

STATE OF MICHIGAN PROBATE COURT COUNTY	PETITION FOR MENTAL HEALTH TREATMENT <input type="checkbox"/> AMENDED	CASE NO. and JUDGE 23-191-M1
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Court address _____ Court telephone no. _____

In the matter of DIANE STARR 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 <u>M13300235</u>	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 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 _____ has a permanent residence in Ingram ~~County MI~~
Put DOB in Ref. No. row 1 on MC 97. Date

County at 218 Paris Ave Lansing MI 48910
Street address City, state, zip

and can presently be found at 218 Paris Ave Lansing MI 48910
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:

Repeated acts of vandalism to 220 Paris Ave and
told court personnel that she is a threat to her neighbors

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

Repeated acts of vandalism and confrontation in and
on both public & private property on our block for 12 yrs

by: Kay Paige 216 Paris Ave Lansing MI 517 202 8373
Witness name Complete address Telephone no.

ED
JUN 22 2023

INGHAM COUNTY
PROBATE COURT

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: _____

Made a request for voluntary treatment. She refused!

I request:

- a. the individual be examined at CMH or 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 CMH / or 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 6/22/2023

Name (type or print) _____

Bar no. _____

Signature of petitioner Alison Peeler

Address _____

Address 220 Paris Ave

City, state, zip _____

Telephone no. _____

City, state, zip Lansing MI 48910

Home telephone no. 517 708 7779

Work telephone no. _____

FOR HOSPITAL USE ONLY	This petition for mental health treatment was received by the hospital on _____ at _____
	Date Time
	Signature of hospital representative _____

From: Diane Petryk bloomplanet@gmail.com
Subject: Cease all contact
Date: Jun 21, 2023 at 11:15:11 AM
To: Ali Peeler alipeeler61@gmail.com, alipeeler@icloud.com,
flatter.throngs_Oc@icloud.com

Alison Peeler, you are hereby notified to cease emailing Diane Petryk at bloomplanet@gmail.com from any and all of your email addresses; and at any email addresses for Diane Petryk or Walter Petryk. You are hereby notified to stop texting or calling Diane Petryk or Walter Petryk; you are hereby notified to send no items through the mail to Diane Petryk or Walter Petryk; you are hereby notified to not approach Diane or Walter Petryk in person in silence or with verbal comments. You are hereby notified that your comments and those of Daniel Peeler to Diane Petryk or Walter Petryk must cease, as well as comments to any employees or guests at 218 Paris Avenue, Lansing, Michigan, or any real estate agents or their clients at 218 Paris Ave. Alison Peeler and Daniel Peeler, you are hereby notified not to trespass at 218 Paris Avenue, including on the 218 Paris Avenue side of the shared driveway with the house immediately to the west.. This message is sent by Diane Petryk. Do not reply.