

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 filed with Ottawa County Probate Court. 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 Filing- *No filing fee is due at time of filing online*

Documents Included:

- File Petition and Order Regarding Transport of Minor (PCM 240m) – 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.
- Protected Personal Identifying Information (MC 97) – Please enter Personal Identifying Information on this form.
- ID Sheet- please fill out this form. This identifying information will be needed in order for the Sheriff's department to transport the minor.

Once all documents are completed you will need to file the forms at Ottawa County Probate Court.

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

STATE OF MICHIGAN PROBATE COURT COUNTY	PETITION REGARDING TRANSPORT OF MINOR	CASE NO. and JUDGE
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Court address _____ Court telephone no. _____

In the matter of _____ Put DOB in Ref. No.
First, middle, and last name row 1 on MC 97.
Date of birth

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
State your relationship
MCL 330.1498d or MCL 330.1498h.

3. An action within the jurisdiction of the family division of circuit court involving the family or family members of the minor
has been previously filed in _____ Court, Case Number _____, was
assigned to Judge _____, and remains is no longer pending.

4. 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.

5. The following unsuccessful efforts by _____ were made to transport the minor for
Name
evaluation or hospitalization pursuant to Chapter 4A of the Mental Health Code: _____

6. 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.

Identifying Information

NAME: _____

DATE OF BIRTH: _____

RACE: _____

SEX: _____

HEIGHT: _____

HAIR COLOR: _____

EYE COLOR: _____

ADDRESS OF LAST KNOWN LOCATION: _____

STATE OF MICHIGAN JUDICIAL DISTRICT JUDICIAL CIRCUIT OTTAWA COUNTY	PROTECTED PERSONAL IDENTIFYING INFORMATION	CASE NO. and JUDGE
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Court address

Court telephone no.

616-786-4110

Plaintiff's/Petitioner's name	v	Defendant's/Respondent's name
In the matter of _____		

This form is nonpublic because it contains personal identifying information (PII) that is protected from public inspection under MCR 1.109(D)(9)(a). Use this form to provide PII only for a person who is a defendant, respondent, or decedent. If the person is a plaintiff, petitioner, or other individual, use form MC 97a.

Instructions:

- When PII (such as date of birth) must be filed with the court on a public document, DO NOT include it on that public document. Instead, you must provide it on this form.
- **Provide only** the protected PII required for your particular case. For example, if you are filing a public document that requires you to provide a date of birth to the court, complete only that field on this form.

Name of form/document that this MC 97 is being filed with: _____

Printed name of individual completing form and date _____

Instructions: Provide the name of the person that the PII applies to, followed by the specific PII that is required to be provided. For Other, specify the type of PII in addition to the PII itself. Use the below reference number (Ref. No.) in the public document in place of the protected PII. For example, insert "Ref. No. 1" in place of the DOB in the public document.

Ref. No.	Name (required)
1	Date of birth
2	National ID no. / Last 4 digits of SSN XXX-XX-_____
3	Driver's License / State-issued ID no.
4	Passport no.
5	Other

Ref. No.	Instructions: List the name of the financial institution and the account number. List the paragraph that references the account, if needed for clarity. Use reference number (Ref. No.) when necessary to refer to account in public documents.		
6	Financial institution	Account no.	Paragraph no.
7	Financial institution	Account no.	Paragraph no.
8	Financial institution	Account no.	Paragraph no.
9	Financial institution	Account no.	Paragraph no.