

<b>NOTTAWASEPPI HURON BAND OF THE POTAWATOMI TRIBAL COURT</b>	<b>PETITION FOR MENTAL HEALTH TREATMENT</b>	<b>CASE No.  ORI No. MIDI0077J</b>
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Court Address: 2221 1 1/2 Mile Road, Fulton, MI 49052 Court Telephone No. (269) 704-8404 Court Fax No. (269) 729-4826

**IN THE MATTER OF:** \_\_\_\_\_ **XXX-XX-**  
First, Middle, Last Name Last four digits of SSN

Date of Birth	Place of Birth	Race	Gender
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(mm/dd/yyyy)

1. I, \_\_\_\_\_, petition because I believe the individual named above needs treatment;  
Name (type or print)

I am adult and (check appropriate box below):

- NHBP Presenting Officer       Peace Officer:  NHBP       Other: \_\_\_\_\_  
 Qualified Tribal Employee:       NHBP Health & Human Services Director       NHBP Licensed Physician  
 Non-NHBP Mental Health Professional: \_\_\_\_\_       NHBP Behavioral Health Manager       NHBP Social Services Manager

2. The above-named individual, was born on \_\_\_\_\_, and has a permanent  
Date of Birth (mm/dd/yyyy)

residence at \_\_\_\_\_  
Street Address, City, State, Zip

in \_\_\_\_\_ County, a permanent residence that:       is on NHBP land       is not on NHBP land.

and can be presently found at \_\_\_\_\_  
Facility Name or Other Address

This petition is for a person who was found not guilty by reason of insanity

3. This individual  is not enrolled at NHBP       is enrolled at NHBP; No. \_\_\_\_\_  
 is enrolled in a different Tribe: \_\_\_\_\_  
Name of Federally-Recognized Tribe

4. The basis for jurisdiction under Tribal law is:      The individual named above is an enrolled NHBP Tribal Citizen and lives on NHBP lands so the NHBP Tribal Court has exclusive jurisdiction or      the NHBP Tribal Court has concurrent jurisdiction because: \_\_\_\_\_

5. I believe the above-named 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 that s/he is unable to understand his/her need for treatment, and whose impaired judgment, on the basis of competent clinical opinion, presents a substantial risk of significant physical or mental harm to the individual or presents a substantial risk of physical harm to others in the near future.

(continued on next page)

- d. the individual's understanding of the need for treatment is impaired to the point that s/he is unlikely to voluntarily participate in or to adhere to treatment that has been determined necessary to prevent a relapse or harmful deterioration of his/her condition. The individual's noncompliance with treatment has been a factor in the individual's
  - i. Placement in:  a psychiatric hospital  jail  prison at least two (2) times in the last 48 months  
(Specify the name(s) & location(s) of the hospital, jail or prison & the dates of hospitalization/incarceration)

\_\_\_\_\_  
 \_\_\_\_\_

AND/OR

- ii. Committing one or more acts, attempts, or threats of serious violent behavior within the last 48 months  
(Specify the acts, attempts, or threats of serious violent behavior.)

\_\_\_\_\_  
 \_\_\_\_\_

6. The conclusions stated above are based on:

- a. My personal observation of the person doing the following acts and saying the following things  
(Please attach additional sheets, if needed)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

- b. The following conduct and statements that others have seen or heard and have told me about  
(Please attach additional sheets, if needed)

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

By \_\_\_\_\_  
 Witness Name                                      Address                                      City                                      State      Zip      Telephone No.

7. The persons interested in these proceedings under the Tribal Code are:

Name	Relationship	Complete Address	Telephone No.
	Nearest Relative		
	Guardian*		
	Other Relative/ Friend		

\* Guardianship established in:

The NHBP Tribal Court; Tribal Court Case No. \_\_\_\_\_

Calhoun County Probate Court; Case No. \_\_\_\_\_

Other Court: \_\_\_\_\_ Case No. \_\_\_\_\_  
 Name of Court

8. The individual  is a Veteran  is not a Veteran  it is unknown if s/he is a Veteran

9. I have attached or am providing

- a clinical certificate by a physician or licensed psychologist taken within the last 72 hours
- a clinical certificate by a psychiatrist taken within the last 72 hours

OR

- a statement provided below that an examination could not be secured and documenting the steps that were taken to get an examination prior to requesting a Court order.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

10. I request that the Court determine the individual to be a person needing treatment and (Check only 1)

- a. (Check if item 5a, 5b or 5c is checked) order appropriate mental health treatment
- b. (Check if item 5d is checked) order the individual participate in assisted outpatient treatment without hospitalization

11.  I request that the individual be hospitalized pending a hearing.

I SWEAR OR AFFIRM BY ALL THAT I HOLD SACRED THAT THIS PETITION/APPLICATION HAS BEEN EXAMINED BY ME AND THAT ITS CONTENTS ARE TRUE TO THE BEST OF MY INFORMATION, KNOWLEDGE, AND BELIEF. (Please provide days, dates, and times you are not available over the next seven (7) days for the hearing on this Petition) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Signature of Petitioner

Title: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

If the Petitioner is not the Presenting Officer under the Tribal Code:

I ACKNOWLEDGE THE FILING OF THIS PETITION FOR MENTAL HEALTH TREATMENT AND I AM AVAILABLE TO SERVE AS THE PRESENTING OFFICER PURSUANT TO § 7.6-11 (C) OF THE MENTAL HEALTH CODE EXCEPT FOR (Please provide days, dates, and times you are not available over the next seven (7) days for the hearing on this Petition) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Date (mm/dd/yyyy)

\_\_\_\_\_  
Signature of Presenting Officer

\_\_\_\_\_  
Bar No.

Name of Presenting Officer: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_

For  
Hospital  
Use Only

This petition for mental health treatment was received by the hospital on \_\_\_\_\_ at \_\_\_\_\_.

Date

Time

\_\_\_\_\_  
Signature of hospital representative

\_\_\_\_\_  
Printed name of hospital representative