

Approved, SCAO

STATE OF MICHIGAN JUDICIAL CIRCUIT COURT COUNTY	PETITION AND EX PARTE ORDER FOR TRANSPORT AND/OR TEMPORARY DETENTION	CASE NO.
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In the matter of \_\_\_\_\_

**PETITION**

1. I, \_\_\_\_\_, am a  local health officer  
Name (type or print)  State Community Health Department representative and make  
this affidavit in respect to \_\_\_\_\_, who is  a minor  
Name (type or print)  an adult and who resides in  
\_\_\_\_\_ County at \_\_\_\_\_  
Address City  
\_\_\_\_\_ and who is presently found at \_\_\_\_\_  
State Zip Address, location, or facility

2. An emergency exists and there is reasonable cause to believe that the individual is a carrier and a health threat to others for the reasons stated in the attached affidavit.

**IREQUEST:**

- 3. The individual be taken into custody and transported to \_\_\_\_\_, Name of facility  
an emergency care or treatment facility, for  observation.  examination.  testing.  diagnosis.  treatment.
- 4. The individual be detained temporarily at the facility and a hearing be held within the next 72 hours to determine whether temporary detention should continue up to 5 days, and longer if a petition for treatment of an infectious disease is filed within that 5 days.

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

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
Address

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.

**ORDER**

**THE COURT FINDS:**

- 5. An affidavit has been filed in compliance with MCL 333.5207.
- 6. Reasonable cause exists to believe that there is a substantial likelihood the individual is a carrier and a health threat to others.

(PLEASE SEE OTHER SIDE)

Do not write below this line - For court use only

7. There is an emergency which requires the protection of public health.

**IT IS ORDERED:**

8. The individual be taken into protective custody by a  community health department representative  local public health officer  peace officer and transported to \_\_\_\_\_, or to another appropriate emergency care or treatment facility, for  observation,  examination,  testing,  diagnosis,  treatment, and  temporary detention.

9. The \_\_\_\_\_ facility shall detain the individual for no longer than 72 hours, excluding Saturdays, Sundays, and legal holidays, unless otherwise ordered by the court.

10. The person transporting the individual shall promptly notify the court of the facility where the individual has been received and temporarily detained.

11. A copy of this order shall be served on the individual immediately upon apprehension or detention.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Judge Bar no.

**CERTIFICATE OF SERVICE**

I certify that immediately upon apprehension/detention of the individual, I personally served the individual a copy of this petition and order.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Title

**NOTICE OF TIME OF TEMPORARY DETENTION**

**TO THE CIRCUIT COURT:**

You are notified that the individual was detained at \_\_\_\_\_  
Place and location

on \_\_\_\_\_ at \_\_\_\_\_ .  
Date Time

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

**NOTE: This notice must be promptly filed with the circuit court.**

<p align="center"><b>STATE OF MICHIGAN JUDICIAL CIRCUIT COURT COUNTY</b></p>	<p align="center"><b>AFFIDAVIT TO ACCOMPANY PETITION FOR TRANSPORT AND/OR TEMPORARY DETENTION</b></p>	<p><b>CASE NO.</b></p>
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In the matter of \_\_\_\_\_

1. I believe \_\_\_\_\_ to be a carrier of  
Name (type or print)

\_\_\_\_\_ because of the following facts:  
specify infectious agent or serious communicable disease or infection

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

2. I believe the individual is a health threat to others because of the following facts: \_\_\_\_\_

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

3. The individual requires the following services at an emergency care or treatment facility: \_\_\_\_\_

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

4. An emergency order is necessary because of the following facts: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Affiant's signature

\_\_\_\_\_  
Address

\_\_\_\_\_  
Name (type or print)

\_\_\_\_\_  
City, state, zip

\_\_\_\_\_  
Telephone no.

Subscribed and sworn to before me on \_\_\_\_\_, \_\_\_\_\_ County, Michigan.  
Date

My commission expires: \_\_\_\_\_ Signature: \_\_\_\_\_  
Date Notary public

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