

STATE OF MICHIGAN
PROBATE COURT
COUNTY OF _____

CLINICAL CERTIFICATE

FILE NO. _____

In the matter of _____
First, middle, and last name

TO THE EXAMINER: The following is a statement that must be read 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 in some other place. 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

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.

- 4. My determination is that the person is
 - mentally ill (has a substantial disorder of thought or mood that significantly impairs judgment, behavior, capacity to recognize reality, or ability to cope with the ordinary demands of life).
 - not mentally ill.
- 5. (if applicable) The person has
 - convulsive disorder. alcoholism. other drug dependence.
 - mental processes weakened by reason of advanced years.
 - other (specify): _____

6. My diagnosis is: _____

7. Facts serving as the basis for my determination are: _____

(SEE SECOND PAGE)

Do not write below this line - For court use only

8. Explain in the space below the facts which lead you to believe that future conduct may result in (check applicable box)

a. likelihood of injury to self. Facts:

Therefore, I believe that the examined person, as a result of mental illness, can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure self.

b. likelihood of injury to others. Facts:

Therefore, I believe that the examined person, as a result of mental illness, can reasonably be expected within the near future to intentionally or unintentionally seriously physically injure others.

c. inability to attend to basic physical needs. Facts:

Therefore, I believe that the examined person, as a result of mental illness, is unable to attend to those basic physical needs (such as food, clothing or shelter) that must be attended to in order to avoid serious harm in the near future.

d. inability to understand need for treatment. Facts:

Therefore, I believe that the examined person, as a result of mental illness, is so impaired by that mental illness that s/he is unable to understand the need for treatment, and his/her impaired judgment presents a substantial risk of significant physical or mental harm to himself/herself or presents a substantial risk of physical harm to others in the near future.

9. I conclude the individual is is not a person requiring treatment.

10. (optional) I recommend hospitalization alternative treatment

as follows: _____

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 certificate 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.