

STATE OF MICHIGAN JUDICIAL DISTRICT COURT JUDICIAL CIRCUIT COURT COUNTY	PETITION FOR TESTING OF INFECTIOUS DISEASE	CASE NO.
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Court address _____ Court telephone no. _____

In the matter of _____

1. I, _____, the employer, make this petition in respect to,
Name (type or print)
 _____, who is a court employee. local corrections officer.
Name (type or print) county employee. police officer.
 other individual making lawful arrest.

2. The above named employee received training in the transmission of bloodborne diseases required under MCL 333.5204(1)
 on _____ at _____.
Date Place of training

3. On _____, the above named employee made a request to me in accordance with
Date
 MCL 333.5204 that _____ be tested for HIV, HBV, and/or HCV
Name of arrestee, correctional facility inmate, parolee, or probationer

infection because the employee determined that he/she had sustained a percutaneous, mucous membrane, or open wound exposure to the blood or body fluids of the above named test subject. A copy of the request is attached.

4. The proposed test subject refused to undergo 1 or more of the tests specified in the request.
 5. The reasons for the determination that exposure, as described in the attached request, could have transmitted HIV, HBV, and or HCV are: (include a description of the exposure to blood or other body fluids)

I REQUEST:

- 6. A hearing be held and the court find that the allegations are true.
- 7. The court order the test subject to undergo testing for HIV, HBV, and/or HCV infection under MCL 333.5205.

I declare that this petition has been examined by me and that its contents are true to the best of my information, knowledge, and belief.

_____ Date	_____ Date
_____ Attorney signature	_____ Petitioner signature
_____ Name (type or print)	_____ Name (type or print)
_____ Address	_____ Address
_____ City, state, zip	_____ City, state, zip
_____ Telephone no.	_____ Telephone no.

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