

INSTRUCTIONS FOR PETITION AND ORDER REGARDING TRANSPORT OF MINOR FOR MENTAL  
HEALTH TREATMENT

**COURT STAFF IS PROHIBITED BY LAW FROM GIVING LEGAL ADVICE, IF YOU HAVE ANY LEGAL QUESTIONS  
DURING THIS PROCESS PLEASE CONTACT AN ATTORNEY.**

Forms must be filled out completely and uploaded to MiFile (mifile.court.michigan.gov\login). Keep copies for your own record.

NOTE: This procedure is used only when you, as parent/guardian, have been unable to transport the minor yourself to a designated facility. As the parent/guardian, you must have placement already arranged with a mental health facility.

Step One: Initial Filling- **No filing fee is due at time of filing online**

**Documents Included:**

- x File Petition and Order Regarding Transport of Minor (PC 240) t Fill out top portion of the form. You will need to provide the name of a hospital (where you have reserved a bed in advance) to transport the minor to.
- x ID Sheet- please fill out this form. This identifying information will be needed in order for the Sheriff [ e]partment to transport the minor.

Once both documents are completed you will need to upload the forms on MiFile.

Step Two: Once the documents are received, the lower portion of the form will be completed by the court and signed by the Judge.

OTTAWA COUNTY PROBATE COURT  
12120 FILLMORE STREET  
WEST OLIVE, MI 49460

Hours: Mon-Fri 8:00 AM-5:00 PM  
Phone: 616-786-4110  
Website: [www.miottawa.org](http://www.miottawa.org)

<b>STATE OF MICHIGAN PROBATE COURT COUNTY OF OTTAWA</b>	<b>PETITION AND ORDER REGARDING TRANSPORT OF MINOR</b>	<b>FILE NO.</b>
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In the matter of \_\_\_\_\_, a minor (date of birth \_\_\_\_\_)

**PETITION**

I represent that:

1. The minor can be currently found at: \_\_\_\_\_
2.  I have authority as \_\_\_\_\_ and I have requested voluntary hospitalization of the minor pursuant to MCL 330.1498d or MCL 330.1498h.  
State your relationship
3.  The minor has been hospitalized pursuant to Chapter 4A of the Mental Health Code, and the director of \_\_\_\_\_ hospital believes the minor should be returned to the hospital following an  authorized  unauthorized absence.
4. The following unsuccessful efforts by \_\_\_\_\_ were made to transport the minor for evaluation or hospitalization pursuant to Chapter 4A of the Mental Health Code:  
Name
5. I request that the court order the minor to be transported for evaluation and/or hospitalization pursuant to Chapter 4A of the Mental Health Code.

I declare under the penalties of perjury that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name (type or print)

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

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

**ORDER**

**THE COURT FINDS:**

6. A request for hospitalization has been made pursuant to Chapter 4A of the Mental Health Code and the petitioner has been unable to transport the minor for an evaluation.
7. The minor was hospitalized pursuant to Chapter 4A of the Mental Health Code, is on an  authorized  unauthorized absence, and should be returned to the hospital.
8. Reasonable effort to transport the minor has been made.

**IT IS ORDERED:**

9. The petition is denied.
10. That a peace officer take the minor into protective custody and transport him/her immediately to \_\_\_\_\_ for an evaluation pursuant to Chapter 4A of the Mental Health Code, and if necessary thereafter, to \_\_\_\_\_ hospital, and that the person requesting the transport order shall meet the minor at the evaluation site and remain with the minor for the duration of the evaluation.
11. That a peace officer take the minor into protective custody and transport him/her immediately to Peace Officer to contact \_\_\_\_\_ CMH helpline at (616) 396-4357 for location. \_\_\_\_\_ hospital.
12. That this order expires on \_\_\_\_\_ .

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge

\_\_\_\_\_  
Bar no.

**USE NOTE:** If this form is being filed in the circuit court family division, please enter the court name and county in the upper left-hand corner of the form.

Do not write below this line - For court use only

## Identifying Information

**NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

**RACE:** \_\_\_\_\_

**SEX:** \_\_\_\_\_

**HEIGHT:** \_\_\_\_\_

**HAIR COLOR:** \_\_\_\_\_

**EYE COLOR:** \_\_\_\_\_

**ADDRESS OF LAST KNOWN LOCATION:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_