

St. Clair County Community Mental Health Authority
Mental Health Treatment Order – Non-Compliance Pick-Up Order

Individual: _____ Case #: _____ Date: _____

To St. Clair County Probate Court:

In the matter of: _____ with a date of birth of _____
(Name of Individual) (Date of Birth)

A ☐ Non-Compliance / ☐ Pick-Up Order was filed with the ☐ Port Huron Police Department / ☐ St. Clair County Sheriff's Office on _____ due to the following:
(Date)

Select All That Apply:

- ☐ No Show to Appointment(s)
- ☐ Not Taking Medication(s) as Prescribed
- ☐ Cannot be Located
- ☐ Left SUD Treatment
- ☐ Other (please list reason): _____

Additional Notes (optional):

Case Holder Signature/Credentials	Print Name	Date

Supervisor Signature/Credentials	Print Name	Date