

STATE OF MICHIGAN PROBATE COURT COUNTY	PETITION FOR MENTAL HEALTH TREATMENT <input type="checkbox"/> AMENDED	CASE NO. and JUDGE  23-191-41
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

In the matter of DANE STAVI PETRYK Put last 4 digits of SSN in  
First, middle, and last name XXX-XX- Ref. No. row 2 on MC 97.  
Last 4 digits of SSN

Court ORI	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 <u>New York</u>	Race <u>W</u>	Sex <u>F</u>
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1. I, Alison Peeler, an adult Next Door Neighbor 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 Put DOB in Ref. No. row 1 on MC 97. has a permanent residence in 218 Paris Ave  
Date  
County at LANSING MI 48910 City, state, zip  
Street address  
and can presently be found at SAME AS ABOVE  
Facility name or other address

**FILED**  
JUN 09 2023  
INGHAM COUNTY  
PROBATE COURT

- 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:

Dandalizing my property repeatedly. Say "I'm  
Ukrainian and will take this to the ends of the earth  
Filed multiple complaints with Code Enforcement

b. the following conduct and statements that others have seen or heard and have told me about:  
threats to neighbors, their children & pet  
CONTACTED THE COURT to cancel a hearing STATING that "I Am too  
much a threat to my neighbors"

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: Dane  
Petrucci filed PPO against me

I request:

- a. the individual be examined at Sparrow the preadmission screening unit or hospital designated by the community mental health services program.
- b. a peace officer take the individual into protective custody. After the individual is taken into protective custody, a peace officer or security transport officer shall transport the individual to Sparrow

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 June 9, 2023  
 Name (type or print) \_\_\_\_\_ Bar no. \_\_\_\_\_ Signature of petitioner Alvin Reem  
 Address \_\_\_\_\_ Address 220 Paris Ave  
 City, state, zip \_\_\_\_\_ City, state, zip Lansing MI 48910  
 Telephone no. \_\_\_\_\_ Home telephone no. 517 708 7775 Work telephone no. N/A

FOR HOSPITAL USE ONLY

This petition for mental health treatment was received by the hospital on \_\_\_\_\_ at \_\_\_\_\_ Date Time

Signature of hospital representative \_\_\_\_\_