



7. In my opinion, Respondent is unable or unwilling, absent a Court order, to complete the treatment regimen necessary for his affliction and to conduct himself in a manner that will not expose others to the risk of infection.

8. Given that Respondent is afflicted with actively infectious pulmonary tuberculosis, and is unable or unwilling to submit to the treatment necessary for his affliction, it is my opinion that if Respondent were released from hospitalization, he/she would pose an immediate health danger to the public at large.

\_\_\_\_\_  
Full Name, M.D. or D.O.

Dated: \_\_\_\_\_

Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_, 2007.

\_\_\_\_\_  
Notary Public, \_\_\_\_\_ County Michigan  
My Commission expires: \_\_\_\_\_  
Acting in the County of \_\_\_\_\_

## MODEL ORDER FOR CONTACT EVALUATION

<Date>

<Patient Name>

<Address>

Re: Health Officer's Order for Contact Evaluation

Dear Patient,

This letter is a follow up to the letter sent to you on <date>, informing you of the need to obtain a medical evaluation because of your exposure to a case of pulmonary tuberculosis. Public health regulations in the state of Michigan MCL 333.5201 et. seq require that a person identified as a high-priority contact to someone with active or suspected active tuberculosis must submit to a complete medical evaluation, which may include a tuberculin skin test (TST) and chest x-ray, if necessary. Despite repeated telephone calls and visits to your home on the following days <dates/times>, and letters mailed to your home on <dates>, you have not yet had this evaluation. On <date> a warning notice was sent to you by certified mail, advising you that you must submit to medical evaluation or risk having legal actions brought against you.

**Be advised that this evaluation is mandatory.** This letter is to inform you that since you have not responded to any of the above efforts or the warning notice issued on <date>, pursuant to <citation giving authority for health order>, I am **ordering** you to report to the <local health department, phone #> **within 7 (seven) days** of receipt of this letter to make arrangements for this mandatory medical evaluation. If you fail to comply with this health officer's order, a court order will be sought for your confinement to a designated facility until the evaluation is completed <citation giving authority for confinement pending testing>.

Your cooperation in this matter is deeply appreciated.

Sincerely,

<name of health officer or medical director>

## MODEL WARNING FOR CONTACT EVALUATION

<Date>

Patient Name  
Address

Re: Warning Notice for Contact Evaluation

Dear Patient,

This letter is to inform you that you have been exposed to someone with pulmonary tuberculosis (TB). Public health regulations in the state of Michigan MCL 333.5201 et. seq require that a person identified as a high-priority contact to someone with active or suspected active tuberculosis must submit to a complete medical evaluation, which may include a tuberculin skin test (TST) and chest x-ray, if necessary. To date, despite repeated telephone calls and visits to your home on the following days <dates/times>, and letters mailed to your home on <dates>, you have not yet had this evaluation.

**Be advised that this evaluation is mandatory.** This letter is to inform you that the <local health department> is able to give you this evaluation at no cost. It is extremely important that you contact the <local health department> at <phone #> within 7 days of receiving this letter to arrange for the evaluation or discuss other means of getting the evaluation. Please be assured that the <local health department> staff is prepared to assist you if necessary to ensure you receive this evaluation.

If you do not respond to this warning and do not get this evaluation, you will be subject to legal actions ordering you to get the evaluation.

Your cooperation in this matter is deeply appreciated.

Sincerely,

<name of health officer or medical director>

STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF \_\_\_\_\_

IN RE: \_\_\_\_\_

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Attorney's Name (P#)

Address

Phone Number

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**PETITION FOR EX PARTE ORDER OF COMMITMENT FOR  
MEDICAL TREATMENT AND OF TEMPORARY DETENTION PENDING HEARING**

The \_\_\_\_\_ Health Department, by the undersigned attorney, pursuant to MCL 333.5205, petitions this Court for entry of an Ex Parte Order of Commitment for Medical Treatment and of Temporary Detention pending Hearing for the above-named individual and in support of its Petition states:

1. Respondent is a \_\_\_\_\_ (age) year old male/female with a date of birth of \_\_\_\_\_, 19\_\_.

2. On information and belief, Respondent is a resident of the City of \_\_\_\_\_, County of \_\_\_\_\_ and the State of Michigan.

