

STATE OF MICHIGAN PROBATE COURT COUNTY OF	PETITION FOR SUBSTANCE ABUSE TREATMENT AND REHABILITATION SERVICES	FILE NO.
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In the matter of _____, a minor

1. I, _____, am the parent
Name (type or print) person in loco parentis of the minor who was
 born _____, is a resident of _____, and is presently found at
Date County

2. The persons interested in these proceedings are:

NAME	RELATIONSHIP	ADDRESS	TELEPHONE
	Minor		
	Father		
	Mother		
	Program director		
	Person in loco parentis		

3. The minor is in need of substance abuse treatment and rehabilitation services. This conclusion is based upon the following facts:

4. Following a diagnostic evaluation, the minor was determined to be physiologically dependent, but the minor has not consented to substance abuse treatment and rehabilitation services. A copy of the evaluation is attached to this petition.

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

5. Psychotropic drugs are needed for the minor's treatment. This conclusion is based upon the following facts:

Each drug proposed to be used is: _____

6. The least restrictive setting available for treatment of the minor is: _____

7. The treatment plan proposed for the minor is: _____

8. I am willing and able to provide or arrange for the management, care, or residence of the minor.

I REQUEST THAT:

9. The court determine substance abuse treatment and rehabilitation services are necessary, including suitable placement for the minor.

10. The court order the use of psychotropic drugs in the treatment program.

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

Attorney signature

Name (type or print) Bar no.

Address

City, state, zip Telephone no.

Signature

Name (type or print)

Address

City, state, zip Telephone no.