

**Nursing home COVID-19 patient, transfer, incident or death
Request for Review by Macomb County, Michigan local law enforcement.**

Macomb County Prosecutor Peter J. Lucido asks families of nursing home COVID-19 patients involved in a transfer, incident or death to go back to nursing homes to gather vital information surrounding the transfer, incidents or deaths and provide it to local law enforcement agencies for review and investigation. Please complete and submit this form to your local law enforcement agency(ies) in Macomb County.

Full name of deceased or patient involved in transfer, incident or death	
Male	Female
Date of birth	If death occurred: Date of death
If death occurred: what were the causes of death listed on the death certificate?	

In what Michigan county did the transfer, incident or death occur?

Macomb County Other:

Was the patient transferred from a Macomb County, MI hospital to a nursing home?

Yes No

From which Macomb County Hospital?

Name(s) of long-term care facility(ies)	County of long-term care facility(ies)
City, township or village where facility is located	
Date of admission to facility	Date of last discharge or transfer from facility

Primary care physician full name

Full name of the treating doctor on the date of nursing home admission - if different

Full name of the treating doctor on the date of last nursing home discharge - if different

Name of patient advocate or guardian on date of transfer, incident or death

Authority of the above on date of transfer, incident or death:

Guardian Patient Advocate Other:

Phone number of patient advocate or guardian on date of transfer, incident or death

Email address of patient advocate or guardian on date of transfer, incident or death

Name of patient advocate or guardian on date of nursing home admission

Authority of the above on date of nursing home admission

Guardian Patient Advocate Other:

Phone number of patient advocate or guardian on date of nursing home admission

Was the deceased involved in a probate guardianship

Yes No

Guardianship in which county probate court

Guardianship probate court case number

Was the estate of the deceased involved in a decedent's estate probate case
 Yes No

In which probate court Decedent's estate probate court case number

Full name of decedent's Personal Representative

Phone number of decedent's Personal Representative

Email address of decedent's Personal Representative

Street address of decedent's Personal Representative

City state and zip of decedent's Personal Representative

Please provide a short summary of the facts

This form was signed on date:

Signature	Print Full Name
Phone Number	Relationship to patient

This form was created by the Macomb County Prosecutor's Office,
 1 South Main Mount Clemens, MI 48043. Phone 586-469-7282
 Please complete and submit this form to your local law enforcement agency(ies) in Macomb County, Michigan.