

6954 East Broadway, Mount Pleasant MI 48858

(989) 775-4800

In the matter of _____

First, middle, and last name

1. A petition for mental health treatment was filed on _____
Date

2. The individual has failed to make himself or herself available for an evaluation/examination.

3. I am interested in this matter as

- petitioner.
- caseworker.
- psychiatrist/psychologist/physician.
- interested person.
- other _____.

4. The following reasonable attempts were made to obtain the individual's cooperation:

Date

Signature

Name (type or print)

Agency

Address

City, state, zip

Telephone no.

Do not write below this line – For court use only