3. Respondent currently suffers from pulmonary tuberculosis, a hazardous communicable disease.

4. Respondent's tuberculosis requires immediate medical treatment.

5. Respondent was diagnosed with tuberculosis when he/she was hospitalized from \_\_\_\_\_, 2007 to \_\_\_\_\_, 2007 at \_\_\_\_\_ Hospital. Respondent left \_\_\_\_\_ Hospital against medical advice, was admitted to \_\_\_\_\_ Hospital on \_\_\_\_\_, 2007, and was transferred to \_\_\_\_\_ Hospital on \_\_\_\_\_, 2007.

6. Respondent has a history of \_\_\_\_\_ (mental or other disability) and drug abuse (mostly alcohol).

7. Respondent is belligerent and has been uncooperative with the staff of all three (3) Institutions where he/she has been hospitalized.

8. Respondent has a history of being hospitalized a number of times at the \_\_\_\_\_ (mental or other disability) Hospital in \_\_\_\_\_ (City or County) when it was open.

9. Respondent is currently homeless.

10. If Respondent were allowed to leave his treatment facility in his present condition, he/she would pose an immediate health hazard to the public.

11. Respondent is unable or unwilling to conduct himself/herself in a manner that would not expose others to the risk of infection.

12. Respondent is unable or unwilling to voluntarily submit to the care necessary for his/her disease.

13. Respondent has failed or refused to comply with a warning notice hand-delivered to him/her on \_\_\_\_\_, 2007, pursuant to MCL 333.5203.

WHEREFORE, Petitioner, \_\_\_\_\_ Health Department, asks this Honorable Court:

1. To set a hearing on the allegations set forth in this petition pursuant to MCL 333.5205(2)(d) to be held as soon as possible but not later than fourteen (14) days after the date of the filing of this petition pursuant to MCL 333.5205(5).

2. To enter an *ex parte* order for the temporary detention of Respondent until the date of the hearing pursuant to MCL 333.5207(5).

3. To enter an order committing Respondent for treatment of tuberculosis pending a hearing on this petition.

Respectfully submitted,

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Attorney for Health Department

Dated: \_\_\_\_\_

STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF \_\_\_\_\_

IN RE: \_\_\_\_\_

\_\_\_\_\_  
Attorney's Name (P#)

Address

Phone Number  
\_\_\_\_\_

**AFFIDAVIT OF \_\_\_\_\_ M.D. (or D.O.)**

STATE OF MICHIGAN     )  
  ) ss  
COUNTY OF \_\_\_\_\_ )

\_\_\_\_\_, M.D. or D.O., having been first duly sworn, deposes and says:

1. I am a physician licensed to practice medicine in the State of Michigan.
2. Respondent, \_\_\_\_\_, is presently a patient at \_\_\_\_\_ Hospital, \_\_\_\_\_ (hospital address), Room \_\_\_\_\_ (room number of Respondent), in \_\_\_\_\_, Michigan.
3. Respondent is a \_\_\_\_\_ (age) year old male/female, and has been diagnosed as suffering from active pulmonary tuberculosis.
4. Respondent has never completed the treatment regimen necessary for the disease.
5. Respondent is presently active and contagious.
6. Respondent's infectious condition requires immediate medical treatment.
7. In my opinion, Respondent is unable or unwilling, absent a Court order, to complete the treatment regimen necessary for his affliction and to conduct himself in a manner that will not expose others to the risk of infection.

8. Given that Respondent is afflicted with actively infectious pulmonary tuberculosis, and is unable or unwilling to submit to the treatment necessary for his affliction, it is my opinion that if Respondent were released from hospitalization, he/she would pose an immediate health danger to the public at large.

\_\_\_\_\_  
Full Name, M.D. or D.O.

Dated: \_\_\_\_\_

Subscribed and sworn to before me  
this \_\_\_\_ day of \_\_\_\_\_, 2007.

\_\_\_\_\_  
Notary Public, \_\_\_\_\_ County Michigan  
My Commission expires: \_\_\_\_\_  
Acting in the County of \_\_\_\_\_

STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF \_\_\_\_\_

IN RE: \_\_\_\_\_

\_\_\_\_\_  
Attorney's Name (P#)

Address

Phone Number  
\_\_\_\_\_

**EX PARTE ORDER OF COMMITMENT FOR MEDICAL TREATMENT  
AND OF TEMPORARY DETENTION PENDING HEARING**

At a session of said Court held in the Courthouse,  
City of \_\_\_\_\_, County of \_\_\_\_\_,  
Michigan on \_\_\_\_\_.

PRESENT: HONORABLE \_\_\_\_\_

The \_\_\_\_\_ Health Department, having filed a petition for *Ex Parte* Order of Commitment for Medical Treatment and of Temporary Detention Pending Hearing; it appearing to the Court from the petition, and affidavit filed in support of the petition, that Respondent suffers from actively infectious tuberculosis and would, if released from hospitalization, pose an immediate danger to the health of others; and the Court being otherwise fully advised in this matter:

IT IS HEREBY ORDERED that the petition for commitment shall be brought on for hearing on \_\_\_\_\_ at \_\_\_\_\_, in the \_\_\_\_\_ noon before the Honorable \_\_\_\_\_, Judge of the Circuit Court, \_\_\_\_\_ (Address of Courthouse), \_\_\_\_\_ (city), Michigan and that Petitioner shall cause Respondent to be

personally served with a copy of the Petition for Commitment and a true copy of this Order, at least three (3) days prior to that hearing pursuant to MCL 333.5205(5);

IT IS FURTHER ORDERED that Respondent \_\_\_\_\_, as hereby is, temporarily detained at \_\_\_\_\_ Hospital for the continued treatment of tuberculosis until the date of the hearing pursuant to MCL 333.5207(5);

IT IS FURTHER ORDERED that Respondent shall comply with the regulations of the facility to which he/she is committed;

IT IS FURTHER ORDERED that during the period in which Respondent is detained for treatment, the treatment facility, its agents and employees, are authorized to provide related and/or ancillary care and/or treatment to him/she, including, but not limited to, feeding, bathing, testing, and examinations;

IT IS FURTHER ORDERED that the \_\_\_\_\_ Health Department may for reasonable cause change the facility to which Respondent is detained for treatment;

IT IS FURTHER ORDERED that during the period of detention, local and/or state police authorities are authorized and directed to return Respondent to the treatment facility to which he/she is detained, or to another facility providing suitable tubercular care;

IT IS FURTHER ORDERED that during the period of detention, local and/or state police authorities, the treatment facility, its agents and employees, and/or the \_\_\_\_\_ Health Department, its agents and employees, may contract with public or private ambulance services for the necessary transportation of Respondent;

IT IS FURTHER ORDERED that the following is appointed as counsel for respondent:

\_\_\_\_\_.

\_\_\_\_\_  
Circuit Court Judge

**MODEL (EX PARTE) PETITION FOR TEMPORARY QUARANTINE/ISOLATION  
AND MEDICAL EXAMINATION PENDING HEARING**

STATE OF MICHIGAN

IN THE CIRCUIT COURT FOR THE COUNTY OF \_\_\_\_\_

IN RE: \_\_\_\_\_

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Attorney's Name (P#)  
Address  
Phone Number

---

**(EX PARTE) PETITION FOR TEMPORARY QUARANTINE/ISOLATION AND  
MEDICAL EXAMINATION PENDING HEARING**

The City/County of \_\_\_\_\_, through its Health Department, by the undersigned attorney, pursuant to MCL 333.5205 and/or 333.5207, petitions this Court for entry of an *Ex Parte* Order for a Temporary Quarantine and Medical Examination of \_\_\_\_\_ person (s) pending a hearing for the above-named individual or group and in support of its Petition states:

1. Respondent is a \_\_\_\_\_ year old male/female.
2. On information and belief, Respondent is a resident of \_\_\_\_\_ City/County, and the State Of Michigan.
3. Respondent currently suffers from active tuberculosis.
4. Respondent's tuberculosis requires immediate medical treatment.
5. Respondent was diagnosed with tuberculosis on \_\_\_\_\_ (Date and Location).
6. Respondent has a medical history of \_\_\_\_\_ (mental health disability or some other health disease or disability).
7. Respondent is uncooperative, belligerent, etc.

8. Respondent is unable and unwilling to conduct himself in a manner that would not expose others to the risk of tuberculosis infection.
9. Respondent is unable or unwilling to voluntarily submit to the care necessary for his tuberculosis which may include temporary isolation/quarantine in his home or other place or due to his/her homelessness is unable to isolate/quarantine himself/herself.
10. Respondent has failed or refused to comply with either a verbal or written warning notice (hand) delivered to him/her on \_\_\_\_\_(Date)\_\_\_\_\_, pursuant to MCL 333.5203.
11. This Court has jurisdiction over this matter pursuant to MCL 333.5201 *et seq.*
12. In support of this petition, the Affidavit of \_\_\_\_\_(M.D. or D.O.)\_\_\_\_\_, is attached.

WHEREFORE Petitioner, the City/County of \_\_\_\_\_ through its Health Department, respectfully asks this Honorable Court to issue and Order for the following:

1. to set a hearing on the allegations set forth in this petition pursuant to MCL 333.5205 (2) (d) to be held as soon as possible, but not later than fourteen (14) days after the date of the filling of this petition pursuant to MCL 333.5205 (5).
2. to enter and *ex parte* Order for the temporary isolation/quarantine of Respondent until the date of the hearing pursuant to MCL 333.5207 (5).
3. to enter an Order committing Respondent for treatment of his/her tuberculosis pending a hearing on this petition.

Respectfully submitted,

\_\_\_\_\_Attorney\_\_\_\_\_

Date:

## MODEL ORDER FOR TUBERCULOSIS TREATMENT NONADHERENCE

<Date>

<Patient Name & address>

Subject: Order for Tuberculosis Treatment/Evaluation Adherence

Dear <Patient's name>:

I have been informed by <name of physician / clinic director / medical director> that you have been diagnosed with <active pulmonary tuberculosis / latent tuberculosis infection> and are being treated for this condition by <private physician name / local health department clinic>. <Private physician name / local health department clinic> has also informed me that your treatment may include directly-observed therapy (DOT) <#> days per week until <date>, or until your treatment is completed, as well as periodic medical examinations as directed by <private physician name / local health department>.

Since <date> you have not followed this treatment plan, and have refused all efforts from <staff member(s)> to help you follow this treatment plan. Efforts to help you follow your treatment plan included visits and telephone calls to your home by staff members of <private clinic / local health department> on the following days: <list dates / times of visits or calls>, as well as reminders of clinic appointments mailed to your home on <list dates>. You have been offered various incentives and other helpful means to ensure your cooperation with this treatment plan. You have also been educated about the seriousness of your <latent tuberculosis infection / active pulmonary tuberculosis>, as well as the consequences to yourself and others who may be exposed to your disease, if you do not follow your treatment plan.

Public health regulations MCL 333.5203 require that you follow the treatment plan as recommended by your local health department. However, you have not responded to any of <local health department's> efforts to assist you in complying with your treatment plan. You also failed to respond to a warning notice sent to you on <date>. Pursuant to <citation>, this letter serves as an **order** that you must <report to/call> the <local health department/clinic> at <address, phone #> **within 7 (seven) days** of receiving this letter, to make arrangements to follow your treatment plan. If you fail to follow this health order, or you fail to comply with your treatment plan again at any point in the future, a court order will be sought for your confinement to a designated treatment facility until such time as you complete a full course of anti-tuberculosis treatment, or you are released from commitment by order of a physician <citation>.

Sincerely,

<name of health officer or medical director>

## WARNING NOTICE

<Date>

Mr. Huber T. Tuber  
1313 Mockingbird Lane  
Wayne County, MI 48218

Personal Delivery  
Registered Mail

Dear Mr. Tuber,

On <date> you had a <positive sputum smear, CXR, CT scan> at <hospital name>. Because of abnormal <positive sputum smear, CXR, CT scan> results, you are suspected of having active tuberculosis (TB).

The Michigan Public Health Code requires that <local health department> act immediately to confirm whether you have active TB, and to ensure that if you have active TB, you complete an appropriate course of treatment.

This is a **warning notice** pursuant to the Public Health Code, Michigan Compiled Laws Section 333.5203 et seq. **You are required to cooperate** with the <local health department> to prevent the spread of tuberculosis.

You must cooperate, as follows:

1. You must report to the TB clinic on <date & time>. The TB Clinic is located at <address> and the phone number is <#>. The <name> County <TB Control Program/Health Department> is solely responsible for medical management of your TB treatment. A required treatment plan will be reviewed with you, and given to you in writing at that time.
2. You must be available at <address> or an approved Direct Observation Therapy (DOT) location for **every** scheduled Direct Observation Therapy visit by the <name> county public health nurse. You must take all TB medications in the presence of the <name> county public health nurse.
3. You must report to the <name> County TB clinic, or other designated location, for **all** scheduled physician visits, testing, and/or and other medical evaluation related to TB.

4. You must name and give contact information for all persons with whom you have spent time during your contagious period.
5. You must continue TB treatment, until you are no longer considered to be contagious and you complete a full course of treatment, or you have been determined not to have active TB by <health department staff/physician>. If you have any questions regarding compliance with your TB treatment, contact <health department staff, #>.
6. If you fail to comply with this warning notice or your treatment plan, the Public Health Department will seek court intervention in this matter from the <name> County Probate Court. This may include commitment to an appropriate facility for treatment.

If court intervention is sought, you will have the right to a notice, a hearing, and other rights provided under Michigan law. These rights shall be available to you before the court issues an order, unless there is an emergency. In the case of an emergency, the County may act first without a notice or hearing, although a court hearing will follow. We trust that this will not be necessary.

Sincerely,

<name>  
<Health Officer>

**<LOCAL HEALTH DEPARTMENT>  
RECIPIENT ACKNOWLEDGEMENT OF WARNING NOTICE**

The contents of the attached **WARNING NOTICE** have been explained to me.  
I understand that I must comply with the conditions in the **NOTICE**.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Refusal

The client refused to sign the above acknowledgement of the **WARNING NOTICE**.

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

**MODEL WARNING FOR TUBERCULOSIS  
TREATMENT NONADHERENCE**

<Date>

<Patient Name & address>

Subject: Warning Notice for Tuberculosis Treatment/Evaluation Nonadherence

Dear <Patient's name>:

I have been informed by <name of physician / clinic director / medical director> that you have been diagnosed with <active pulmonary tuberculosis / latent tuberculosis infection> and are being treated for this condition by <private physician name / local health department clinic>. <Private physician name / local health department clinic> has also informed me that your treatment may include directly-observed therapy (DOT) <#> days per week until <date>, or until your treatment is completed, as well as periodic medical examinations as directed by <private physician name / local health department>.

Since <date> you have not followed this treatment plan, and have refused many efforts from <staff member(s)> to help you follow this treatment plan. Efforts to help you follow your treatment plan included visits and telephone calls to your home by staff members of <private clinic / local health department> on the following days: <list dates / times of visits or calls>, as well as reminders of clinic appointments mailed to your home on <list dates>. You have been offered various incentives and other helpful means to ensure your cooperation with this treatment plan. You have also been educated about the seriousness of your <latent tuberculosis infection / active pulmonary tuberculosis>, as well as the consequences to yourself and others who may be exposed to your disease, if you do not follow your treatment plan.

Public health regulations MCL 333.5203 require that you follow the treatment plan as recommended by your local health department. This letter serves as a **warning** that if you continue to fail in following your treatment plan, you will be subject to further legal action that will include a written **order** to follow your treatment plan. If you still fail to follow your treatment plan, a court order will be sought for your commitment to a designated treatment facility until such time as you complete a full course of anti-tuberculosis treatment, or you are released from commitment by order of a physician MCL 333.5205.

In order to avoid further legal action against you, please call the <name of local health department> at <tel #>, within 7 days of receiving this letter to make arrangements to continue your treatment plan. Please be assured that the staff of <name of local health department> will help you in any reasonable way to ensure your adherence to treatment and the fastest recovery possible.

Sincerely,

<name of health officer or medical director>

**MODEL (EX PARTE) STRICT OR MODIFIED ISOLATION ORDER**

**STATE OF MICHIGAN**

**IN THE CIRCUIT COURT FOR THE COUNTY OF \_\_\_\_\_**

**IN RE: \_\_\_\_\_**

**(EX PARTE) ISOLATION ORDER**

At a session of the said  
Court held in the Courthouse,  
City/County of \_\_\_\_\_,  
Michigan on \_\_\_\_\_.

PRESENT: HONORABLE \_\_\_\_\_

Pursuant to MCL 333.5205 of the Michigan Public Health Code, the City/County of \_\_\_\_\_, through its Health Department, having filed an *Ex Parte* petition seeking an Order for a Temporary Isolation and Medical Examination of \_\_\_\_\_ person (s) pending a hearing for the above-named individual (s) showing that Respondent(s) suffers from active, infectious tuberculosis and would, if released from isolation, pose an immediate danger to the health of others; and the Court being otherwise fully advised in this matter states the following:

**IT IS HEREBY ORDERED** that the following person(s):

\_\_\_\_\_  
(Name of person subject to isolation.)

hereinafter referred to as the patient,

- 1) Shall be isolated under the conditions specified in this order until \_\_\_\_\_ (Date) \_\_\_\_\_, or until this order is rescinded, whichever occurs first.

Violation of or failure to comply with this order may result in civil detention, and is a misdemeanor punishable by imprisonment, fine, or both.

2) This order is issued because the patient has been diagnosed as a case or suspected case of \_\_\_\_\_.

3) The patient shall be isolated at the following location:

\_\_\_\_\_  
(Street address where patient is to be isolated.)

4) If the patient is hospitalized, appropriate infection control practices shall be implemented by the hospital. The patient shall not be moved from isolation or to a new isolation location without approval of the local health officer.

5) If the patient is not hospitalized, a copy of the notice attached to this order shall be prominently posted at the entrance(s) to the room(s) where the patient is confined, and the conditions of isolation shall be as follows (only checked items and written instructions shall apply):

\_\_\_ The patient shall have a bed in a separate room.

\_\_\_ All persons, except those caring for the patient, shall be excluded from the sick room.

\_\_\_ The persons caring for the patient shall wear N95 masks during all contact with the patient.

6) The patient or the patient's authorized lawful representative may contact the following representative of the local health department to seek clarification of any part of this order:\_\_\_\_\_.

If the patient or his/her authorized lawful representative believe that the patient is not a case or suspected case as described in paragraph 2 of this order, or objects to the appropriateness of the conditions of isolation contained in this order, the patient or his/her lawful authorized

representative may seek judicial relief from this order and request a formal hearing pursuant to MCL 333.5205 and/or 333.5207.

**IT IS SO ORDERED.**

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**CIRCUIT COURT JUDGE**

**Attachment A**  
**Additional Instructions for**  
**Cases Involving Airborne or Droplet Transmission**

\_\_\_ The patient shall wear a N95 or surgical mask when in the same room as any person not subject to isolation. The patient shall cover his/her nose and mouth with a disposable tissue when coughing or sneezing.

\_\_\_ Persons caring for the patient shall wear N95 or surgical masks when in the same room as the patient.

# **Notice**

## **Isolation Order in Effect**

Entry restricted to caregivers and health department personnel.

All persons entering shall comply with infection control procedures set forth in the isolation order.

By order of the \_\_\_\_\_  
(Name of county or city)  
health department.