCM 208) and are seeking hospitalization or a combination of hospitalization and AOT write in the reason why this has not been obtained and check the box. E.G. Individual will not voluntarily go to an examination, they are incarcerated, or are out of the state and returning home.

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 _____

- 8a: If an individual will comply with the court order to get an examination, check this box and specify the location.

In Oakland County, the Oakland Community Health Network - Adult Crisis Services in Pontiac is the preferred location.

- 8b: Is utilized when the individual will not voluntarily go to for an examination. It should specify the Oakland Community Health Network - Adult Crisis Services, 1200 N Telegraph Rd., 32 E, Pontiac.

Box 9

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.

- If 3a or 3b and 3c is checked then any of the three boxes (9a, 9b 9c) may be checked.
- If only 3c is checked then 9c must be checked.

Box 10

☐ 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.

- Check this box if you believe the person is at imminent risk (you should also have checked box 3A or 3B), Leave blank if the individual is incarcerated and can be managed in the jail.

Signature Section

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. _____

- This form will be available to the person you are petitioning. You are able to write in your work address and phone number.