## STATE OF MICHIGAN JUDICIAL CIRCUIT COURT COUNTY

## PETITION FOR TREATMENT OF INFECTIOUS DISEASE

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	01 IIII 2011000 BIOZ/102	
In the matter of		
1. I,  Name (type or print)  and make this petition in respect to	☐ local health office , am a ☐ State Communication  Name (type or print)	
resides at Address and who is presently found at	City	State Zip .
2. An ex parte detention order was	ss or location sissued by this court on	
Date	specify infectious agent or serious communicable	e was sent to the individual requiring
The individual has failed or refused		ous communicable disease or infection.
in such a manner as to not place oth to others is shown by:   a. Behavior by the carrier that ha	thers because of the demonstrated inability or unwers at risk of exposure to the serious communicable seen demonstrated epidemiologically to transmit, communicable disease or infection to others.	disease or infection. The health threat
	e carrier will transmit a serious communicable disea or statements made by the carrier that are credible	
•	by the carrier of his or her status as a carrier befor lly to transmit the serious communicable disease o	
d. Other: (explain)		
	(PLEASE SEE OTHER SIDE)	

Do not write below this line - For court use only

6. This conclusion is based upon: $\hfill \Box$ a. My personal observation of the individual doing the fo	llowing acts and saying the following things:
☐ b. Conduct and statements I have been informed that ot	hers have seen or heard:
	e warning notice, the following steps were taken to alleviate the
health threat to others:	
I REQUEST:	
8. A hearing be held and the court find that the individual is a a warning notice.	health threat to others and/or has failed or refused to comply with
9. The court order that the individual:	
$\square$ a. participate in the following designated programs: $\square$	
b. undergo tests to verify his/her status as a carrier or fo	
☐ c. appear atName of agency or facility	for verification of status,
testing, or other purposes consistent with monitoring. $\Box$ d. cease and desist conduct that constitutes a health thr $\Box$ e. live part-time or full-time in a supervised setting at $\Box$	eat to others.
f. other:	
☐10. The court appoint a commitment review panel and comm	nit the individual to
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I declare that this petition has been examined by me and that and belief.	its contents are true to the best of my information, knowledge,
/s/	Date /s/
Attorney signature	Petitioner signature
Name (type or print)	Name (type or print)
Address	Address
City, state, zip Telephone no.	City, state, zip Telephone no.