Form with fillable form fields available at: https://courts.michigan.gov/Administration/SCAO/Forms/Pages/Infectious-Disease.aspx Approved, SCAO

STATE OF MICHIGAN JUDICIAL CIRCUIT COURT COUNTY	PETITION FOR TREATMENT OF INFECTIOUS DISEASE	CASE NO.	
In the matter of			
and make this petition in respect to,	☐ local health of , am a ☐ State Commu Name (type or print)	nity Health Department repr	
Address	City	State	Zip
and who is presently found at	s or location		·
	issued by this court on		
	Date		
3. The individual is believed to be a ca	rrier as to		·
□ 4. On Date	a written warning not	ice was sent to the individua	al requiring
The individual has failed or refused		rious communicable disease	
in such a manner as to not place othe to others is shown by: a. Behavior by the carrier that has	thers because of the demonstrated inability or ur ers at risk of exposure to the serious communicat been demonstrated epidemiologically to transm communicable disease or infection to others.	le disease or infection. The	health threat
	e carrier will transmit a serious communicable dis or statements made by the carrier that are credib		
	by the carrier of his or her status as a carrier bef ly to transmit the serious communicable disease		at has been
d. Other: (explain)			
	(PLEASE SEE OTHER SIDE)		

Do not write below this line - For court use only

## 6. This conclusion is based upon:

a. My personal observatio	n of the individual	doing the following	g acts and saying the	following things:

City, state, zip Telephone no.	City, state, zip Telephone
Address	Address
Name (type or print)	Name (type or print)
Attorney signature	Petitioner signature
/s/	Date /s/
I declare that this petition has been examined by me and that and belief.	t its contents are true to the best of my information, knowledge,
	Name of facility
10. The court appoint a commitment review panel and comm	mit the individual to
$\square$ e. live part-time or full-time in a supervised setting at $\_$ Pla	ace
testing, or other purposes consistent with monitoring. $\Box$ d. cease and desist conduct that constitutes a health the	reat to others.
C. appear at	
$\Box$ b. undergo tests to verify his/her status as a carrier or fo	
$\Box$ a. participate in the following designated programs: $\Box$	
9. The court order that the individual:	
8. A hearing be held and the court find that the individual is a a warning notice.	health threat to others and/or has failed or refused to comply w
I REQUEST:	
health threat to others:	
$\Box$ 7. An emergency order is not sought and before issuing th	ne warning notice, the following steps were taken to alleviate the
h Conduct and atotamenta I have been informed that a	others have seen or heard: