

STATE OF MICHIGAN PROBATE COURT COUNTY	REPORT ON EXAMINATION AND CLINICAL CERTIFICATE	CASE NO. and JUDGE
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Court address

Court telephone no.

In the matter of

First, middle, and last name

## REPORT

**TO THE EXAMINER:****You must read the following statement to the individual before proceeding with any questions.**

I am authorized by law to examine you for the purpose of advising the court if you have a mental condition which needs treatment and whether such treatment should take place in a hospital or through outpatient treatment. I am also here to determine if you should be hospitalized or remain hospitalized before a court hearing is held. I may be required to tell the court what I observe and what you tell me.

1. I am a ☐ psychiatrist. ☐ licensed psychologist. ☐ physician.
2. I certify that on this date I read the above statement to the individual before asking any questions or conducting any examination.
3. I further certify that I, \_\_\_\_\_, personally examined \_\_\_\_\_  

Name (type or print) Patient

 at \_\_\_\_\_  

Name and address where examination took place

 on \_\_\_\_\_ starting at \_\_\_\_\_ and continuing for \_\_\_\_\_ minutes.  

Date Time

 Additionally, I: ☐ reviewed records for \_\_\_\_\_ minutes. ☐ consulted with current treatment providers.

**INSTRUCTIONS:** Describe in detail the specific actions, statements, demeanor, and appearance of the individual, together with other information which underlie your conclusion. **Indicate the source of any information not personally known or observed.** If this certificate is to accompany a petition for discharge, state why the individual continues to be or is no longer a person requiring treatment or in need of hospitalization.

1. My determination is that the individual:
  - ☐ is not a person requiring treatment under the Mental Health Code and a clinical certificate is not warranted. (Proceed to item 3.)
  - ☐ is a person requiring treatment under the Mental Health Code and requires hospitalization pending the hearing.
  - ☐ is a person requiring treatment under the Mental Health Code and does not require hospitalization pending the hearing.

## CLINICAL CERTIFICATE

- ☐ 2. 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.

3. The information that underlies the conclusion that the individual ☐ is ☐ is not a person requiring treatment:

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☐ 4. (optional) My recommendation is: \_\_\_\_\_

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I certify that I am a person authorized by law to certify as to the individual's mental condition. I am not related by blood or marriage either to the person about whom this certificate is concerned or to any person who has filed, or whom I know to be planning to file, a petition in this proceeding. I declare under the penalties of perjury that this document has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Time of signing

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Print or type name and business telephone no.