

# How to Complete a Mental Health Petition

## Top Section

In the matter of		Legal name of the individual you are petitioning <small>First, middle, and last name</small>		Put last 4 digits of SSN in <b>XXX-XX-</b> Ref. No. row 2 on MC 97. <small>Last 4 digits of SSN</small>	
Court ORI <small>Court will provide this</small>	Date of birth <small>Put DOB in Ref. No. row 1 on MC 97.</small>	Place of birth <small>State is sufficient, or country for individuals born outside the US</small>	Race	Sex <small>Must be legal sex</small>	
Census categories seem to be preferred - American Indian or Alaska Native, Asian, Black or African American, Native Hawaiian or Other Pacific Islander, & White					

## Line 1

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

## Line 2

2. The individual was born Put DOB in Ref # row 1 MC97 has a permanent residence in Must match legal residence. If homeless, use the county where they are presently located  
Date  
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

## Line 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.

You must have a valid reason to believe the person is mentally ill to complete a petition. This can be from the combination of their behavior and collateral information. You can check this box if someone:

- Overtly threatens (verbally or non-verbally) suicide, self-injury, desire to harm others.
- Confirms they made a threat to harm themselves or others (e.g., admits they sent a text to someone saying they were going to kill themselves).
- Is acutely psychotic (e.g., hearing voices, paranoid) and based on their sense of reality may do something that would harm themselves or others (e.g., someone experience paranoia may harm someone they falsely believe is trying to harm them).
- Individuals experiencing psychosis without recognizing the symptoms require immediate treatment to prevent harm to self or others.
- Additionally, if the person is intoxicated (BAL  $\geq$  .08) their statements cannot be used for this form, and substance use disorders alone are not eligible for involuntary hospitalization or AOT.

## Line 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.

You can check this box if someone, as a result of mental illness, is:

- Not eating, bathing, keeping their home sanitary
- Not taking medication for a health problem that will worsen without the medication (e.g. insulin, blood pressure medication).
- Not getting out of bed to go to work, care for children, go to school.

## 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 you believe you can check boxes 3a or 3b, the individual needs immediate hospitalization in addition to AOT.
- If the individual is not in protective custody, it is best to file the petition with the court (when possible) along with an "Order for Examination/Transport" for the judge to sign, authorizing you to take the individual into protective custody.
- These criteria allow for someone with a mental illness who is currently non-compliant with prescribed treatment to be involuntarily hospitalized and/or be ordered to receive AOT. They do not have to currently meet criteria "A" or "B" if they have a history of meeting either criteria "A" or "B" when they are non-compliant with their treatment.

Examples of someone who would meet this criteria:

- Someone who is experiencing psychosis (hearing voices, seeing things, paranoid) and these symptoms make them not want to participate in treatment (e.g., they believe their medication is poison).
- Someone who is in a manic state and does not want to take medication because they like the way they feel.
- Someone who has a pattern of not following through with their treatment in the past, resulting in hospitalization and/or incarceration.

## Line 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:

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

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- 4A: You must have firsthand knowledge of the alleged behavior (hear-say rule) in court. If they admit to what others have told you, that will meet these criteria
- 4B: Your answer should supplement, not replace, firsthand observation. The witness' information is necessary as they may be called to testify about allegations.

## Line 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 on friends or family member if known
- A legal guardian introduces special considerations that may make an AOT unnecessary.

## 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.

- For immediate evaluation without hospitalization, check boxes 7 & the last box "no clinical certificate is attached..."
- Check if you have any of these. You do not need a clinical certificate (PCM 208) if you are only requesting AOT.

## Box 8

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

- If there is no clinical certificate and you are requesting hospitalization (with or without AOT) then you need to check this box. Also check this box for AOT only orders when you want an immediate evaluation.
- Reasons can include: the individual will not voluntarily go to an examination, they are incarcerated, they are out of state but returning soon.

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 the individual will comply with a court order to get an examination, you could check this box and specify the location
- In Wayne County, the COPE crisis center in Livonia or TEAM Wellness in Detroit should be the preferred location for examinations

### 8B

- Should specify COPE's crisis center in Livonia or TEAM Wellness in Detroit
- This is often your only option because the individual will not voluntarily go for an evaluation

## Line 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 you check box 3A or 3B **AND** 3C, then you can check any of these boxes.
- If you checked box 3C but not 3A or 3B, you can only check box 9C.

## Line 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. _____	

- Always use your work address and OMIT your home telephone number - this form will be available to the person you are petitioning