Approved, SCAO JIS CODE: SPA

STATE OF MICHIGAN

SUPPLEMENTAL PETITION TO

PROBATE COURT COUNTY OF	APPLICATION FOR HOSPITALIZATION AND ORDER FOR EXAMINATION		
In the matter of			
	PET	FITION	
I executed the attached Application physician or licensed psychologist			e to have the individual examined by a
2. I request the court to order a. the individual to be examined at the preadmission screening unit b. a peace officer to take the incommend above for the examination.	t designated by the comn dividual into protective cu	-	ces program. er to the preadmission screening unit
I declare under the penalties of perjury information, knowledge, and belief.	y that this petition has be	en examined by me and th	at its contents are true to the best of my
Date		Signature of petitioner	
Attorney name (type or print)	Bar no.	Name (type or print)	
Address		Address	
City, state, zip	Telephone no.	City, state, zip	
	OF	RDER	
• •	was not made to sec cer take the individual into ning unit for the examina	ure an examination. o protective custody and ir tion.	section 424 of the Mental Health Code. mmediately transport him or her to the
 IT IS ORDERED: ☐ 7. The individual be examined at th ☐ 8. A peace officer shall take the indepreadmission screening unit prowhich is within 10 days of the date ☐ 9. The petition is denied. 	dividual into protective cu ovided that the individual	ustody and immediately tra is presented for examination	
Date		Judge	Bar no.
USE NOTE: If this form is being filed in the c	circuit court family division, plea	ase enter the court name and co	unty in the upper left-hand corner of the form.

Do not write below this line - For court use only