

<p align="center">STATE OF MICHIGAN PROBATE COURT COUNTY CIRCUIT COURT - FAMILY DIVISION</p>	<p align="center">OBJECTION TO ADMINISTRATIVE ADMISSION (INDIVIDUAL WITH DEVELOPMENTAL DISABILITY)</p>	<p align="center">FILE NO.</p>
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In the matter of _____, an individual with a developmental disability

1. I object to the administrative admission of _____ and request the
Name
court to schedule a hearing on this objection. This objection is made

within 30 days after the admission of the resident.

after the first objection or six months after a prior objection.

Date

Signature

2. The person filing this objection is

the resident. I am age 13 or older.

Name Relationship or reason interested in resident

Address City State Zip

Telephone no.

3. The resident was administratively admitted to _____
Name of center

on _____ upon the application of _____,
Date Name

Address City State Zip

Telephone no.

who is the resident's parent. guardian. person in loco parentis.

Do not write below this line - For court use only