

<p style="text-align: center;"><b>STATE OF MICHIGAN PROBATE COURT COUNTY</b></p>	<p style="text-align: center;"><b>ORDER FOR REPORT AFTER NOTIFICATION AND REPORT</b></p>	<p style="text-align: center;"><b>CASE NO. and JUDGE</b></p>
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Court address \_\_\_\_\_ Court telephone no. \_\_\_\_\_

In the matter of \_\_\_\_\_  
First, middle, and last name

1. The court has received notification that
- a. the 90-day order for assisted outpatient treatment has not been sufficient to prevent the individual from inflicting harm or injuries upon self or others.
  - b. the one-year order for alternative/assisted outpatient treatment has not been or will not be sufficient to prevent the individual from inflicting harm or injuries upon self or others.
  - c. the individual named above is not complying with the order of alternative/assisted outpatient treatment.
  - d. it is believed that the alternative/assisted outpatient treatment program is not appropriate.

2. **IT IS ORDERED** that the \_\_\_\_\_ community mental health services program prepare and file a report on the adequacy and suitability of the present alternative care or treatment and the availability of care and treatment in another alternative/assisted outpatient treatment program or in a hospital or facility.

\_\_\_\_\_  
 Judge signature and date

**REPORT ON ADEQUACY AND SUITABILITY OF ALTERNATIVE/ASSISTED OUTPATIENT TREATMENT**

3. I, \_\_\_\_\_, as \_\_\_\_\_ of the \_\_\_\_\_ community mental health services program, report as follows.

4. I have
- reviewed the notification to the court to report as to
  - spoken with the person who notified the court to report as to
  - reviewed other available records to report as to
  - spoken with other knowledgeable persons to report as to

a. the reason for concern about the adequacy of the ordered care or treatment: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

b. the continued suitability of the care or treatment: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

4. (continued)

c. the adequacy, for the needs of the individual, of care or treatment available at a hospital or facility: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

5. I recommend that the court

a. set a date for hearing.

b. modify the order for alternative care and treatment program/assisted outpatient treatment as follows:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

c. order the individual to be hospitalized in \_\_\_\_\_ hospital, which I believe has an adequate and appropriate treatment program of the type and extent to meet the individual's needs and condition.

d. order the individual be judicially admitted to \_\_\_\_\_ facility.

e. order a peace officer to 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 the hospital or facility if the individual refuses to comply with the order of hospitalization or judicial admission.

6. My recommendation is based upon the following described interviews, observations, and information:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Business address

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.