PCS Code: PFH/PAS/APM TCS Code: IPFH/PFH/PAS/APM

STATE OF MICHIGAN PROBATE COURT COUNTY

PETITION FOR MENTAL HEALTH TREATMENT

CASE NO. and JUDGE

23-191-41

	AMERICA		
Court address			Court telephone no.
In the matter of Pirst. middle. and last nan	AVY PETRYK	XXX-XX- Last 4 digits	Put last 4 digits of SSN in Ref. No. row 2 on MC 97. of SSN
Court ORI Date of birth Put DOB in Ref. N row 1 on MC 97	Driver's license no. Put DLN in Ref. No. row 3 on MC 97	of birth York	Race Sex
1. I. Alson Peeler Name (type or print)	an adult	neighbor, peace officer/etc.	petition because
I believe the indiv <mark>i</mark> dual named ab	ove needs treatment.		
2. The individual was born Put DOB row 1 on Date	in Ref. No. MC 97. has a perman	ent residence in <u>2\8</u>	Paristie
County at LANSINS Street address	M1 48910	City. state. zip	FILE
and can presently be found at	DAME AS ABOVE	City. State. Zip	-CC
☐ This petition is for a person wh	o was found not quilty by reason	of insanity in this county (N	IGRI). WGH.
	I illness and ess. the individual can reasonably sically injure self or others. and ly supportive of this expectation.	y be expected within the ne nas engaged in an act or ac	ar future to intentionally or ets or made significant
	ess. the individual is unable to a serious harm in the near future. al needs.		
necessary. on the basis of c	impaired by that mental illness. ar monstrate an unwillingness to vo ompetent clinical opinion. to prev obstantial risk of significant physic	luntarily participate in or ad ent a relapse or harmful de	here to treatment that is terioration of his or her
4. The conclusions stated above are a. my personal observation of the		and saying the following thi	ngs:
Dandaliang m	4 property rep	eatedly. San	1) Im
b. the following conduct and state	e complaints ments that others have seen or	to the ends	of the earl nforcement
threats to ne	andors they	children \$ 0	ot
COMPACTO HE CO	- 1	oring STATING th	& "I Am Aoo
much a threat to	my neighbris		1
by:	Complete address		Telephone no.

5. The persons interested in these proceedings are: NAME	Petition for Mental Health Treatment (3/23) Page 2 of 2		Case No.		
Spouse Guardian*		ese proceedings are:			
Guardian* Guardian*			ADDRESS	TELEPHONE	
*(Specify the county where the guardianship was established and the case number.) 6. The individual		Spouse			
(Specify the county where the guardianship was established and the case number.) 6. The individual		Guardian			
6. The individual solution of the individual sol		Guardian			
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. clinical certificate by a psychiatrist taken within the last 72 hours. Roccinical certificate is attached because only assisted outpatient treatment is requested. 8. (For hospitalization and combined treatment only.) An examination could not be secured because: Roccinical process Roccinical pro	*(Specify the county where the guardia	I I	case number.)	4	
Clinical certificate by a psychiatrist taken within the last 72 hours. In colinical certificate is attached because only assisted outpatient treatment is requested.	6. The individual is	🗘 is not a veteran.			
I request: A a. the individual be examined at the preadmission screening unit or hospital designated by the community mental health services program.	□ clinic ⊠ no cl	al certificate by a psychic inical certificate is attach	atrist taken within the last 72 hours. ed because only assisted outpatient treatm		
request:		N =			
□ 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 of my information. knowledge. and belief. Signature of attorney Name (type or print) Bar no. Signature of petitioner Address Address Address City. state. zip This petition for mental health treatment was received by the hospital on Date This petition for mental health treatment was received by the hospital on Date Time	the preadmission scre b. a peace officer take the	ening unit or hospital des e individual into protective	ignated by the community mental health see custody. After the individual is taken into	protective custody. a	
I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the of my information. knowledge. and belief. Signature of attorney	a. hospitalization only. b. a combination of hosp c. assisted outpatient tre	italization and assisted or atment without hospitaliza	utpatient treatment. ation.		
Name (type or print) Bar no. Signature of petitioner 220 Address Address City. state. zip Telephone no. City. state. zip This petition for mental health treatment was received by the hospital on Date Time HOSPITAL USE ONLY Date Date Date Date Time	I declare under the penalties of	perjury that this petition		ents are true to the best	
Address City. state. zip Telephone no. This petition for mental health treatment was received by the hospital on at Time HOSPITAL USE ONLY	Signature of attorney				
City. state. zip Telephone no. City. state. zip Si7 708 7775 Home telephone no. Work telephone no. This petition for mental health treatment was received by the hospital on at	Name (type or print)	Bar	no. Signature of petitioner		
This petition for mental health treatment was received by the hospital on at Time HOSPITAL USE ONLY	Address	×	Address	10	
This petition for mental health treatment was received by the hospital on at Time HOSPITAL USE ONLY	City, state, zip	Telephone	no City state zin	10	
This petition for mental health treatment was received by the hospital on at at ITIME HOSPITAL USE ONLY	,	10000000	SI7 708 7779	lephone no	
FOR Date Time HOSPITAL USE ONLY	This was the second				
	FOR HOSPITAL	mental health treatment v	vas received by the hospital on		
DIGIDALLIE DI DOSDITAL PERPENDIALIVE			Signature of hospital representative		